The New York
Academy of Medicine

Library Fund
(*General*)

Established 1878

Digitized by the Internet Archive
in 2016

https://archive.org/details/californiawester52unse_0

California and Western Medicine

Official Publication of the
CALIFORNIA MEDICAL ASSOCIATION

⁂

PRINTED AND EDITED
for the
California Medical Association
Under the direction of the House of Delegates and Council
GEORGE H. KRESS, M.D., *Editor*

⁂

VOLUME 52

JANUARY *to* JUNE, 1940

CALIFORNIA MEDICAL ASSOCIATION, FOUR FIFTY SUTTER
SAN FRANCISCO

Index—California and Western Medicine, Volume 52
January to June, 1940

INDEX ARRANGEMENT

Sequence of Subheads in Index

This index is arranged under the following headings:
- I. Authors.
- II. Subjects—Titles of papers.
- III. Editorials.
- IV. Editorial Comment Articles.
- V. Miscellany Columns.
- VI. California Medical Association.
  - (a) General.
  - (b) Component County Societies.
  - (c) Department of Public Relations.
  - (d) California Physicians' Service.
  - (e) Woman's Auxiliary.
- VII. Deceased Members.
- VIII. Book Reviews.
- IX. Report of Medical Examiners.

* * *

Key to Abbreviations in This Index

Or.—Original Article.
C. R.—Case Report.
Ed.—Editorial.
E. C.—Editorial Comment.
C. N.—Clinical Notes.

Index to Pages, Volume 52, California and Western Medicine, January to June, 1940

Date of Issue	No. of Pages
January	1– 50
February	51–102
March	103–150
Supplement:	
Membership Roster, Year 1940	1– 24
April	151–202
Supplement:	
Annual Session Program, Part I	1– 37
"Pre-Convention Bulletin," Part II	38– 92
May	203–248
June	249–312

* * *

Two Volumes Yearly

California and Western Medicine is issued annually in two volumes: the first from January to June, inclusive; and the second from July to December, inclusive.

* * *

American Medical Association Quarterly Cumulative Index

Members who wish to consult a general medical index are referred to the Quarterly Cumulative Index of the American Medical Association.

NEW YORK ACADEMY
OF MEDICINE
AUG 30 1940
LIBRARY
228145

I
AUTHORS—INDEX

A PAGE

Alderson, Harry E.—Epidermophytosis of the Hands and Feet: Its Treatment (Or.) 68

B

Bakewell, Benjamin—Syphilis in Relation to the Husband, the Wife, and Their Offspring (C. R.) 178
Becker, George H.—Undulant Fever (Brucellosis) (C. R.) 28
Beckh, Walter—Syphilis: Its Treatment in the Tuberculous Patient (Or.) 209
Belt, Elmer, and Folkenberg, Alvin W.—Gonorrhea: Its Treatment by Artificial Fever, and by Fever Therapy in Combination with Sulfanilamide (Or.) 169
Berne, Clarence J., and Pattison, A. C.—Diverticulitis of the Colon (Or.) 225
Bernstein, Abraham:
Hyperemesis Gravidarum (Or.) 69
Uses and Abuses of Pituitary Extract During Labor (E. C.) 109
Use of Electrical Cautery in Office Practice of Gynecology, The (E. C.) 253
Bower, Albert G., Mitchell, William J., and Hamilton, Paul M.—Effective Sulfanilamide Dosage: The Value of Quantitative Sulfanilamide Determinations (Or.) 113
Bowles, H. E.—Pseudomucinous Cyst of Ovary with Associated Ovarian Dermoid (C. R.) 124
Brown, Philip King—Extreme Leucopenia in Chronic Pleural Tuberculosis (C. R.) 29

C

Cheney, Garnett—Idiopathic Ulcerative Colitis: The Effectiveness of Liver Extract in Its Treatment (Or.) 66
Cherney, Leonid S.—Nature of the Melanoma (E. C.) 154
Cohn, Allan L.—Diagnostic Value of Gastroscopy (Or.) 161
Cohn, Jack—Ephedrin Administration in Allergic Individuals: A Suggested Innovation (C. N.) 180
Cover, William L., and Cutting, Windsor C.—Summary of the Pharmacology of Sulfanilamide and Related Compounds (Or.) 110
Cozen, Lewis—Ruptured Intervertebral Disc: An Unfinished Problem (E. C.) 208
Crane, Whitfield, and Kimball, H. Stewart—Granuloma Venereum Involving the Rectum and Colon (Or.) 177
Cutting, Windsor C., and Cover, William L.—Summary of the Pharmacology of Sulfanilamide and Related Compounds (Or.) 110

D

Dickie, Walter M.—National Department of Health Proposed in 1871: By Thomas M. Logan, M. D., of California (Or.) 6
Dukes, Charles A.—Frontiers of Medicine Still Lie Ahead (Or.) 254

F

Fletcher, Russell—Chronic Nonhealing Lesions of the Nose (Or.) 62
Folkenberg: Alvin W., and Belt, Elmer—Gonorrhea: Its Treatment by Artificial Fever, and by Fever Therapy in Combination with Sulfanilamide (Or.) 169
Fuerstner, Paul G.—Synthetic Estrogenic Hormone (E. C.) 5

G

Geiger, J. C., and Mathewson, Carleton, Jr.—Venereal Lymphogranuloma: Public Health Aspects (Or.) 25
Gilman, P. K.—Combined Nitrous Oxid-Oxygen Local Anesthesia (Or.) 56
Grant, William T.—Quantitative Methods in Diagnosis of Brain Tumors (Or.) 23
Guttman, Paul H.—Carcinoma to the Spleen: Metastases (Or.) 156

H PAGE

Hamilton, Paul M., Bower, Albert G., and Mitchell, William J.—Effective Sulfanilamide Dosage: The Value of Quantitative Sulfanilamide Determinations (Or.) 113
Hartman, Milton M.—Preventable Seasonal Suffering (E. C.) 55
Henderson, J. L.—Alcoholism: Its Psychiatric Treatment (Or.) 11
Howitt, Beatrice F.—Laboratory Methods for Differentiation of Various Neutropic Viruses (Or.) 219

J

Johnson, Ben B., and Rothman, Phillip E.—Epidemic Diarrhea of the Newly Born (C. N.) 229
Jones, Gertrude Flint—The Endometrium in Menstrual Disturbances of the Climacteric (Or.) 18
Jones, Guy P.—Benjamin Franklin Keene (Or.) 27

K

Kimball, H. Stewart, and Crane, Whitfield—Granuloma Venereum Involving the Rectum and Colon (Or.) 177

L

Lanphere, Grant H.—Recent Advances in the Treatment of Hematemesis and Melena (Or.) 59
Levin, Edward A.—Tinea Capitis on the Pacific Coast (Or.) 221
Lundquist, Dell Theodore—Occlusion of Biliary Sinus by Balloon Catheter (C. R.) 230

M

Madsen, Leo J.—The Use of Papaverin Hydrochlorid in Mesenteric Embolism (Or.) 176
Manwaring, W. H.:
Hereditary Transmission of Antibody Function (E. C.) 4
Electro-Anesthesia (E. C.) 55
Toxin Allergy (E. C.) 107
Experimental Therapy of Gram-Positive Infections (E. C.) 154
Lactation Immunity (E. C.) 208
Mathewson, Carleton Jr., and Geiger, J. C.—Venereal Lymphogranuloma: Public Health Aspects (Or.) 25
McBurney, Raymond D.—Ruptured Membranes Prior to the Onset of Labor (Or.) 72
McDermott, John C.—Chronic Salpingitis: Hystero-Salpingectomy in Its Operative Treatment (Or.) 217
Michelson, Lewis—Differential Count for Spermatozoa (E. C.) 109
Mitchell, William J., Hamilton, Paul M., and Bower, Albert G.—Effective Sulfanilamide Dosage: The Value of Quantitative Sulfanilamide Determinations (Or.) 113

N

Newman, Henry W.—Alcohol Tolerance: Its Importance in Relation to Chemical Tests for Drunkenness (Or.) 9

O

O'Connor, Gerald Brown—Refrigerated Cartilage Isografts (Or.) 21

P

Pattison, A. C., and Berne, Clarence J.—Diverticulitis of the Colon (Or.) 225

R

Rogers, Francis L.—Hard-of-Hearing Problems (Or.) 158
Rothman, Phillip E., and Johnson, Ben B.—Epidemic Diarrhea of the Newly Born (C. N.) 229
Rynearson, Edward H.—Endocrinology: A Critical Appraisal (Or.) Part I 257

S PAGE

Schallig, Dorothy Walsh—Arthritis: Its Treatment with Undenatured Bacterial Antigens (Or.) 212
Schmidt, Carl L. A.—Fermentation: A Retrospect (Or.) 224
Scholtz, Moses—Hippocrates' Aphorisms (C. N.) 125, 179, 231
Selfridge, Grant—Eighth Nerve and Conduction Deafness (Or.) 214
Sharp, John C., and Wolfson, Mast—Acute Suppurative Pericarditis (Or.) 116
Silver, Bernard—Sulfanilamide in Urologic Infections (Or.) 166
Soiland, Albert—Clinical Aspect of Electrically Produced Gamma Rays (Or.) 172
Stanley, Leo L.—Spinal Anesthesia (Or.) 20

T

Taussig, Laurence R., and Torrey, Frances A.—Malignant Melanoma: A Statistical and Pathological Review of Thirty-Five Cases (Or.) 15
Thebaut, Maxwell—Anent Pronunciation of Medical Words (Or.) 222

PAGE

Thelander, H. E.—Immunity: Clinical and Experimental Observations (Or.) 64
Torrey, Frances A., and Taussig, Laurence R.—Malignant Melanoma: A Statistical and Pathological Review of Thirty-Five Cases (Or.) 15

V

Veach, H. O.—Aluminum Chlorid in Folliculitis of the Nose (C. R.) 76

W

Wolfson, Mast., and Sharp, John C.—Acute Suppurative Pericarditis (Or.) 116

Y

Yuskis, Anton S.—Reaction to Eucupin (C. R.) 76

Z

Zide, Harry A.—Recent Developments in the Bacteriology and Treatment of Urinary Infections (E. C.) 108

II

SUBJECTS—INDEX

A

Acute Suppurative Pericarditis—Mast Wolfson and John C. Sharp (Or.) 116
Alcoholism: Its Psychiatric Treatment—J. L. Henderson (Or.) 11
Alcohol Tolerance: Its Importance in Relation to Chemical Tests for Drunkenness—Henry W. Newman (Or.) 9
Aluminum Chlorid in Folliculitis of the Nose—H. O. Veach (C. R.) 76
Anent Pronunciation of Medical Words—Maxell Thebaut (Or.) 222
Anesthesia, Combined Nitrous Oxid-Oxygen Local—P. K. Gilman (Or.) 56
Another Historical Item: On Medical Specialties (Ed.) 207
Arthritis: Its Treatment with Undenatured Bacterial Antigens—Dorothy Walsh Schallig (Or.) 212

B

Benjamin Franklin Keene—Guy P. Jones (Or.) 27
Brain Tumors, Quantitative Methods in Diagnosis of—William T. Grant (Or.) 23
Bubonic Plague in 1901: An Historical Retrospect (Ed.) 205

C

Carcinoma to the Spleen: Metastases—Paul H. Guttman (Or.) 156
Chronic Nonhealing Lesions of the Nose—Russell Fletcher (Or.) 62
Chronic Salpingitis: Hystero-Salpingectomy in Its Operative Treatment—John C. McDermott (Or.) 217
Clinical Aspect of Electrically Produced Gamma Rays—Albert Soiland (Or.) 172
Combined Nitrous Oxid-Oxygen Local Anesthesia—P. K. Gilman (Or.) 56
Coronado Annual Session of May 6–9, 1940 (Ed.) 249

D

Diagnostic Value of Gastroscopy—Allan L. Cohn (Or.) 161
Diarrhea of the Newly Born, Epidemic—Ben B. Johnson and Phillip E. Rothman (C. N.) 229
Differential Count for Spermatozoa—Lewis Michelson (E. C.) 109
Diverticulitis of the Colon—Clarence J. Berne and A. C. Pattison (Or.) 225

E

Effective Sulfanilamide Dosage: The Value of Quantitative Sulfanilamide Determinations — William J. Mitchell, Paul M. Hamilton, and Albert G. Bower (Or.) 113
Eighth Nerve and Conduction Deafness—Grant Selfridge (Or.) 214
Electro-Anesthesia—W. H. Manwaring (E. C.) 55
Endocrinology: A Critical Appraisal — Edward H. Rynearson (Or.) Part I 257
Endometrium in Menstrual Disturbances of the Climacteric, The—Gertrude Flint Jones (Or.) 18
Ephedrin Administration in Allergic Individuals: A Suggested Innovation—Jack Cohn (C. N.) 180
Epidemic Diarrhea of the Newly Born—Ben B. Johnson and Phillip E. Rothman (C. N.) 229
Epidermophytosis of Hands and Feet: Its Treatment—Harry E. Alderson (Or.) 68
Experimental Therapy of Gram-Positive Infections—W. H. Manwaring (E. C.) 154
Extreme Leucopenia in Chronic Pleural Tuberculosis—Philip King Brown (C. R.) 29

F

Federal Department of Health: Officially Proposed by Thomas M. Logan, M. D., of California in 1871 (Ed.) 2
Fermentation: A Retrospect—Carl L. A. Schmidt (Or.) 224
Frontiers of Medicine Still Lie Ahead—Charles A. Dukes (Or.) 254

G

Gastroscopy, Diagnostic Value of—Allan L. Cohn (Or.) 161
Gonorrhea: Its Treatment by Artificial Fever, and by Fever Therapy in Combination with Sulfanilamide—Elmer Belt and Alvin W. Folkenberg (Or.) 169
Granuloma Venereum Involving the Rectum and Colon—Whitfield Crane and H. Stewart Kimball (Or.) 177

H

Hard-of-Hearing Problems—Francis L. Rogers (Or.) 158
Hematemesis and Melena, Recent Advances in the Treatment of—Grant H. Lanphere (Or.) 59
Hereditary Transmission of Antibody Function—W. H. Manwaring (E. C.) 4
Hippocrates' Aphorisms—Moses Scholtz (C. N.) 125, 179, 231
Historical Retrospect, An: Bubonic Plague in 1901 (Ed.) 205
Hyperemesis Gravidarum—Abraham Bernstein (Or.) 69

I

Idiopathic Ulcerative Colitis: The Effectiveness of Liver Extract in Its Treatment—Garnett Cheney (Or.) 66
Immunity: Clinical and Experimental Observations—H. E. Thelander (Or.) 64

K

Keene, Benjamin Franklin—Guy P. Jones (Or.) 27

L

Laboratory Methods for Differentiation of Various Neurotropic Viruses—Beatrice F. Howitt (Or.) 219
Lactation Immunity—W. H. Manwaring (E. C.) 208
Lesions of the Nose, Chronic Nonhealing—Russell Fletcher (Or.) 62
Leucopenia in Chronic Pleural Tuberculosis, Extreme—Philip King Brown (C. R.) 29

M

Malignant Melanoma: A Statistical and Pathological Review of Thirty-Five Cases—Laurence R. Taussig and Francis A. Torrey (Or.) 15
Medical Education in the United States (Ed.) 251
Medical Examiners of the State of California, 1939 Report of the Board (Ed.) 250
Medical Service Legislation (Ed.) 204
Medical Specialties, On: Another Historical Item (Ed.) 207
Meeting of the Alameda County Medical Association: Some Observations, On a (Ed.) 104
Minutemen of American Medicine (Or.) 120

N

National Department of Health Proposed in 1871: By Thomas M. Logan, M. D., of California—Walter M. Dickie (Or.) 6
Nature of the Melanoma—Leonid S. Cherney (E. C.) 155
New Narcotic Regulations (Ed.) 252

O

Occlusion of Biliary Sinus by Balloon Catheter—Dell Theodore Lundquist (C. R.) 230

P

Papaverin Hydrochlorid in Mesenteric Embolism, The Use of—Leo J. Madsen (Or.) 176
Pericarditis, Acute Suppurative—Mast Wolfson and John C. Sharp (Or.) 116
Platform of the American Medical Association (Ed.), 1, 51
Present-Day Conditions Call for Militancy in Organized Medicine (Ed.) 53
President Roosevelt's Hospitalization Proposals (Ed.) 52
Preventable Seasonal Suffering—Milton M. Hartman (E. C.) 55
Proposed California Initiative: For Compulsory Health Insurance (Ed.) 103
Pseudomucinous Cyst of Ovary with Associated Ovarian Dermoid—H. E. Bowles (C. R.) 124

Q

Quantitative Methods in Diagnosis of Brain Tumors—William T. Grant (Or.) 23

R

Reaction to Eucupin—Anton S. Yuskis (C. R.) 76
Recent Advances in the Treatment of Hematemesis and Melena—Grant H. Lanphere (Or.) 59
Recent Developments in the Bacteriology and Treatment of Urinary Infections—Harry A. Zide (E. C.) 108
Refrigerated Cartilage Isografts—Gerald Brown O'Connor (Or.) 21
Ruptured Intervertebral Disc: An Unfinished Problem—Lewis Cozen (E. C.) 208
Ruptured Membranes Prior to the Onset of Labor—Raymond D. McBurney (Or.) 72

S

Salpingitis, Chronic: Hysterosalpingectomy in Its Operative Treatment—John C. McDermott (Or.) 217
Sixty-Ninth Annual Session of the California Medical Association (Ed.) 151, 203
Spinal Anesthesia—Leo L. Stanley (Or.) 20

PAGE

Sulfanilamide and Related Compounds, Summary of the Pharmacology of—Windsor C. Cutting and William L. Cover (Or.) 110
Sulfanilamide in Urologic Infections—Bernard Silver (Or.) 166
Summary of the Pharmacology of Sulfanilamide and Related Compounds—Windsor C. Cutting and William L. Cover (Or.) 110
Synthetic Estrogenic Hormone—Paul G. Fuerstner (E. C.) 5
Syphilis in Relation to the Husband, the Wife, and Their Offspring—Benjamin Bakewell (C. R.) 178
Syphilis: Its Treatment in the Tuberculous Patient—Walter Beckh (Or.) 209

T

Tinea Capitis on the Pacific Coast—Edward A. Levin (Or.) 221
Toxin Allergy—W. H. Manwaring (E. C.) 107

PAGE

Two Medico-Legal Items: I. On Corporate Practice of Medicine. II. On Citizenship as a Condition Precedent to Medical Licensure (Ed.) 106

U

Undulant Fever (Brucellosis) — George H. Becker (C. R.) 28
Use of Electrical Cautery in Office Practice of Gynecology, The—Abraham Bernstein (E. C.) 253
Use of Papaverin Hydrochlorid in Mesenteric Embolism, The—Leo J. Madsen (Or.) 176
Uses and Abuses of Pituitary Extract During Labor—Abraham Bernstein (E. C.) 109

V

Various Topics, On (Ed.) 3, 54, 105, 152
Venereal Lymphogranuloma: Public Health Aspects—J. C. Geiger and Carleton Mathewson, Jr. (Or.) 25

III

EDITORIALS—INDEX

Another Historical Item: On Medical Specialties 207
Coronado Annual Session of May 6–9, 1940 249
Federal Department of Health: Officially Proposed by Thomas M. Logan, M. D., of California in 1871 2
Historical Retrospect, An: Bubonic Plague in 1901 205
Medical Education in the United States 251
Medical Examiners of the State of California, 1939 Report of the Board 250
Medical Service Legislation 204
New Narcotic Regulations 252
On a Meeting of the Alameda County Medical Association: Some Observations 104
On Various Topics 3, 54, 105, 152, 252
Platform of the American Medical Association 1, 51
Present-Day Conditions Call for Militancy in Organized Medicine 53
President Roosevelt's Hospitalization Proposals 52
Proposed California Initiative: For Compulsory Health Insurance 103
Sixty-Ninth Annual Session of the California Medical Association 151, 203
Two Medico-Legal Items: I. On Corporate Practice of Medicine. II. On Citizenship as a Condition Precedent to Medical Licensure 106

IV

EDITORIAL COMMENT ARTICLES—INDEX

Differential Count for Spermatozoa—Lewis Michelson 109
Electro-Anesthesia—W. H. Manwaring 55
Experimental Therapy of Gram-Positive Infections—W. H. Manwaring 154
Hereditary Transmission of Antibody Function—W. H. Manwaring 4
Lactation Immunity—W. H. Manwaring 208
Nature of the Melanoma—Leonid S. Cherney 154
Preventable Seasonal Suffering—Milton M. Hartman 55
Recent Developments in the Bacteriology and Treatment of Urinary Infections—Harry A. Zide 108
Ruptured Intervertebral Disc: An Unfinished Problem—Lewis Cozen 208
Synthetic Estrogenic Hormone—Paul G. Fuerstner 5
Toxin Allergy—W. H. Manwaring 107
Use of Electrical Cautery in Office Practice of Gynecology, The—Abraham Bernstein 253
Uses and Abuses of Pituitary Extract During Labor—Abraham Bernstein 109

V

MISCELLANY COLUMNS—INDEX

Board of Medical Examiners of the State of California:
  Board Proceedings 202
  News .... 50, 102, 150; April, Adv. p. 25; 248, 312
Disposal of Cremated Human Remains—California Statutes in Regard Thereto 201
Letters:
  Subject: Address by John W. Cline, M. D., of San Francisco 147
  Subject: Address by Paul de Kruif—William C. Voorsanger 245
  Subject: Affiliate Fellowship in the American Medical Association—Olin West 147
  Subject: A letter from a retired member—John L. McDaniel 197
  Subject: A letter from a retired member of the California Medical Association, with enclosure of check for $45 197
  Subject: A letter from the California Board of Nurse Examiners—Helen F. Hansen 48
  Subject: American Red Cross: Re enrollment of medical technologists—William DeKleine 149
  Subject: Appropriation for Army Medical Library Building in Washington, D. C. Request for coöperation—J. W. Holloway 98
  Subject: Appropriation for the Army Medical Library in District of Columbia 100
  Subject: Army Medical Library Appropriation—James E. Baylis 149
  Subject: Articles by Professor W. H. Manwaring in the Editorial Comment Department—L. M. Boyers 197
  Subject: Basic Science Act of South Dakota—C. B. Pinkham 149
  Subject: Concerning vitamin medication—J. W. Dargavel 98
  Subject: Conference on School Health Education—W. M. Dickie 246
  Subject: Court opinion in malpractice case—On sulfanilamide—Judge Clement L. Shinn 99
  Subject: Deletion of "Lure of Medical History" Department from California and Western Medicine—Chauncey D. Leake 198
  Subject: Educational qualifications of health officers—Reginald M. Atwater 149
  Subject: Essay Contest for high school students: Under sponsorship of Committee on Public Health Education of the California Medical Association—Samuel Ayres 196
  Subject: Finnish Relief Fund—Robert A. Peers 148, 197
  Subject: Japanese and Chinese births in San Francisco—J. C. Geiger 246
  Subject: Letter from the Board of Medical Examiners of the State of California to a foreign medical graduate seeking information concerning hospital internships 311
  Subject: Malpractice insurance for a laboratory technician—Hartley F. Peart 148
  Subject: Medical advice over the radio—Prescott R. Loveland 245
  Subject: Medical Corps, U. S. A.—James E. Baylis 198
  Subject: Melanoma: Report of Case—Samuel P. Danno 99
  Subject: National Antisyphilis Committee of the American Social Hygiene Association—Ray Lyman Wilbur 198
  Subject: Number of licensed naturopaths in California—C. B. Pinkham 244
  Subject: Official call of annual session of the American Medical Association—Rock Sleyster 197
  Subject: On use of title "Doctor" or its abbreviations—C. B. Pinkham 199
  Subject: Opinions of Attorney-General of California 96
    1. Opticians' law 97
    2. California registration of public service medical officers 97
  Subject: Packet service, library of the Medical School of the University of California—Chauncey D. Leake 197
  Subject: Premarital Wassermann work—W. M. Dickie 200
  Subject: Questionnaire on nursing service—Pauline W. Gage 148
  Subject: Ray Lyman Wilbur of California, on the objectives of the American Social Hygiene Association 99
  Subject: Recent annual session of the California Tuberculosis Association—W. H. Higby 246
  Subject: Regarding a court decision concerning sulfanilamide—Clement L. Shinn 198
  Subject: Registration of medical technologists—Philip Hillkowitz 310
  Subject: Request for comment on certain cosmetics—Theodore G. Klumpp 48
  Subject: "Sobisminol" added to Schedule "C" of the California Poison Act—John A. Foley 149
  Subject: Some Verse?—Glenn Myers 200
  Subject: Testimonial dinner to Dr. George Dock on his eightieth birthday—Hyman Miller 245
  Subject: Tests for intoxication—Donald S. Berry 149
  Subject: Trichinelliasis in San Francisco—The type of food involved—J. C. Geiger 244
  Subject: The United States Pharmacopœial Convention—Walter A. Bastedo 147
  Subject: Use of the title "Doctor"—C. B. Pinkham 244
Medical Jurisprudence:
  Autopsies: Authorization by next of kin 200
  Charitable Hospitals are no longer exempt from liability for injuries to patients caused by negligence of hospital employees 100
  Operation exceeding scope of patient's written consent 49
  Unfortunate results of eye operation not a ground of liability 247
News 41, 92, 142, 191, 239, 307
Press Clippings 45, 94, 144, 193, 242, 308
Twenty-Five Years Ago 50, 102, 150, 202, 248, 312

VI

CALIFORNIA MEDICAL ASSOCIATION PROCEEDINGS—INDEX

(a) General

PAGE
Annual Session Program—Sixty-Ninth Annual Meeting, May 6–9, 1940—Supplement to April, 1940 1
Annual Conference of County Society Secretaries and Officers and Committeemen of California Medical Association 131
C. M. A. Cancer Commission 83
Committee on Postgraduate Activities 33, 83, 135, 183, 233
Committee on Public Health Education 31, 82, 132, 182, 232
Committee on Scientific Work 136
Interesting Letter Concerning the Membership Certificate Issued to Charles Boreman, M. D., An 30
Membership Roster: Year 1939—Supplement to March, 1940 1
Minutes of the Council:
  Two Hundred and Eightieth (280th) Meeting of the Council (Meeting of January 6, 1940) 78
  Two Hundred and Eighty-First (281st) Meeting of the Council (Meeting of February 17, 1940) 127
  Two Hundred and Eighty-Second (282nd) Meeting of the Council (Meeting of March 10, 1940) 181
  Two Hundred and Eighty-Third (283rd) Meeting of the Council (Meeting of May 5, 1940) 297
  Two Hundred and Eighty-Fourth (284th) Meeting of the Council (Meeting of May 6, 1940) 299
  Two Hundred and Eighty-Fifth (285th) Meeting of the Council (Meeting of May 7, 1940) 300
  Two Hundred and Eighty-Sixth (286th) Meeting of the Council (Meeting of May 8, 1940) 301
  Two Hundred and Eighty-Seventh (287th) Meeting of the Council (Meeting of May 9, 1940) 301
Minutes of the House of Delegates—Thirty-Seventh Annual Session:
  First Meeting (Meeting of May 6, 1940) 260
  Second Meeting (Meeting of May 8, 1940) 273
  Report of Reference Committee No. 1, Reports of Officers and Standing Committees 278
  Report of Reference Committee No. 2, Reports of Council and Secretary-Treasurer 280
  Report of Reference Committee No. 3, Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business 281
Official Business:
  Proposed Amendments to the Constitution of the California Medical Association 77
  Official Visits by President Charles A. Dukes and Party 31, 82, 132
  Pacific States Medical Executives' Conference 36
"Pre-Convention Bulletin"—Reports of Officers, Committees, and Component County Societies—Supplement to April, 1940 38

(b) Component County Societies

Humboldt 137, 234
Kern 84, 137, 184, 302
Mendocino-Lake 36
Monterey 137, 184
Placer 84
Riverside 37, 85, 184
Sacramento 85, 184, 234
San Bernardino 37, 85, 137
San Joaquin 37, 85, 137, 185, 234, 302
San Mateo 86
Shasta 185, 302
Ventura 86, 185, 235, 303
Yuba-Sutter 86, 138, 185, 235

(c) Department of Public Relations

Four-Point Program for Financing Health Insurance Advanced 232
Minutes of Committee on Public Relations:
  Meeting of November 25, 1939 (Digest) 32
National Health Act 133

(d) California Physicians' Service

Bulletin 136
Miscellaneous 183, 234
Progress Note 83
Suggestions 35

(e) Woman's Auxiliary

Component County Auxiliaries:
  Alameda 39, 89, 141, 237
  Fresno 89, 189, 237
  Humboldt 141, 237, 305
  Kings 90
  Los Angeles 39, 90, 141, 189, 237, 305
  Marin 39, 141, 189, 238, 305
  Monterey 90, 238
  Sacramento 90
  San Diego 39, 90, 141, 190, 238
  San Francisco 39, 90, 190
  San Mateo 40
  Santa Barbara 40
  Santa Cruz 90, 190, 238, 305
  Sonoma 91, 306
  Stanislaus 190, 238, 306
  Tulare 40, 91, 238
Minutes of Meetings of Board of Directors (Meeting February 26, 1940) 188
News Letters 89, 141, 305
Official Notices 140

VII

DECEASED MEMBERS—INDEX

Ainley, Frank C. 236
Baker, Morgan Dillon 38, 39
Bancroft, Martin Flaherty 236
Barclay, Henry Aretas 138
Blackmun, Ernest Lynwood 186, 187
Blodgett, Walter LeRoy 38
Boardman, Walter Whitney 138, 139
Brimhall, Silas Johnson 139
Burrall, George Merriman 139
Campbell, George Elmore 236
Cook, Clarence Sylvester 304
Doane, Philip Schuyler 304
Domann, Arthur Henry 88
Foshay, Arthur Wellesley 139
Gay, Henry Milus 38
Hamilton, Percy Lee 304
Hopkins, William E. 236
Huggins, Walter Leslie 236
Hyman, Sol 188, 236
Jorgensen, Sophus Nicolai 236
Kile, Robert Francis 139
King, Cora Smith 38
Lokrantz, Sven Richard 187
Love, Edward C. 139
Moore, Albert William 139
Mordoff, Charles Espey 304
Myers, Cortland 38
Penzotti, Richard Benjamin 38
Pettis, John Hibbard 139, 187
Powell, Barton J., Sr. 88, 139
Roberg, David Nathaniel 187
Rood, Vernon Voorhees 38
Ruggles, Howard Edwin 88
Salter, Ney Milton 304
Scott, Alfred James, Jr. 236
Slattery, James Ward 139
Taussig, Laurence R. 139, 140
Teass, Chester James 88, 89
Waller, Julian Lloyd 38
Wilkinson, Allan Marshall 139
Wilson, Horace Plummer 88

VIII

BOOK REVIEWS—INDEX

A Handbook of Elementary Psychobiology and Psychiatry (June) Adv. p. 20
Accepted Foods and Their Nutritional Significance—Council on Foods of American Medical Association (February) Adv. p. 18
Allergic Diseases—Their Diagnosis and Treatment—Ray M. Balyeat and Ralph Bowen (March) Adv. p. 22
American Illustrated Medical Dictionary, The—W. A. Newman Dorland (May) Adv. p. 20
An Introduction to Medical Mycology (June) Adv. p. 16
Anesthesia: Narcosis, Local, Regional, Spinal—A. M. Dogliotti (May) Adv. p. 22
Art of Anesthesia, The—Paluel J. Flagg (May) Adv. p. 26
British Empire Cancer Campaign (June) Adv. p. 18
Cancer—R. J. Behan (January) Adv. p. 18
Cardiovascular Diseases (June) Adv. p. 18
Chronic Diseases of the Abdomen—C. Jennings Marshall (March) Adv. p. 18
Clinical Biochemistry (June) Adv. p. 16
Clinical Diagnosis of Swellings, The—C. E. Corrigan (March) Adv. p. 22
Death Loses a Pair of Wings: The Epic of William Gorgas, and the Conquest of Yellow Fever—A Novel in Cadence—Robin Lampson (January) Adv. p. 16
Directory of Medical Specialists Certified by American Boards, 1939—Paul Titus (May) Adv. p. 20

PAGE

Diseases of the Gall-Bladder and Bile Ducts (June) ....Adv. p. 15
Essentials of Medical Electricity—Elkin P. Cumberbatch (March) ....Adv. p. 25
Experience in the Management of Fractures and Dislocations—Philip D. Wilson (February)....Adv. p. 16
Eye, Ear, Nose and Throat Manual for Nurses—Roy H. Parkinson (April)....Adv. p. 20
Fight on Cancer, The—Clarence C. Little (January) ....Adv. p. 20
Forensic Medicine—Sydney Smith (May)....Adv. p. 28
Functional Disorders of the Foot—Frank D. Dickson and Rex L. Diveley (February)....Adv. p. 16
Fundamentals of Experimental Pharmacology—Torald H. Sollmann (January)....Adv. p. 22
Infant and Child in Health and Disease, The—John Zahorsky (January)....Adv. p. 20
Injuries to the Nervous System, Including Poisonings—Otto Marburg and Max Helfand (April)....Adv. p. 16
John Howard—Leone Baumgartner (May)....Adv. p. 22
Law and Contemporary Problems—Professor David F. Cavers (April) ....Adv. p. 18
Manual of Dermatology (June)....Adv. p. 18
Manual of Fractures and Dislocations, A—Barbara Bartlett Stimson (March)....Adv. p. 25
Medicolegal Phases of Occupational Diseases—C. O. Sappington (May)....Adv. p. 22
Microbiology and Pathology—Charles F. Carter (March) ....Adv. p. 20

PAGE

New International Clinics, The George Morris Piersol. Volumes I, II, III, New Series (February)....Adv. p. 20
Physiology and Pharmacology of the Pituitary Body, The—H. B. Van Dyke (January)....Adv. p. 22
Practical Dermatology and Syphilis—Harry M. Robinson (February)....Adv. p. 20
Principles of Chemistry—Joseph H. Roe (May)....Adv. p. 20
Rectum and Colon, The—E. Parker Hayden (March) ....Adv. p. 20
Rockefeller Foundation Annual Report, 1938, The (March) ....Adv. p. 24
Rockefeller Foundation, The—International Health Division, Annual Report, 1938 (April)....Adv. p. 18
Synopsis of Pediatrics—John Zahorsky (February) ....Adv. p. 16
Textbook of General Surgery—Warren H. Cole and Robert Elman (March)....Adv. p. 26
Textbook of Obstetrics, A.—Charles B. Reed (January) ....Adv. p. 18
Textbook of Occupational Diseases of the Skin, A—Louis Schwartz and Louis Tulipan (February)....Adv. p. 22
Tuberculosis and Social Conditions in England—P. D'Arcy Hart and G. Payling Wright (April)..Adv. p. 20
United States Naval Medical Bulletin (June)....Adv. p. 20
Urology—Daniel N. Eisendrath and Harry C. Rolnick (March)....Adv. p. 24
Vitamin B_1 (Triamin) and Its Use in Medicine—Robert R. Williams and Tom D. Spies (April)....Adv. p. 18

IX

CALIFORNIA STATE BOARD OF MEDICAL EXAMINERS—INDEX

- Abortions—Alleged
  - See Illegal Operations
    - Barnes, Samuel D., M. D.
    - Becker, John Henry, M. D.
    - Brown, Inez
    - Burns, Inez (Mrs. Joseph)
    - Gomez, Marie Lopez
    - Heddens, Harley
    - Hoffman, Charles E., M. D.
    - Long, Claude C., M. D.
    - Lorraine, Lawrence
    - Lowe, Amanda, D. O.
    - Luckett, Thomas O., M. D.
    - Nelson, Eugene Curry, M. D.
    - Parchen, Frank, D. C.
    - Parchen, George, D. C.
    - Pierson, Claude A., D. O.
    - Poe, Rudolph A., D. C.
    - Ramer, T. Maude, M. D.
    - Robinson, John Marshall, M. D.
    - Wyatt, Thomas D., M. D.
- Aiding and Abetting
  - See Owens, Wm. R., M. D.
    - Zuberbier, Roxy L., M. D.
- American Medical Association
  - Sued under Sherman Anti-Trust Act (April), Adv. p. 28
- Amsbaugh, Archibald E., M. D.
  - See Narcotic Violations
  - Involved in a narcotic case (April), Adv. p. 38; (May), Adv. p. 44
- Attorneys
  - See Goldstein, J. Oscar (Attorney for Dewey Conway, Indian doctor) (March), Adv. p. 44
- Agrillo, Joseph P.
  - See Barber Violators
  - Charged with practicing medicine without a license (January), Adv. p. 43
- Baker, Norman
  - See Cancer Cures (?)
  - Mexican Government contemplating restrictions on radio broadcast (February), p. 102
  - Convicted in Arkansas of violation Postal Laws (March), Adv. p. 38
- Barber Violators
  - See Agrillo, Joseph P.
    - Thornhill, John B.
- Barnes, Samuel D., M. D.
  - See Abortions
  - Charged with illegal operation on Dorothy Jones (deceased) (May), Adv. p. 39
- Baudizzino, Jean
  - Guilty, illegal practice of medicine (June), p. 312
- Becker, John Henry, M. D.
  - See Abortions—Alleged
  - Petitions court to restrain Board of Medical Examiners from revoking his license (February), Adv. p. 41; (March), Adv. p. 42
  - Writ of mandate issued (April), Adv. p. 36
- Beeler, Gilman
  - See Hanish Otoman
    - Mazdaznan Cult (March), Adv. p. 46
- Birth Control
  - Connecticut law constitutionality upheld (May), p. 248
- Board of Chiropractic Examiners
  - See Chiropractic Board
    - Labachotte, Roy, D. C.
    - Morris, W. Franklin, D. C.
- Board of Medical Examiners
  - Initiative to separate nonmedical practitioners from (January), p. 50
  - Cerf, Alvin E., M. D., appointed March 21, 1940, member vice F. W. Didier, M. D. (May), Adv. p. 48
- Bonaventura, Filberto A., M. D.
  - Stay in deportation granted (January), Adv. p. 43
- Boyd, Harry W., M. D.
  - Revocation annulled as of February 8, 1939, by court order (April), p. 202
- Brinkley, John R.
  - Mexican Government contemplating radio restriction (February), p. 102
- Brooks, Bruce
  - Brooks, R. M. (May), Adv. p. 44
  - Alias used by K. L. Myers (May), Adv. p. 44
- Brown, Inez
  - See Abortions—Alleged
    - Burns, Inez (Mrs. Jos.)
  - Pleaded guilty to federal income tax evasion (April), Adv. p. 36
- Burns, Inez (Mrs. Jos.)
  - See Abortions—Alleged
    - Brown, Inez
  - Pleaded guilty to federal income tax evasion (April), Adv. p. 36
- Camos, Eugene S. (Drugless Practitioner)
  - Probation five years with restricted advertising, February 28, 1940 (April), p. 202
- Cancer Cures (?)
  - See Baker, Norman
    - Conway, Dewey
- Cardew, W. G., D. C.
  - Arrested San Jose, violation Medical Act (June), p. 312
- Cerf, Alvin, M. D.
  - Appointed member Board of Medical Examiners, March 21, 1940, vice F. W. Didier, M. D. (May), Adv. p. 48
- Certificate obtained by fraud
  - See Wilson, Daniel Russell, M. D.
- Certificates Restored
  - See Boyd, Harry W., M. D.
    - Lustberg, Samuel R., M. D.
    - Weld, James C., M. D.
    - Young, William H., M. D.
- Certificates Revoked
  - See Revoked Certificates
- "Charm Lady"
  - See Gypsy Fortune Tellers
    - Impostors
  - Buncoed C. DiCicco out of $10 by hokum (March), Adv. p. 42
- Chinese Herbalist
  - See Fong Wan
    - Fong Poy
    - Lee, Harry
    - Sue, Y. T.
- Chiropodists
  - Those using prefix "Dr." must use suffix "Chiropodist" (April), Adv. p. 30
- Chiropractic Board
  - See Board of Chiropractic Examiners
  - Labachotte, Roy G., D. C., restored to membership by court order (February), Adv. p. 38
  - Morris, W. Franklin, D. C., ousted by court order (February), Adv. p. 38
- Chiropractors
  - House of Representatives Bill 8963 (Congressman Tolan) proposes to include Chiropractors in scope of U. S. Employees Compensation Act (May), p. 248
- Chiropractors
  - See Cardew, W. G., D. C.
    - Fiske, Floyd, D. C.
    - Gaylor, Lawrence, D. C.
    - LaBelle, Maurice, D. C.
    - LaVine, Louis, D. C.
    - Morris, W. Franklin, D. C.
    - Parchen, Frank, D. C.
    - Parchen, George, D. C.
    - Poe, Rudolph A., D. C.
    - Rigler, Signey, D. C.
    - Rosebury, A. J., D. C.
    - Smith, Wallace J., D. C.
    - Sullivan, S. A., D. C.
    - Zimmerman, Arden, D. C.
  - Not permitted to sign permarital examination certificates (March), p. 150
  - Proposed included in scope of U. S. Employees Compensation Act (H. R. 8963) (May), p. 248

- Citron, Jesse, M. D.
  - Third trial against W. C. Fields denied (January), Adv. p. 40
- Civil Service
  - Waived California residence for junior physicians (January), Adv. p. 40
- Coakley, Thomas I.
  - Appointed by Attorney-General Earl Warren to handle legal work of Board of Medical Examiners (May), Adv. p. 42
- Congressional Bill (H. R. 8963)
  - See Chiropractors
  - Including Chiropractors within scope of U. S. Employees Compensation Act (May), p. 248
- Conway, Dewey
  - See Indian Medicine Man (January), Adv. p. 34
  - Arrested Clovis for violation of Business and Professional Code (January), Adv. p. 34
  - Jury rendered not guilty verdict (March), Adv. p. 44
  - Special Agent Williams and Secretary Pinkham arraigned by Defense Attorney J. Oscar Goldstein (March), Adv. p. 44
  - Fined $200 in Chico in 1932 for violation of Business and Professions Code (March), Adv. p. 44
  - Fined $50 in Chico in 1939 for violation of Business and Professions Code (March), Adv. p. 44
  - Not guilty verdict by Clovis Justice Court jury (February), Adv. p. 28
- Conway, Isaiah
  - See Indian Medicine Man
  - Arrested in Sacramento for violation of Business and Professions Code (January), Adv. p. 34
- Conway, W. J.
  - See Indian Medicine Man
  - Father of Dewey Conway (March), Adv. p. 44
  - Arrested in Chico for violation of Business and Professions Code (March), Adv. p. 44
- Cost of Medical Education
  - See Survey of Costs of (April), Adv. p. 30
- Counter Prescribing
  - See Druggists
    - Statewide drive against (March), Adv. p. 38
    - U. S. Public Health Service venereal disease campaign (March), Adv. p. 38
    - Grey's Pharmacy (Sacramento)
    - McKenna, Joseph P. (Oakland)
    - Reade, Clifford (Sacramento)
    - Ronkin, Julius A. (San Francisco)
- County Hospital
  - Physicians subject to suit for damages if brought within 90 days of alleged injury (February), p. 102
  - County hospital not jointly liable (May), p. 248
- Crofton, Bettie
  - Nurse for Charles E. Hoffman questioned by police (March), Adv. p. 42
- Dazey, George K., M. D.
  - Vindicated after jury trial (May), Adv. p. 44
- Doweling, W. (Magnetopath)
  - Jury deadlocked, set for retrial February 20, 1940 (March), Adv. p. 38
- Druggists
  - See Counter Prescribing
    - U. S. Public Health Service
    - Statewide drive against
    - Venereal disease drive
    - Grey's Pharmacy
    - McKenna, Joseph P.
    - Reade, Clifford
    - Ronkin, Julius A.
  - San Francisco News reports only three of thirty drug stores refused to counter prescribe (March), Adv. p. 38
  - State Bureau of Food and Drug Inspection moves into the antivenereal disease campaign (March), Adv. p. 40
  - Drug store practice in relation to venereal disease (April), Adv. p. 34
  - State Board of Pharmacy coöperating with Department of Public Health in venereal disease campaign (April), Adv. p. 38
- Drugless Practitioners
  - Those using prefix "Dr." must use suffix "Drugless Practitioner" (April), Adv. p. 30
- Drunk Driving
  - See Stoker, Edith Mary, M. D.
- Duane, Robert
  - Alias used by Logan W. Franey (February), Adv. p. 28
- Dyment, Philip
  - Arrested violation of medical laws (January), Adv. p. 44
  - Found guilty—sentence (fine $500 or serve 180 days in jail)
- Enloe, Dr. N. T.
  - Seeks injunction to prevent Dr. John H. White to practice in Chico for five years (March), Adv. p. 46
- Erus Eruc
  - See Hurlbert, Edward
    - Hurlbert, Olive
    - Owens, William R., M. D.
    - Tuberculosis Cures (?)
- Estes, St. Louis
  - Arrested San Francisco, violation Medical Act (A. A. Derrickson) (May), p. 248
- Fair, George Winfield
  - See Impostors
  - Sought by Orange County Sheriff (April), Adv. p. 38
  - Arrested San Francisco, defrauding an innkeeper (June), Adv. p. 36
- Fake Physician
  - See Impostors
  - Robs elderly San Jose men (June), Adv. p. 35
- Farley, Charles W., M. D.
  - See Narcotic Violators
  - Arrested for traffic in narcotics (March), Adv. p. 38
  - Certificate revoked, February 29, 1940 (April), p. 202
  - Sentenced to one year in Federal jail (May), Adv. p. 48
- Federal Trade Commission
  - Issues complaint against Fong Wan (February), p. 102
- Fiske, Floyd, D. C.
  - Found not guilty, violation of Business and Professions Code (January), Adv. p. 42
- Fong Wan
  - See Chinese Herbalists
  - Complaint against issued by Federal Trade Commission (February), p. 102
- Fong Poy
  - See Chinese Herbalists
    - Fong Wan
- Fortune, Albert Stanley
  - See Impostors
  - Arrested New York City (March), p. 150
- Franey, Logan Matthews
  - See Impostors
  - Physicians assertedly defrauded (February), Adv. p. 28
  - Sentenced in Vaucouver to three months — fictitious checks (March), Adv. p. 47
- Gault, Arthur Fitzroy
  - See Hanish, Otoman
    - Mazdaznan Cult (March), Adv. p. 46
- Gaylor, Lawrence, D. C.
  - Guilty, Los Angeles—illegal practice of medicine (June), Adv. p. 37
- Germany's health and food conditions unsatisfactory (May), Adv. p. 42
- Glover, Ben K.
  - Arrested, violation of Medical Act (May), Adv. p. 40
- Goldstein, J. Oscar, Attorney-at-Law
  - See Conway, Dewey
  - Alleged arraignment of Secretary Pinkham and Special Agent Williams, as defense attorney for Dewey Conway (March), Adv. p. 44
- Gomez, Marie Lopez
  - See Abortions
  - Arrested Los Angeles following death of Jovita Ochoa (February), Adv. p. 38
- Graechen, Kurt William
  - See Hannish, Otmar
    - Mazdaznan Cult (March), Adv. p. 46
- Gravitonic Ray
  - See Reed, Frances
    - Reed, Frederick
  - Federal Trade Commission issues order to cease and desist (May), Adv. p. 50
- Grand Jury
  - See San Francisco Grand Jury
- Gregg, Wendell O., M. D.
  - See Narcotic Violators
  - Probation, February 27, 1940, for five years; cease practice February 27, 1940, until January 1, 1941; no narcotic privileges (April), p. 202
- Gypsy Swindler
  - See Impostors
  - Vacaville woman swindled (February), Adv. p. 40
- Hamlin, Oliver D., M. D.
  - Retires as Chief Surgeon, Alameda County Emergency Hospital (June), p. 312
- Hannish, Otomar
  - See Mazdaznan Cult (March), Adv. p. 46
- Harrigan, Jack
  - Former State Narcotic Inspector resigns (January), Adv. p. 34
- Heddens, Harley
  - See Abortions
  - Sought by police following death of Bertha Hewitt (February), Adv. p. 30
- Herbalist
  - See Chinese Herbalists
    - Menta, J. D.
- Hewitt, Bertha
  - Died following abortion—Harley Heddens sought (February), Adv. p. 30
- Hoffman, Charles E., M. D.
  - See Crofton, Bettie
  - Questioned by San Francisco police on sudden death of a young woman in his office (March), Adv. p. 42
- Hollie, J. Theo
  - See Naturopaths
  - Interested in Initiative re Surgical Operations (January), p. 50
- Housman, Nathan S., M. D.
  - See Narcotic Violators
  - Demurrer against indictment (January), p. 50
  - In court—thirty charges, failure to keep proper records of narcotic prescriptions (February), Adv. p. 30
  - San Francisco Grand Jury investigates alleged trial jury tampering (April), Adv. p. 28
- Hull, Harry M.
  - See Impostors
  - Guilty (Los Angeles) illegal practice of medicine (June), Adv. p. 37
- Hurlbert, Edward C.
  - See Erus Eruc
    - Owens, W. R., M. D.
    - Tuberculosis Cures (?)
  - Hailed into court for violation of probation (March), Adv. p. 42
- Hurlbert, Olive
  - See Erus Eruc
    - Owens, W. R., M. D.
    - Tuberculosis Cures (?)
  - Hailed into court for violation of probation (March), Adv. p. 44
- Impostors
  - See "Charm Lady"
    - Fair, Geo. W.
    - Fake Physician
    - Fortune, Albert Stanley
    - Franey, Logan Matthew
    - Gypsy Swindlers
    - King, Theo. Reginald
    - Romanoff, Alexis N.
    - Trotsky, Romano
    - Trowbridge, John

Indian Medicine Man
  See Conway, Dewey
    Conway, Isaiah
    Conway, W. J.
Initiative Measures
  See Hollie, J. Theo (January), p. 46
  Proposes to regulate surgical procedure (January), p. 50
  Proposes to require prescriptions to be written in English (January), p. 50
Irones, Rutherford B., M. D.
  Arrested—assault with deadly weapon (April), Adv. p. 36
Jameson, Moroni, M. D.
  Jailed Redwood City, burglary (February), Adv. p. 36
  Liberated—not to practice medicine in California (February), Adv. p. 36
Johnson, Charles W.
  Appointed Deputy by Attorney-General Earl Warren (May), Adv. p. 40
Jordt, Edward William, D. O.
  Appellate Court affirms right of Osteopaths to employment by School Districts (January), Adv. p. 34
Karaka, Yasuzo, M. D.
  Certificate revoked, February 29, 1940 (April), p. 202
King, Theo. Reginald
  See Impostors
  Arrested for of violation of Business and Professions Code (February), Adv. p. 38
  Found guilty in Los Angeles (May), Adv. p. 46
Labachotte, Roy, D. C.
  See Board of Chiropractic Examiners
  Restored by court to membership on Chiropractic Board (February), Adv. p. 38
LaPlant, Nelson
  Arrested at Orland for violation of Business and Professions Code (May), Adv. p. 48
  Pleaded guilty, fined $25 (June), p. 312
LaVine, Louis, D. C.
  See Chiropractors
  Appellate Court upholds award of damages against (February), Adv. p. 42
Lazar, Siegbert
  Sentenced to five days in jail for contempt (April), Adv. p. 28
LeBell, Maurice, D. C.
  Arrested on charges of illegal practice of medicine (June), Adv. p. 36
Lee, Harry
  See Chinese Herbalists
  Arrested for violation of the Business and Professions Code (March), Adv. p. 42
Long, Claude C., M. D.
  See Abortions
  Conviction of manslaughter set aside for prejudicial error (January), Adv. p. 38
  Appeal to State Supreme Court (April), Adv. p. 28
Lorraine, Lawrence P.
  See Abortions
  Request for executive clemency (January), Adv. p. 39; (February), Adv. p. 38
  Died at Folsom Prison, March 19, 1940 (May), Adv. p. 48
Los Angeles County Hospital
  Salary of superintendent set at $9,000 per annum
Los Gatos Sanitarium
  Closed by Dr. William Voorsanger (January), Adv. p. 44
Lowe, Amanda L., D. O.
  See Abortions
  Accused of causing death of Mrs. Doris Cheslin (May), Adv. p. 39
Luckett, Thomas O., M. D.
  See Abortions
  Petitions Pardon Board for pardon (January), Adv. p. 36
Lustberg, Samuel R., M. D.
  Certificate restored February 26, 1940, probation five years (April), Adv. p. 25
Magnetopath
  See Doweling, W.
Malpractice Suits
  Members of County Hospital staffs liable for their own negligence (February), p. 102; (May), p. 248
Mandamus, Writs of
  See Becker, John Henry, M. D.
Mazdaznan Cult
  See Mazdazan—Temple Association of the Associates of God
    Beeler, Gilman
    Gault, Arthur F.
    Graechen, Kurt Williams
    Hanish, Otomar
    Sandberg, Konrad
    Sorge, Henry
    Vinson, John
  Weird sexual rituals (March), Adv. p. 46
Mazdazan—Temple Association of the Associates of God
  See Mazdaznan Cult (March), Adv. p. 46
McKenna, Joseph P.
  Arrested in Oakland for counter-prescribing (sulfanilamide) (February), Adv. p. 40
Medical Board
  See Board of Medical Examiners
Menta, J. D. (Herbalist)
  Arrested by Federal authorities for posing as herbalist in U. S. Medical Department (June), Adv. p. 36
Meyers, Harry Karl
  Arrested for violation of Business and Professions Code (April), Adv. p. 28; (May), Adv. p. 44
Molony, William R., Sr., M. D.
  Elected president of Junipero Serra Boys' Club (February), Adv. p. 34
Morris, W. Franklin, D. C.
  See Chiropractic Board
  Wins damage suit against A. Zimmerman, D. C. (January), p. 40
  Ousted from Chiropractic Board by court order (February), Adv. p. 38
Municipal Employees Health Service System (February), Adv. p. 30
Narcotic Enforcement Scandal in Los Angeles (January), Adv. p. 34
  See Harrigan, Jack
    Narcotic ring uncovered
    Narcotic violators
Narcotic Violators
  See Amsbaugh, Archibald E., M. D.
    Farley, Charles W., M. D.
    Gregg, Wendell O., M. D.
    Housman, Nathan S., M. D.
    Steinman, Philip Joseph
    Sullivan, S. A., D. C.
    Trowbridge, John
    Waitzfelder, Frederick, M. D.
  Five Los Angeles physicians surrender their narcotic tax stamps (April), Adv. p. 26
  Narcotic ring uncovered in Los Angeles (January), Adv. p. 34
Narcotic Violations
  See Amsbaugh, A. E., M. D.
    Farley, Charles W., M. D.
Narcotics
  Dr. Benjamin Hagan robbed responding to professional call (March), Adv. p. 44
Naturopaths
  Licensed in California (May), p. 244
Nazi food and health conditions unsatisfactory (May), Adv. p. 42
Nelson, Eugene Curry, M. D.
  See Abortions, alleged
  Certificate revoked February 29, 1940 (April), p. 202
Non-Medical Practitioners
  See Hollie, J. Theodore
  Petition to separate from Medical Board (January), p. 50
Obstetrical Practice by Chiropractors
  See Rigler, Signey, D. C.
    Rosebury, A. J., D. C.
    Smith, Wallace J., D. C.
Operative Surgery
  Initiative re (January), p. 50
O'Reilly, P. S., D. O.
  See Osteopaths
  Sentenced following conviction of assault on office nurse (February), Adv. p. 40
Osteopaths
  See Jordt, Edward William, D. O.
    Lowe, Amanda, D. O.
    O'Reilly, P., D. O.
    Pierson, Clyde, D. O.
  Right of employment by school districts affirmed (January), p. 50
Owens, William R., M. D.
  See Hurlbert, E. C. and Olive
  Probation February 28, 1940, for five years; cease practice for six months (April), p. 202
  Aiding and abetting Hurlberts (April), Adv. p. 30
Parchen, Frank, D. C.
Parchen, George, D. C.
  See Abortions
  Conviction of Frank Parchen affirmed (April), Adv. p. 34
Phoenix Drug Store
  See Counter Prescribing
    Ronkin, Julius A.
Pierson, Clyde A., D. O.
  See Abortions, alleged
  Jury (in alleged illegal operation trial) deadlocked and discharged (January), Adv. p. 40
  Petition for dismissal of charges not accepted by the Grand Jury (March), p. 150
  Jury deadlocked (second trial), dismissed (February), Adv. p. 36
  Third trial unsuccessful (freed) (April), Adv. p. 26
Poe, Rudolph A., D. C.
  See Abortions
    Chiropractor violators
  Arrested in San Diego—illegal operation (May), Adv. p. 44
Poling, Dr. James A., M. D. (April), Adv. p. 40
Porter, Langley, M. D.
  Tendered retirement luncheon (January), Adv. p. 36
Practice of Medicine
  A "trade" under Anti-Trust Law, according to U. S. Court of Appeals (April), Adv. p. 26
Prefix "Dr." (April), Adv. p. 30; (May), p. 244
Premarital Examination Certificates
  Not acceptable if signed by chiropractors (March), p. 150
Quo Warranto
  See Labachotte, Roy, D. C.
Ramer, T. Maude, M. D.
  See Abortions
  Arrested in San Diego for abortion (May), Adv. p. 42
  Pleaded guilty, sentenced to three years; probation (June), Adv. p. 35
Reade, Clifford
  See Counter Prescribing
    Druggists
  Arrested in Sacramento drug store, treating venereal disease (January), Adv. p. 39
Reed, Frederick W.
  See Gravitonic Ray
  Suit against Board of Medical Examiners quashed (May), Adv. p. 50
Restored Certificates
    See Certificates Restored
    Boyd, Harry, M. D.
    Lustberg, Samuel, M. D.
    Weld, James C., M. D.
    Young, William H., M. D.
Revoked Certificates
  See Certificates Revoked
    Farley, Charles W., M. D.
    Karaki, Yasuzo, M. D.
    Nelson, Eugene Curry, M. D.
    Robinson, John Marshall, M. D.
    Wilson, Daniel Russell, M. D.

(To be Continued in July Issue)

NEXT ANNUAL SESSIONS
California Medical Association, Hotel del Coronado, Coronado, May 6–9, 1940
American Medical Association, New York, June 10–14, 1940

CALIFORNIA AND WESTERN MEDICINE

Official Journal of the California Medical Association
FOUR FIFTY SUTTER, ROOM 2004, SAN FRANCISCO

VOLUME 52
NUMBER 1

JANUARY · 1940

50 CENTS A COPY
$5.00 A YEAR

OF MEDICINE
JAN 17 1940
LIBRARY

CONTENTS AND SUBJECT INDEX

EDITORIALS:

Platform of the American Medical Association 1
Federal Department of Health: Officially Proposed by Thomas M. Logan, M. D., of California in 1871 2
On Various Topics 3

EDITORIAL COMMENT:

Hereditary Transmission of Antibody Function. By W. H. Manwaring, Stanford University 4
Synthetic Estrogenic Hormone. By Paul G. Fuerstner, San Francisco 5

ORIGINAL ARTICLES:

National Department of Health Proposed in 1871: By Thomas M. Logan, M. D., of California. By Walter M. Dickie, San Francisco 6
Alcohol Tolerance: Its Importance in Relation to Chemical Tests for Drunkenness. By Henry W. Newman, San Francisco 9
Alcoholism: Its Psychiatric Treatment. By J. L. Henderson, Compton 11
Malignant Melanoma: A Statistical and Pathological Review of Thirty-Five Cases. By Laurence R. Taussig and Frances A. Torrey, San Francisco 15
The Endometrium in Menstrual Disturbances of the Climacteric. By Gertrude Flint Jones, San Francisco 18
Spinal Anesthesia. By Leo L. Stanley, San Quentin 20
Refrigerated Cartilage Isografts. By Gerald Brown O'Connor, San Francisco 21
Quantitative Methods in Diagnosis of Brain Tumors. By William T. Grant, Los Angeles 23
Venereal Lymphogranuloma: Public Health Aspects. By J. C. Geiger and Carleton Mathewson, Jr., San Francisco 25
Benjamin Franklin Keene. By Guy P. Jones, San Francisco 27

CLINICAL NOTES AND CASE REPORTS:

Undulant Fever (Brucellosis). By George H. Becker, San Francisco 28
Extreme Leukopenia in Chronic Pleural Tuberculosis. By Philip King Brown, San Francisco 29

STATE MEDICAL ASSOCIATION:

California Medical Association 30
Official Visits by President Charles A. Dukes and Party 31
Committee on Public Health Education 31
California Medical Association Department of Public Relations 32
Committee on Postgraduate Activities 33
California Physicians' Service 35
Pacific States Medical Executives' Conference 36
Woman's Auxiliary 39

MISCELLANY:

News 41
Letters 48
Medical Jurisprudence 49
Twenty-Five Years Ago 50
Board of Medical Examiners of the State of California 50
California Medical Directories .... Adv. pages 2, 4, 6
Book Reviews .... Adv. page 15

ADVERTISEMENTS: (Index)

.... Adv. page 8

Owned and Published Monthly by the California Medical Association
Copyright, 1940, by the California Medical Association
"Entered as second-class matter at the post office at San Francisco, under the Act of March 3, 1879." Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 10, 1918.

Staff

OPHTHALMOLOGY

AARON S. GREEN, M.D.
MARTIN I. GREEN, M.D.
EINAR V. BLAK, M.D.
VINKO V. SUGLIAN, M.D.
DAVID KADESKY, M.D.
WILLIAM R. JEPSON, M.D

•

OTOLARYNGOLOGY

JOHN H. CHILDREY, M.D.
ERNST WOLFES, M.D.

Completely equipped for the surgical and medical care of all cases pertaining to ophthalmology and otolaryngology.

ADDRESS ALL COMMUNICATIONS TO THE SUPERINTENDENT

GREENS' EYE HOSPITAL

BUSH STREET AT OCTAVIA • SAN FRANCISCO • TELEPHONE WEst 4300

FRENCH HOSPITAL •

Geary Boulevard and Fifth Avenue
SAN FRANCISCO, CALIFORNIA

HENRY J. BAZERQUE, *President*
LAURENT LALANNE, *Secretary*
V. LABRUCHERIE, *Superintendent*
GRACE GREY, R.N., *Superintendent of Nurses*
A. H. McNULTY, M.D., *Chairman of the Staff*
COLEMAN A. BLOCK, M.D., *Secretary of Staff*
W. L. ROGERS, M.D., *Chief of Staff*

A general hospital of 225 beds operating an accredited school of nursing, admitting all classes of patients except those suffering from mental diseases. Organized in 1851 and is operated by the French Mutual Benevolent Society, through a Board of Directors, a chief executive officer and staff. Accredited for intern training by the American Medical Association and approved by the American College of Surgeons.

MEDICAL STAFF

Medicine

AIME N. FREGEAU, M.D.
FRANCIS ROCHEX, M.D.
JOSEPH H. D. ROGER, M.D.
ALEX THIBODEAU, M.D.
E. S. KILGORE, M.D., Consultant in General Medicine
HAROLD HAND, M.D., Consultant in Gastro-Enterology
THOMAS G. INMAN, M.D., Consultant in Neuropsychiatry
MELVIN R. SOMERS, M.D., Associate Consultant in Neuropsychiatry
JAY JACOBS, M.D., Dermatologist
CABOT BROWN, M.D., Consultant in Lung Diseases

Surgery

ASA W. COLLINS, M.D., F.A.C.S., Chief-Emeritus
H. M. GILFILLAN, M.D.
W. L. ROGERS, M.D.
E. B. TOWNE, M.D., Consultant in Neurological Surgery
EDMUND J. MORRISSEY, M.D., Consultant in Neurological Surgery
FRANK W. LUSIGNAN, M.D., Consultant in Neurological Surgery
FREDERICK A. FENDER, M.D., Consultant in Neurological Surgery
GEORGE WARREN PIERCE, M.D., Consultant in Plastic Surgery

Radiology

LLOYD B. CROW, M.D., Director

Urology

A. H. McNULTY, M.D.
ALVIN E. CERF, M.D.
AUGUST SPITALNY, M.D.
OSCAR F. NOLAN, M.D., Consultant
WILLIAM A. SUMNER, M.D., Consultant

Pathology

DAVID A. WOOD, M.D., Director

Pediatrics

BRADFORD F. DEARING, M.D.
M. STALLINGS, M.D., Pediatrics, Allergy

Anesthesia

HERMAN MARCUS, M.D., Chief
O. K. ALLEN, M.D.

House Visiting Department

COLEMAN A. BLOCK, M.D.
LOUIS D. RONCOVIERI, M. D.

Orthopedics

FRANK A. LOWE, M.D.
LEON O. PARKER, M.D.

Ophthalmology and Otolaryngology

E. C. FABRE-RAJOTTE, M.D., Chief
VICTOR d'ERCOLE, M.D., Associate
C. B. COWAN, M.D., Associate

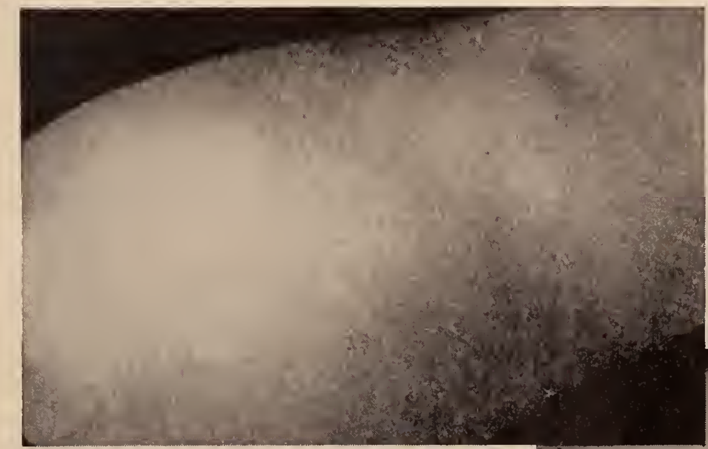
Obstetrics and Gynecology

CHESTER L. COOLEY, M.D.
M. A. FRANCOZ, M.D.
ELLIS D. HARMON, M.D.
HANS VON GELDERN, M.D., Consultant

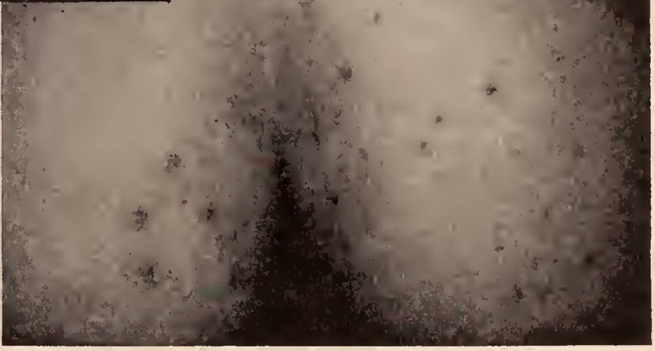
STUDIES IN THE AVITAMINOSES

This page is the first of a series on vitamin deficiencies presented by the research division of The Upjohn Company, not merely because of the profession's widespread interest in the subject, but also because of the service which these reproductions might render toward earlier recognition of vitamin deficiency states.

The Cutaneous Manifestations of Vitamin A Deficiency



Goosepimple-like papules, occasionally seen in vitamin A deficiency, occur most frequently on thighs and arms, but may appear anywhere on the skin. More common than the acneform eruption.



Acneform papules of vitamin A deficiency. Pustulation is rare, but crusts and scales may be observed. Dryness of involved skin precedes both types of lesions.

Although the classic manifestations of vitamin A deficiency are familiar to every physician, many of these represent late stages of deprivation. In some cases, cutaneous changes may provide an opportunity for earlier recognition. These cutaneous changes, when fully developed, consist of two distinct types of eruptions—a goosepimple-like papule and an acneform lesion in which pustulation rarely occurs. The absence of perspiration is due to atrophy of the sweat glands and keratinizing metaplasia of the ducts. The papular cornified lesions are due to the keratinization of the sebaceous glands and hair follicles. In some subjects, accentuation in pigmentation due to an increase in melanin and melanin-building pigments is observed. Unlike the ocular manifestations of vitamin A deficiency, the skin lesions respond slowly to specific therapy, requiring from 4 to 12 weeks for their eradication.

• •

A two-page insert, presenting full-color reproductions of vitamin A deficiency lesions, and so organized that it may be easily retained for future reference, appears in the January 20 issue of the Journal of the American Medical Association.

UPJOHN

Officers of the California Medical Association

General Officers

President—Charles A. Dukes, 601 Wakefield Building, 426 Seventeenth Street, Oakland.

President-Elect—Harry H. Wilson, 1919 Wilshire Boulevard, Los Angeles.

Speaker of House of Delegates—Lowell S. Goin, 414 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

Vice-Speaker of House of Delegates—Dewey R. Powell, 501 Medico-Dental Building, 242 North Sutter Street, Stockton.

Chairman of Council—Karl L. Schaupp, 490 Post Street, San Francisco.

Vice-Chairman—Charles A. Dukes, 601 Wakefield Building, 426 Seventeenth Street, Oakland.

Chairman of Executive Committee—Philip K. Gilman, 2000 Van Ness Avenue, San Francisco.

Chairman of the Committee on Public Relations—George G. Reinle, 532 Fifteenth Street, Oakland.

Past-President—William W. Roblee, 202 Mission Inn Rotunda, Riverside.

Secretary-Treasurer—George H. Kress, 450 Sutter Street, Room 2004, San Francisco. Telephone DOuglas 0062.

Editor—George H. Kress, 450 Sutter Street, Room 2004, San Francisco.

General Counsel—Hartley F. Peart, Room 1800, 111 Sutter Street, San Francisco.

Associate General Counsel—Hubert T. Morrow, Van Nuys Building, 210 West Seventh Street, Los Angeles.

Councilors

(In addition to the elected district and at-large Councilors, the Council has as ex officio members, the general officers and the Chairman of the Committee on Public Relations. Chairman of Council, Karl L. Schaupp; Secretary, George H. Kress.)

District Councilors

First District—Imperial, Orange, Riverside, San Bernardino and San Diego Counties, Calvert L. Emmons (1941), 206 Emmons Building, Ontario.

Second District—Los Angeles, Inyo and Mono Counties, George D. Maner (1942), 657 South Westlake Avenue, Los Angeles.

Third District—Kern, San Luis Obispo, Santa Barbara and Ventura Counties, Louis A. Packard (1940), 563 Haberfelde Building, Bakersfield.

Fourth District—Calaveras, Fresno, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare and Tuolumne Counties, Axcel E. Anderson (1941), Medical Group Building, 1759 Fulton Street, Fresno.

Fifth District—Monterey, San Benito, San Mateo, Santa Clara and Santa Cruz Counties, C. Kelly Canelo (1942), 505 Medico-Dental Building, San Jose.

Sixth District—San Francisco County, Karl L. Schaupp (1940), 530 Medico-Dental Building, 490 Post Street, San Francisco.

Seventh District—Alameda and Contra Costa Counties, Oliver D. Hamlin (1941), 389 Thirtieth Street, Oakland.

Eighth District—Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Sutter, Tehama, Yolo and Yuba Counties, Frank A. MacDonald (1942), 822 Medico-Dental Building, 1127 Eleventh Street, Sacramento.

Ninth District—Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma and Trinity Counties, Henry S. Rogers (1940), 200 Fourth Street, Petaluma.

Councilors-at-Large

C. O. Tanner (1942), 3255 Fourth Street, San Diego.

William H. Kiger (1940), 911 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

Philip K. Gilman (1941), 2000 Van Ness Avenue, San Francisco.

E. Earl Moody (1941), 829 South Alvarado Street, Los Angeles.

Elbridge J. Best (1942), 384 Post Street, San Francisco.

Frederick N. Scatena (1940), Medico-Dental Building, 1127 Eleventh Street, Sacramento.

Standing Committees

Executive Committee

The President, the President-elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Chairman of the Committee on Public Relations, the Past President, the Secretary-Treasurer, and the Editor. (Philip K. Gilman, chairman; George H. Kress, secretary.)

Auditing Committee

Philip K. Gilman (Chairman)	San Francisco	1940
O. D. Hamlin	Oakland	1940
Elbridge J. Best	San Francisco	1940

Members of the Auditing Committee are appointed each year by the Chairman of the Council.

Committee on Associated Societies and Technical Groups

John V. Barrow (Chairman)	Los Angeles	1940
Edwin L. Bruck	San Francisco	1941
Willard H. Newman	San Diego	1942

Committee on Health and Public Instruction

Benjamin W. Black	Oakland	1940
Roy E. Thomas (Chairman)	Los Angeles	1941
William Dock	San Francisco	1942

Committee on History and Obituaries

A. Elmer Belt	Los Angeles	1940
Frank R. Makinson (Chairman)	Oakland	1941
J. Marion Read	San Francisco	1942

Secretary ex officio
Editor ex officio

Committee on Hospitals, Dispensaries and Clinics

Karl L. Schaupp	San Francisco	1940
George I. Dawson	Napa	1941
J. Norman O'Neill (Chairman)	Los Angeles	1942

Committee on Industrial Practice

Harry E. Zaiser	Orange	1940
Morton R. Gibbons	San Francisco	1941
Donald Cass (Chairman)	Los Angeles	1942

Committee on Medical Defense

John P. Nuttall	Santa Monica	1940
George G. Reinle (Chairman)	Oakland	1941
William J. Van Den Berg	Sacramento	1942

Committee on Medical Economics

Edward M. Pallette, Sr.	Los Angeles	1940
John H. Graves (Chairman)	San Francisco	1941
L. W. Hines	Santa Rosa	1942

Committee on Medical Education and Medical Institutions

John B. Doyle	Los Angeles	1940
B. O. Raulston	Los Angeles	1941
L. R. Chandler (Chairman)	San Francisco	1942

Committee on Membership and Organization

G. Dan Delprat	San Francisco	1940
George D. Maner (Chairman)	Los Angeles	1941
Dewey R. Powell	Stockton	1942

Committee on Postgraduate Activities

Dwight L. Wilbur (Chairman)	San Francisco	1940
F. E. Clough	San Bernardino	1941
H. E. Henderson	Santa Barbara	1942

Secretary ex officio

Committee on Publications

Ralph B. Eusden (Chairman)	Long Beach	1940
Ruggles A. Cushman	Talmage	1941
Francis E. Toomey	San Diego	1942

Secretary ex officio
Editor ex officio

Committee on Public Policy and Legislation

E. T. Remmen	Glendale	1940
Junius B. Harris (Chairman)	Sacramento	1941
T. Henshaw Kelly	San Francisco	1942

President ex officio
President-Elect ex officio

Committee on Scientific Work

Lemuel P. Adams	Oakland	1940
J. Homer Woolsey	Woodland	1941
Howard F. West	Los Angeles	1942

Russell V. Lee, Secretary of Section on General Medicine, ex officio
Frederick S. Foote, Secretary of Section on General Surgery, ex officio
George H. Kress, Secretary of California Medical Association, (Cbairman) ex officio

Committee on Public Relations

The Committee on Public Relations consists of the chairmen of the following standing committees and of certain general officers of the Association, all serving ex officio. The chairman of the committee is George G. Reinle, the secretary is George H. Kress. The director of the Department of Public Relations is George H. Kress. The chairman of the Committee on Public Relations is ex officio a member of the Council.

Roy E. Thomas	Chair., Com. on Health and Public Instruction
J. Norman O'Neill	Chair., Com. on Hospitals, Dispensaries, Clinics
Donald Cass	Chair., Com. on Industrial Practice
George G. Reinle	Chair., Com. on Medical Defense
George D. Maner	Chair., Com. on Membership and Organization
John H. Graves	Chair., Com. on Medical Economics
Junius B. Harris	Chair., Com. on Public Policy and Legislation
Alson R. Kilgore	Chair., Cancer Commission
Dwight L. Wilbur	Chair., Com. on Postgraduate Activities
Charles A. Dukes	President of California Medical Association
Harry H. Wilson	President-elect
George H. Kress	Secretary-Treasurer

Communications for the Public Relations Department should be addressed to the Director, George H. Kress, M. D., Room 2004, 450 Sutter Street, San Francisco.

Cancer Commission

Charles A. Dukes	Oakland	1940
Lyell C. Kinney (Vice-Chairman)	San Diego	1940
Otto H. Pflueger (Secretary)	San Francisco	1940
Orville N. Meland (Sec. for Southern Section)	Los Angeles	1941
A. Herman Zeiler	Los Angeles	1941
Gertrude Moore	Oakland	1941
Clarence J. Berne	Los Angeles	1942
Alson R. Kilgore (Chairman)	San Francisco	1942
Henry J. Ullmann	Santa Barbara	1942

Communications for the Cancer Commission should be addressed to the Secretary, Otto H. Pflueger, M. D., Room 2004, 450 Sutter Street, San Francisco.

(Roster lists of officers of scientific sections, component county societies, Woman's Auxiliary, A. M. A. delegates, special committees, etc., are continued on advertising pages 4 and 6.)

BUTLER BUILDING

GEARY AND STOCKTON STREETS » » » AT UNION SQUARE

"The New Year is not all we have celebrated. We are preparing for a new decade, too—the 1940's. I've made a half dozen resolutions and the most important is to move my offices to the Butler Building, right down in the center of things. I can't afford to be on the outskirts any longer."

. . . Modern offices, single or in suite, are adapted to your professional requirements.

▼

Buckbee Thorne & Co.

Agents

151 SUTTER STREET • SAN FRANCISCO

Call at the building or Telephone DOuglas 5686

Announcing "Council Acceptance" on Sobisminol Mass—A New Bismuth Compound for Oral Administration in Syphilis.—Which just about gives the whole story. You can imagine the hurdles which an oral preparation would have to pass to gain that acceptance.

It must be safe in therapeutic doses. It must be unchanged by the stomach acids and readily absorbed by the intestinal mucosa. It must be relatively free from side-actions; and, finally, it must prove of clinical value. Sobisminol Mass passes these requirements.

This compound is the result of the untiring efforts of Hanzlik and his coworkers of Stanford University, who have been striving toward this goal for over eleven years. Cutter Laboratories are pleased to have been associated with this work and to announce its successful conclusion.

Both Sobisminol Mass in capsules for oral administration and Sobisminol Solution for injection are available at most leading prescription pharmacies.

So many of us know what we are against, but not what we are for—what we disbelieve, not what we believe. A negative life easily becomes neutral and futile.—Rev. Joseph F. Newton.

California Packet Library Services

In connection with postgraduate and other studies, the packet library facilities of the larger medical libraries of California may be mentioned. Letters regarding literature, etc., may be addressed to the librarians of the following institutions:

University of California Medical Library, Medical Center, San Francisco.

Lane Medical Library (Stanford), 2398 Sacramento Street, San Francisco.

Barlow Medical Library (Los Angeles County Medical Association), 634 South Westlake, Los Angeles.

ISOPHRIN

TRADE MARK REG. CALIF.

A non-irritating Neo-Synephrin Solution used as a nasal spray or drops

ISOPHRIN is ¼% Neo-Synephrin Hydrochloride in a special isotonic solution prepared only by Broemmel's.

Neo-Synephrin Hydrochloride is a synthetic substance of epinephrine-like action, but possesses the advantage that it is more stable, its effects are prolonged, and it does not irritate the nasal mucosa or cause sneezing.

Prolonged contact with certain metals may cause discoloration, therefore use spray bottles with only glass or hard rubber fittings.

Supplied in original bottles of 1 oz.

●

BROEMMEL'S PHARMACEUTICALS

FITZHUGH BUILDING

GArfield 4417 San Francisco, Calif.

ROSTER OF COUNTY MEDICAL SOCIETIES, CALIFORNIA MEDICAL ASSOCIATION

(County society secretaries are requested to promptly notify "California and Western Medicine" when changes are indicated in their roster information.)

Alameda County Medical Association
2404 Broadway, Oakland

President, A. A. Alexander, 1904 Franklin Street, Oakland.
Secretary, Gertrude Moore, 2404 Broadway, Oakland.
Meeting, *Third Monday, 8:15 p. m., Hunter Hall, Oakland.*

Butte County Medical Society
President, William W. Carey, 103 Hazel Street, Gridley.
Secretary, J. O. Chiapella, 131 Broadway, Chico.
Meeting, *Second Thursday.*

Contra Costa County Medical Society
President, Kaho Daily, 314 Tenth Street, Richmond.
Secretary, Clifford E. Dietderich, 1306 Pomona Avenue, Crockett.
Meeting, *Second Tuesday, 8:00 p. m.*

Fresno County Medical Society
President, Ray R. Dearborn, First National Bank Building, Madera.
Secretary, J. E. Young, 405 Rowell Building, Fresno.
Meeting, *First Tuesday, University-Sequoia Club, Fresno.*

Humboldt County Medical Society
President, John N. Chain, Fourth and E Streets, Eureka.
Secretary, Joseph S. Woolford, 350 E Street, Eureka.
Meeting, *First Thursday.*

Imperial County Medical Society
President, Henry B. Graeser, 115 E. Fifth Street, Holtville.
Secretary, William A. Clarke, Holtville.
Meeting, *Third Tuesday, 7:00 p. m., Barbara Worth Hotel, El Centro.*

Inyo-Mono County Medical Society
President, Lloyd S. Bambauer, 705 Home Street, Bishop.
Secretary, Clarence L. Scott, 609 Elm Street, Bishop.
Meeting, *Fourth Wednesday, Methodist Church, Bishop, except December, January, February.*

Kern County Medical Society
President, C. S. Compton, 428 C Street, Bakersfield.
Secretary, Eric F. Colby, Hopkins Building, Bakersfield.
Meeting, *Third Thursday, 8:00 p. m.*

Kings County Medical Society
President, P. K. Edmonds, Corcoran.
Secretary, William A. Johnstone, Hanford.
Meeting, *Second Monday, 8:00 p. m., Legion Hall, Hanford.*

Lassen-Plumas-Modoc County Medical Society
President, W. B. McKnight, Portola.
Secretary, Bernard S. Holm, Quincy.
Meeting, *On Call.*

Los Angeles County Medical Association
1925 Wilshire Boulevard, Los Angeles

President, Roy E. Thomas, 1136 W. Sixth Street, Los Angeles.
Secretary, L. A. Alesen, 1925 Wilshire Boulevard, Los Angeles.
Meetings, *First and Third Thursdays, 1925 Wilshire Boulevard, Los Angeles.*

Marin County Medical Society
President, Harry N. Hensler, Home Market Building, San Anselmo.
Secretary, Carl W. Clark, 510 B Street, San Rafael.
Meeting, *Fourth Thursday, 7:00 p. m., Marin Golf and Country Club.*

Mendocino-Lake County Medical Society
President, Dallas L. Wagner, 615 Main Street, Fort Bragg.
Secretary, Royal Scudder, Fort Bragg.
Meeting, *On Call.*

Merced County Medical Society
President, William E. Fountain, 557 Seventeenth Street, Merced.
Secretary, James A. Parker, Bank of America Building, Merced.
Meeting, *Third Thursday, Hotel Tioga, Merced.*

Monterey County Medical Society
President, Mast Wolfson, 215 Franklin Street, Monterey.
Secretary, Arnold Manor, 215 Franklin Street, Monterey.
Meeting, *First Thursday.*

Napa County Medical Society
President, Alexander H. McLeish, Veterans Home Hospital, Yountville.
Secretary, M. M. Booth, Bruck Building, St. Helena.
Meeting, *First Wednesday.*

Orange County Medical Society
President, M. W. Hollingsworth, 1806 No. Main Street, Santa Ana.
Secretary, Glenn Curtis, 323 North Pomona Street, Brea.
Meeting, *First Tuesday, 8:00 p. m., Chapel of the Orange County Hospital, Orange.*

Placer County Medical Society
President, William M. Miller, Auburn.
Secretary, Robert A. Peers, Colfax.
Meeting, *At Call of President.*

Riverside County Medical Society
President, Thomas A. Card, 3616 Main Street, Riverside.
Secretary, W. Philip Corr, 3616 Main Street, Riverside.
Meeting, *Second Monday, 8:00 p. m., Library, Riverside Community Hospital.*

Sacramento Society for Medical Improvement
President, Manuel Azevedo, 1027 Tenth Street, Sacramento.
Secretary, Glenn E. Millar, 321 Physicians Building, Sacramento.
Meeting, *Third Tuesday, 8:30 p. m., Auditorium, Sacramento.*

San Benito County Medical Society
President, J. M. O'Donnell, Hollister.
Secretary, L. E. Smith, Hollister.
Meeting, *At Call of President.*

San Bernardino County Medical Society
President, Walter S. Cherry, Rialto.
Secretary, A. E. Varden, Medico-Dental Building, San Bernardino.
Meeting, *First Tuesday, 8:00 p. m., San Bernardino County Charity Hospital.*

San Diego County Medical Society
Fourteenth Floor, Medico-Dental Building, 233 A Street, San Diego.

President, Frank A. St. Sure, 4067 Van Dyke Avenue, San Diego.
Secretary, C. V. Bernardini, Medico-Dental Building, 233 A Street, San Diego.
Meeting, *Second Tuesday, El Cortez Hotel.*

San Francisco County Medical Society
2180 Washington Street, San Francisco

President, William Reilly, 490 Post Street, San Francisco.
Secretary, L. Henry Garland, 2180 Washington Street, San Francisco.
Meetings, *Every Tuesday, 8:15 p. m., 2180 Washington Street, San Francisco.*

San Joaquin County Medical Society
President, Hugh J. Bolinger, Farmers and Merchants Bank Building, Lodi.
Secretary, George H. Rohrbacher, 1005 Medico-Dental Building, Stockton.
Meetings, *First Thursday, 8:15 p. m., Medico-Dental Club Rooms, Stockton.*

San Luis Obispo County Medical Society
President, J. B. V. Butler, 722 Marsh Street, San Luis Obispo.
Secretary, E. M. Bingham, County Health Department, San Luis Obispo.
Meeting, *Third Saturday, 6:30 p. m., Gold Dragon Cafe, San Luis Obispo.*

San Mateo County Medical Society
President, N. D. Morrison, 205 Third Avenue, San Mateo.
Secretary, J. Garwood Bridgman, 205 Third Avenue, San Mateo.
Meeting, *Fourth Wednesday, Benjamin Franklin Hotel, San Mateo.*

Santa Barbara County Medical Society
President, Henry J. Profant, 1421 State Street, Santa Barbara.
Secretary, D. H. McNamara, 317 W. Pueblo Street, Santa Barbara.
Meeting, *Second Monday, Cottage Hospital.*

Santa Clara County Medical Society
President, Merlin T.-R. Maynard, 241 East Santa Clara Street, San Jose.
Secretary, Leslie B. Magoon, 652 East Santa Clara Street, San Jose.
Meeting, *Third Wednesday, 8:00 p. m., Medico-Dental Building, San Jose.*

Santa Cruz County Medical Society
President, A. F. Giberson, Watsonville.
Secretary, Samuel B. Randall, 84 Walnut Avenue, Santa Cruz.
Meeting, *First Monday, 7:30 p. m., Club Rio del Mar, Aptos.*

Shasta County Medical Society
President, B. F. Saylor, Redding.
Secretary, Morton J. Murphy, 1542 Market Street, Redding.
Meeting, *Second Monday.*

Siskiyou County Medical Society
President, J. B. McGuire, Mt. Shasta.
Secretary, Victor W. Hart, 113 No. Oregon Street, Yreka.
Meeting, *Sunday on call.*

Solano County Medical Society
President, H. Randall Madeley, 727 Sonoma Street, Vallejo.
Secretary, John W. Green, Box 539, Vallejo.
Meeting, *Second Tuesday, 8:00 p. m., Casa de Vallejo Hotel, Vallejo.*

Sonoma County Medical Society
President, D. C. Oakleaf, 301A West Street, Healdsburg.
Secretary, T. E. Albers, 600 B Street, Santa Rosa.
Meeting, *Second Thursday.*

Stanislaus County Medical Society
President, John A. Cooper, 1024 J Street, Modesto.
Secretary, Hoyt R. Gant, 403 Beaty Building, Modesto.
Meeting, *Second Friday, 7:30 p. m., Hotel Hughson.*

Tehama County Medical Society
President, O. T. Wood, Red Bluff.
Secretary, R. G. Frey, Red Bluff.
Meeting, *At Call of President.*

Tulare County Medical Society
President, Newton Miller, 231 No. Main Street, Porterville.
Secretary, Ray Cronemiller, Exeter.
Meeting, *Sunday Evening once a month.*

Ventura County Medical Society
President, W. F. Mosher, 34 No. Ash Street, Ventura.
Secretary, A. A. Morrison, 625 Main Street, Santa Paula.
Meeting, *Second Tuesday, Ventura County Country Club.*

Yolo-Colusa-Glenn County Medical Society
President, Charles F. Keith, Williams.
Secretary, W. J. Blevins, Jr., Woodland.
Meeting, *First Tuesday.*

Yuba-Sutter County Medical Society
President, P. E. Thunen, I. O. O. F. Building, Marysville.
Secretary, Leon M. Swift, I. O. O. F. Building, Marysville.
Meeting, *First Tuesday.*

(Roster lists continued on advertising page 6)

MALTED CEREAL EXTRACTS ARE
ADDED TO PURE COD
LIVER OIL. THEN THE TWO ARE
THOROUGHLY INCORPORATED BY VACUUM PROCESS—
IMPROVING THE TASTE.
NOT HARD TO TAKE.
EASIER TO ASSIMILATE THAN PLAIN OIL.

MALTINE WITH COD LIVER OIL is packed in a generously large bottle. Because it has no unpleasant taste, adults take it as well as children. Unvaryingly uniform.

MALTINE WITH COD LIVER OIL and IRON IODIDE contains two grains of freshly prepared iron iodide per fluid ounce for cases where iron iodide is indicated. The Maltine Company, 21 West Street, New York City.

GENUINE
Maltine
Trade-Mark Reg. U. S. Pat. Off.
WITH COD LIVER OIL
Established 1875

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

Lloyd L. Ely, M. D., Joins Don Baxter, Inc.—Don Baxter, Inc., Glendale, California, manufacturers of intravenous solutions and pharmaceutical specialties, announce the appointment of Lloyd L. Ely, M. D., as Medical Director. Doctor Ely has now assumed his duties and will devote his entire time to Baxter interests.

Doctor Ely comes to Don Baxter, Inc., with an outstanding medical background which includes associations with the world's leading pharmaceutical manufacturers.

After receiving his degree of Doctor of Medicine from the University of Iowa, Doctor Ely practiced medicine for several years in Chicago, during which time he also held appointments in the medical schools of the University of Illinois and Loyola University. In his early practice Doctor Ely was associated with the late Frank Smithies, M. D., well-known gastro-enterologist.

Because of his broad knowledge of therapeutics, Doctor Ely's advice was frequently sought by scientific manufacturers of pharmaceutical products, and in 1926 he became actively identified with the pharmaceutical industry, devoting his attention to the medical problems involved in the development of such therapeutic agents as insulin, liver extract, and dextrose solutions, for use by the medical profession.

For several years Doctor Ely was director of the Department of Medical Therapeutics of Eli Lilly & Company of Indianapolis, and medical director of Merck & Company of New York. Doctor Ely is an active member of the American Medical Association and the Society for the Study of Internal Secretions.

There is no royal road to reconstruction for a failing heart; but by knowledge and perseverance, interest can be stimulated in something which will often successfully restore a person to usefulness and rescue him from invalidism.

℞

Accuracy
Quality
Reliability

The Owl Drug Co

130 STORES ON THE PACIFIC COAST

OFFICERS OF SCIENTIFIC SECTIONS, CALIFORNIA MEDICAL ASSOCIATION

Anesthesiology

Chairman, Adena C. Dutton, 2400 Pacific Avenue, San Francisco.
Secretary, Charles F. McCuskey, 1561 Pueblo Drive, Glendale.

Dermatology and Syphilology

Chairman, Nelson Paul Anderson, 2007 Wilshire Boulevard, Los Angeles.
Vice-Chairman, Frederick G. Novy, Jr., 411 Thirtieth Street, Oakland.
Secretary, Julius R. Scholtz, 1930 Wilshire Boulevard, Los Angeles.

Eye, Ear, Nose and Throat

Chairman, Dewey R. Powell, 242 No. Sutter Street, Stockton.
Vice-Chairman, Warren D. Horner, Medico-Dental Bldg., 490 Post St., San Francisco.
Secretary, Harry J. Wiley, 2701 Florence Street, Huntington Park.

General Medicine

Chairman, William H. Barrow, 1400 Medico-Dental Building, San Diego.
Secretary, Russell V. Lee, 300 Hamilton Avenue. Palo Alto.

General Surgery

Chairman, Clarence E. Rees, 2001 Fourth Avenue, San Diego.
Secretary, Frederick S. Foote, 490 Post Street, San Francisco.
Assistant Secretary, Frank J. Breslin, 2007 Wilshire Boulevard, Los Angeles.

Industrial Medicine and Surgery

Chairman, George H. Sanderson, 242 North Sutter Street, Stockton.
Vice-Chairman, John S. Stephens, 1136 W. Sixth Street, Los Angeles.
Secretary, Wilbur J. Cox, 450 Sutter Street, San Francisco.

Neuropsychiatry

Chairman, George S. Johnson, Stanford University Hospital, San Francisco.
Secretary, R. B. Raney, 727 West Seventh Street, Los Angeles.

Obstetrics and Gynecology

Chairman, John N. Ewer, 411 Thirtieth Street, Oakland.
Vice-Chairman, William Benbow Thompson, 1930 Wilshire Boulevard, Los Angeles.
Secretary, C. F. Fluhmann, Stanford University Hospital. San Francisco.

Pathology and Bacteriology

Chairman, Paul H. Guttman, 1127 Eleventh Street, Sacramento.
Secretary, Roy W. Hammack, 657 South Westlake Boulevard, Los Angeles.
Assistant Secretary, John W. Budd, 2131 West Third Street, Los Angeles.

Pediatrics

Chairman, Hartzell H. Ray, 23 Second Avenue, San Mateo.
Secretary, W. W. Belford, 601 Medico-Dental Building, San Diego.
Assistant Secretary, John J. Miller, 2000 Van Ness Avenue, San Francisco.

Radiology

Chairman, Robert R. Newell, Stanford University Hospital, San Francisco.
Secretary, Carl D. Benninghoven, Mills Memorial Hospital, San Mateo.
Assistant Secretary, Ray A. Carter, Los Angeles County General Hospital, Los Angeles.

Urology

Chairman, John A. Dougherty, 3115 Webster Street, Oakland.
Secretary, Lyle G. Craig, 65 North Madison Avenue, Pasadena.

California Medical Association Delegates and Alternates to the American Medical Association

DELEGATES		ALTERNATES
George G. Reinle, Oakland	(1939-1940)	Frank R. Makinson, Oakland
Edward M. Pallette, Sr., Los Angeles	(1939-1940)	William H. Kiger, Los Angeles
Robert A. Peers, Colfax	(1939-1940)	F. F. Gundrum, Sacramento
William R. Molony, Sr., Los Angeles	(1939-1940)	John C. Ruddock, Los Angeles
Elbridge J. Best, San Francisco	(1940-1941)	Robert S. Stone, San Francisco
Lyell C. Kinney, San Diego	(1940-1941)	Bon. O. Adams, Riverside
Lowell S. Goin, Los Angeles	(1940-1941)	Roy E. Thomas, Los Angeles

Special Committees

Committee on Public Health Education

Frank R. Makinson, Chairman	Oakland
Karl L. Schaupp, Secretary	San Francisco
Samuel Ayres, Jr.	Los Angeles
Thomas A. Card	Riverside
Lowell S. Goin	Los Angeles
Junius B. Harris	Sacramento
Dewey R. Powell	Stockton
Charles A. Dukes (ex officio)	Oakland

Ross Marshall, Public Relations Counsel

* * *

Local Committee on Arrangements
1940 Coronado Session

C. O. Tanner, Chairman
Ray C. Lounsberry Victor C. Bernardini
Alfred E. Cooper

Committee on Maternal Welfare

T. Henshaw Kelly	San Francisco
Lyle G. McNeile	Los Angeles
Ralph J. Thompson	Los Angeles
T. Floyd Bell	Oakland
Hans F. Schluter	Sacramento

Committee on Hours, Pay and Duties of Municipal, County, State and Federal Medical Employees

Wm. C. Voorsanger, Chairman	San Francisco
L. A. Alesen	Los Angeles
Robert S. Kneeshaw	San Jose

Committee on Hospitals

Louis A. Packard, Chairman	Bakersfield
Axcel E. Anderson	Fresno
Calvert L. Emmons	Ontario

Committee on Syphilis

Howard Morrow, Chairman	San Francisco
Charles W. Barnett	San Francisco
William H. Goeckerman	Los Angeles

Committee on Survey of Association Offices

Elbridge J. Best, Chairman	San Francisco
Dewey R. Powell	Stockton
George D. Maner	Los Angeles

Committee on Life Membership Plan

Robert A. Peers, Chairman	Colfax
A. Bennett Cooke	Los Angeles
G. W. Walker	Fresno

Committee on Needy Members

Axcel E. Anderson, Chairman	Fresno
Elizabeth M. Hohl	Los Angeles
Robert A. Peers	Colfax

Woman's Auxiliary to the California Medical Association

State Auxiliary Officers

President, Mrs. Frederick N. Scatena, 1453 Forty-fifth Street, Sacramento.
President-Elect, Mrs. A. E. Anderson, 1035 Cambridge Street, Fresno.
First Vice-President, Mrs. Harry O. Hund, 1304 Grand Avenue, San Rafael.
Second Vice-President, Mrs. Frank Baxter, 33 Bowling Drive, Oakland.
Recording Secretary, Mrs. G. Wendell Olsen, 219 Buena Vista Drive, Fullerton.
Corresponding Secretary, Mrs. G. A. Spencer, 1915 Twenty-first Street, Sacramento.
Treasurer, Mrs. C. G. Stadfield, 1314 N. Highland Avenue, Los Angeles.

Officers of County Auxiliaries

Alameda County—President, Mrs. George Calvin, 406 Bellevue Avenue, Oakland.

Butte County—President, Mrs. N. T. Enloe, 488 East Third Street, Chico.

Contra Costa County—President, Mrs. Kaho Daily, 2367 Carquinez Avenue, Richmond.

Fresno County—President, Mrs. Kenneth J. Staniford, 437 Olive Avenue, Fresno.
Kern County—President, Mrs. J. J. McCarthy, 2026 C Street, Bakersfield.
Kings County—President, Mrs. C. T. Rosson, Jr., N. Redington Street, Hanford.
Lassen-Plumas-Modoc County—Pres., Mrs. G. R. Fortson, 912 Lassen St., Susanville.
Los Angeles County—President, Mrs. E. Eric Larson, 126 Fremont Place, Los Angeles.
Marin County—President, Mrs. C. A. DeLancey, 1 Culloden Park Road, San Rafael.
Merced County—President, Mrs. C. E. Fitz Gibbon, 650 Twenty-sixth Street, Merced.
Monterey County—President, Mrs. Raymond V. Rukke, 135 Franklin Street, Monterey.
Orange County—President, Mrs. Edward Lee Russell, 1439 Louise Street, Santa Ana.
Riverside County—President, Mrs. W. W. Roblee, 3177 Orange Avenue, Riverside.
Sacramento County—President, Mrs. Norris R. Jones, 2725 Coleman Way, Sacramento.
San Diego County—President, Mrs. William C. Cooke, 2770 Sixth Avenue, San Diego.
San Francisco County—President, Mrs. E. J. Morrissey, 2540 Filbert St., San Francisco.
San Joaquin County—President, Mrs. Hudson Smythe, 1605 N. Hunter St., Stockton.
San Luis Obispo County—President, Mrs. G. D. Kelker, 1305 Marsh Street, San Luis Obispo.
San Mateo County—President, Mrs. George Sevenman, 225 Catalpa Avenue, San Mateo.
Santa Barbara County—President, Mrs. E. L. Markthaler, 2304 State St., Santa Barbara.
Santa Clara County—President, Mrs. Phillip L. Wise, 199 S. Sixteenth Street, San Jose.

Santa Cruz County—President, Mrs. F. P. Shenk, 450 Escalona Drive, Santa Cruz.

Sonoma County—President, Mrs. E. Dwight Barnett, Proctor Heights, Santa Rosa.

Stanislaus County — President, Mrs. Hans Hartman, 715 Magnolia Avenue, Modesto.
Tulare County—President, Mrs. J. C. McClure, Box 36, Lindsay.
Ventura County — President, Mrs. A. J. Strong. Santa Paula.

Nevada State Medical Association

President, C. W. West, Reno.
President-Elect, H. A. Paradis, Sparks.
Sec.-Treas.. Horace J. Brown. Box 698, Reno.

Miscellaneous California Medical Organizations

California Northern District Medical Society

President—John H. White, Chico.
Secretary—J. Homer Woolsey, Woodland Clinic, Woodland.

Department of Public Health of the State of California

San Francisco—State Office Building, McAllister and Larkin streets, UNderhill 8700.
Sacramento—State Office Building, Tenth and L streets, CApital 2800.
Los Angeles—State Office Building, 217 West First Street, MAdison 1281.

President, Howard Morrow, San Francisco.
Director, Walter M. Dickie, State Building, San Francisco.

Board of Medical Examiners of the State of California

San Francisco, Room 214, 515 Van Ness Avenue.
Los Angeles, 906 State Building.
Sacramento. 420 State Office Building.
President, William R. Molony, Sr., Los Angeles.
Secretary, C. B. Pinkham. Room 214, 515 Van Ness Avenue, San Francisco.

Southern California Medical Association

President, John C. Ruddock, 1930 Wilshire Boulevard, Los Angeles.
Secretary, John B. Doyle, 501 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

The Public Health League of California

Executive Secretary, Ben H. Read, San Francisco office, 244 Kearny Street, phone SUtter 8470. Los Angeles office, Room 563, 1151 South Broadway, phone PRospect 5711.

SILVER PICRATE *Wyeth's*

has shown a

CONVINCING RECORD OF EFFECTIVENESS
***in* ACUTE ANTERIOR URETHRITIS**

due to Neisseria gonorrheae

The record is based on rigid clinical and laboratory signs before and after treatment.*

1. Fresh smear
2. Fermentation of dextrose
3. Acid formation in maltose
4. Agglutination test
5. Alkali solubility test

Silver Picrate is a crystalline compound of silver in definite chemical combination with picric acid. Dosage form for use in Anterior Urethritis: Wyeth's Silver Picrate Crystals used in an aqueous solution of 0.5 percent.

Supplied at all pharmacies in vials of 2 grams

Complete literature on Silver Picrate as used in genito-urinary and gynecological practice will be mailed on request.

*"Treatment of Acute Anterior Urethritis with Silver Picrate," Knight and Shelanski, AMERICAN JOURNAL OF SYPHILIS, GONORRHEA AND VENEREAL DISEASES, Vol. 23, No. 2, pages 201-206, March, 1939.

JOHN WYETH AND BROTHER, INC. • PHILADELPHIA, PA.

NOBLE PLACEMENT AGENCY
TRAINED MEDICAL, DENTAL AND COMMERCIAL PERSONNEL
681 Market Street • San Francisco
GArfield 4278
LYDIA NOBLE, Director

End of Folklore in Advertising Seen.—Some of the most interesting folklore in the development of American advertising—legends long accepted by many popular periodicals and by many people—is about to pass into the limbo of forgotten things," *The Journal of the American Medical Association* declares. "The Wheeler-Lea legislation seems to be functioning.

"On August 3 the Federal Trade Commission entered into a stipulation with the Lambert Pharmacal Company of St. Louis, manufacturer of 'Listerine Antiseptic,' to cease and desist from 'representing, by direct statement or by inference, that all dandruff is due to an infection with Pityrosporon ovale or any other organism; that dandruff necessarily is a germ disease; that the dandruff germ has been isolated or identified; that the presence of Pityrosporon ovale necessarily means dandruff or that with its destruction dandruff disappears; that dandruff is necessarily infectious, contagious or "catching" or is in all instances passed from one person to another, or that any of the foregoing assertions have been proved by findings of scientists or otherwise, or is a "scientific fact" or a "fact definitely established by scientists." '

"The Federal Trade Commission said, moreover, 'that it is also stipulated that the respondent desist from representing that the product either cures or permanently relieves dandruff; that the product "kills the dandruff germ," "attacks the cause of dandruff," "or gets at the cause" or "at the root of the trouble" or penetrates infected hair follicles or "annihilates" the dandruff germ; that the product frees the scalp and hair follicles of the parasite that saps their vitality or "spreads a germ-killing film over the scalp"; that the product has "marked curative properties due to certain ingredients in a unique combination shared by no other antiseptic"; that ordinary remedies "aren't even antiseptic," are "smelly," affect only surface symptoms, or merely remove surface symptoms temporarily, or that competitive products are obviously inferior to "Listerine Antiseptic" as a remedy for dandruff—when such are not the facts.'

"The so-called research on which the claims of the manufacturer for this alleged virtue of listerine were based had never been accepted by competent dermatologists as authoritative; certainly there was not the slightest controlled evidence to indicate that listerine or any similar combination could have such virtue in controlling dandruff. Thus this product, which is essentially a formula like the liquor antisepticus of the National Formulary, will return to its original claims in relation to overcoming halitosis.

"The history of the advertising of listerine as a preventive of halitosis has been told on many occasions. It laid the basis for many a vast advertising campaign associated with diseases discovered by advertising geniuses who thumbed the medical dictionaries. Out of the announce-

(Continued on Page 9)

ALPHABETICAL LIST OF ADVERTISERS

Members of the California Medical Association can aid their JOURNAL and the firms who advertise therein, by coöperation as indicated in the footnote on this page

PAGE
Acousticon ... 40
Adams Mineral Springs ... 36
Alexander Sanatorium, Inc., The 44
Alum Rock Sanatorium ... 42
American Can Company ... 37
Barry Co., The James H. ... 41
Baxter, Inc., Don ... 33
Bolin, M. D., Zera E., Pathological Service ... 43
Broemmel's Laboratories ... 3
Butler Building ... 3
California Sanatorium ... 38
Calso Water Company ... 23
Canyon Sanatorium ... 22
Ciba Pharmaceutical Products, Inc. ... 23
Classified Advertisements ... 12
Coca-Cola ... 16
Colfax School for the Tuberculous ... 46
Compton Sanitarium and Las Campanas Hospital ... 39
Cook County Graduate School of Medicine ... 9
Corn Products Refining Co. ... 31
Crocker First National Bank ... 43
Cutter Laboratory ... 4 Cover
Doctors' Business Bureau ... 25
"Four Fifty Sutter" ... 28
Franklin Hospital ... 34
French Hospital ... 2 Cover
Greens' Eye Hospital ... 2 Cover
Hospitals and Sanatoriums ... 10
Hotel del Coronado ... 20
Hotel Sir Francis Drake ... 26
Hynson, Westcott & Dunning, Inc. ... 36
Jenkel-Davidson Optical Co. ... 39
King Ambulance Company ... 24
La Loma Feliz ... 12
Las Encinas Sanitarium ... 40
Lederle Laboratories, Inc. ... 17
Lilly & Co., Inc. ... 32
Livermore Sanitarium ... 42
Los Angeles Tumor Institute ... 26
Luzier's ... 24
Maltine Company, The ... 5
Mead Johnson & Co. ... 35
Medical Placement Bureau ... 40
Medical Protective Co., The ... 20
Morning Milk Co. ... 27
National Professional Bureau, Ltd. ... 9
New York Polyclinic Medical School and Hospital ... 9
Noble Placement Agency ... 7
Officers of the California Medical Association ... 2, 4, 6
Officers of Miscellaneous Medical Associations ... 6
Owl Drug Co., The ... 5
Park Sanitarium ... 30
Parke, Davis & Co. ... 11
Petrolagar ... 13
Philip Morris & Co., Ltd., Inc. ... 19
Physicians' Casualty Association and Physicians' Health Association ... 22
Postgraduate Instruction ... 9
Pottenger Sanatorium ... 24
Riggs Optical Company ... 30
Saint Francis Hospital ... 44
Sharp & Dohme ... 3 Cover
S. M. A. Corporation ... 21
Smith-Dorsey Company, The ... 38
Smith, Kline & French Laboratories ... 29
Soiland, Costolow, and Meland, Doctors ... 26
Squibb & Sons, E. R. ... 45
Stacey, J. W., Medical Books ... 15
St. Luke's Hospital ... 34
St. Mary's Hospital ... 46
Stuart Oxygen Company ... 18
Summit Medical Building ... 15
Twin Pines ... 10
Upjohn Company, The ... 1
Upsher Smith Co. ... 15
Westinghouse X-Ray Co. ... 14
Wyeth & Brothers, Inc., John ... 7
Yates Reporting Service ... 12

COÖPERATE WITH YOUR ADVERTISERS

CALIFORNIA AND WESTERN MEDICINE, the official publication of your Association, is made possible in part by reason of the coöperation of business firms and institutions who use advertising space. Their purpose is to direct attention to their products and services to present and future patrons.

Members and readers are urged to give preference to and to patronize these advertisers. When ordering goods, mention CALIFORNIA AND WESTERN MEDICINE.

This coöperation will please the advertiser, increase advertising income, and enable your Association to increase the value of this JOURNAL to members and readers.

A SERVICE AGENCY—FOR READERS

The JOURNAL of the California State Medical Association and the Coöoperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital, or we will refer your request to the proper department of the A. M. A. for reply.

We invite and urge you to use this Service. It is absolutely *free* to every member of the California Medical Association. The Coöperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in CALIFORNIA AND WESTERN MEDICINE, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This A. M. A. Service Bureau will give you the information. Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to write direct to the Coöperative Medical Advertising Bureau, 535 N. Dearborn Street, Chicago, Illinois. CALIFORNIA AND WESTERN MEDICINE and the A. M. A. Service Bureau desire to serve *you*.

THE NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL
(Organized 1881)
(The Pioneer Post-Graduate Medical Institution in America)

Obstetrics and Gynecology
A full-time course. In Obstetrics: Lectures; prenatal clinics, witnessing normal and operative deliveries; operative obstetrics (manikin). Gynecology: Lectures; touch clinics; witnessing operations; examination of patients, pre-operatively; follow-up in wards post-operatively. Obstetrical and Gynecological pathology. Regional anesthesia (cadaver). Attendance at conferences in Obstetrics and Gynecology. Operative Gynecology on the cadaver.

Proctology, Gastro-Enterology
and ALLIED SUBJECTS

For Information Address: MEDICAL EXECUTIVE OFFICER, 345 West 50th Street, New York City

DOCTOR—

Know the facts about the financial side of your practice. Eliminate the problem of difficult bookkeeping—save yourself time, worry and money. Install an up-to-the-minute-system—which is almost foolproof. Accurate records — properly kept — pay dividends. We specialize in audit and record systems that are easy to keep and economical to install. We are the exclusive California distributors for the Chandler Medical Systems, used from coast to coast. Nominal charges. Easy to keep.

ALSO
Northern California Distributors
BANCO RECORD FORMS

IT PAYS TO DEAL WITH A RELIABLE ORGANIZATION

National Professional Bureau, Ltd.
Suite 315 450 Sutter Street
Telephone DOuglas 4571

Cook County
Graduate School of Medicine
(IN AFFILIATION WITH COOK COUNTY HOSPITAL)
Incorporated not for profit

Announces Continuous Courses

SURGERY—Two Weeks Intensive Course in Surgical Technique with practice on living tissue every two weeks. General Courses One, Two, Three and Six Months; Clinical Course; Special Courses.

MEDICINE—Personal One Month Course in Electrocardiography and Heart Disease every month, except August. Intensive Personal Courses in other subjects.

FRACTURES AND TRAUMATIC SURGERY—Ten Day Intensive Course starting February 19, 1940. Informal Course every week.

GYNECOLOGY—Two Weeks Course April 22, 1940. One Week Personal Course Vaginal Approach to Pelvic Surgery April 8, 1940.

OBSTETRICS—Two Weeks Course April 8, 1940. Informal Course every week.

OTOLARYNGOLOGY—Two Weeks Course starting April 8, 1940. Informal Course every week.

OPHTHALMOLOGY—Two Weeks Course starting April 22, 1940. Informal Course every week.

CYSTOSCOPY—Ten Day Practical Course rotary every two weeks. One Month and Two Weeks Courses in Urology every two weeks.

ROENTGENOLOGY—Special Courses X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

General, Intensive, and Special Courses in all branches of Medicine, Surgery and the Specialties.

●

TEACHING FACULTY—ATTENDING STAFF OF COOK COUNTY HOSPITAL
Address: Registrar, 427 South Honore Street, Chicago, Ill.

(Continued from Page 7)

ments of halitosis came such emphasis as has been placed on acidosis, athlete's foot, dyskinesia and similar conditions. The halitosis campaign reached its apotheosis with the advertisement which announced that 'She Built Her Bridge Table Two Feet Wider.' Obviously her breath could be detected two feet away, but not four feet from her. Then she tried listerine and didn't have to stretch any more for the cards in the dummy.

"The second decision of the Federal Trade Commission, dated August 6, involved a stipulation of the Miles Laboratories, Inc., Elkhart, Indiana, with the Federal Trade Commission to discontinue misleading representation in the sale and distribution of Alka-Seltzer. This product is essentially a mixture of sodium acetylsalicylic acid with baking soda, and citric acid. Every one is familiar with the claims that have been made for the product over the radio and in other advertising.

"Now the respondent company agrees 'to cease the use of advertising matter implying that colds, neuralgia, distress after meals, and "common everyday ailments" result from excess acidity of the blood, an acid condition of the blood, or deficient alkaline reserve of the blood, and that alkalinizing effect of "Alka-Seltzer," by correcting such acid condition or restoring the alkaline reserve, will be a proper treatment for the ailments mentioned.'

"The respondent further agreed 'to discontinue representations implying that headaches, upset stomach, and aches and pains result from, or are associated with, excess acidity of the blood, an acid condition of the blood, or a deficiency in the alkaline reserve of the blood, except when the ailments mentioned may be shown by competent scientific evidence to be directly associated with such conditions of the blood, and subject to this exception, to cease making representations implying that the taking of "Alka-Seltzer,"

(Continued on Next Page)

HOSPITALS AND SANATORIUMS

The Institutions here listed have announcements in this issue of CALIFORNIA AND WESTERN MEDICINE. For Index, see advertising page 8.

ALEXANDER SANITARIUM
Nervous and Mental Diseases
Belmont, California

ALUM ROCK SANATORIUM
For Treatment of Diseases of the Chest
San Jose, California

CALIFORNIA SANITARIUM
For Treatment of Tuberculosis
Belmont, California

CANYON SANATORIUM
For Treatment of Tuberculosis
Redwood City, California

COLFAX SCHOOL FOR THE TUBERCULOUS
For the Treatment of Tuberculosis
Colfax, California

COMPTON SANATORIUM AND LAS CAMPANAS HOSPITAL
Neuropsychiatric and General
Compton, California

FRANKLIN HOSPITAL
Limited General Hospital
Fourteenth and Noe Streets, San Francisco

FRENCH HOSPITAL
General Hospital
Geary at Fifth Avenue, San Francisco

GREENS' EYE HOSPITAL
Consultation, Diagnosis and Treatment of Diseases of the Eye
Bush and Octavia Streets, San Francisco

LAS ENCINAS SANITARIUM
Nervous and General Diseases
Las Encinas, Pasadena, California

LIVERMORE SANITARIUM
Nervous and General Diseases
Livermore, California

POTTENGER SANATORIUM AND CLINIC
For the Treatment of Tuberculosis
Monrovia, California

PARK SANITARIUM
Mental and Nervous Alcoholic and Drug Addictions
1500 Page Street, San Francisco, California

SAINT FRANCIS HOSPITAL
Limited General Hospital
Bush and Hyde Streets, San Francisco

ST. LUKE'S HOSPITAL
Limited General Hospital
27th and Valencia Streets, San Francisco

ST. MARY'S HOSPITAL
General Hospital
2200 Hayes Street, San Francisco

TWIN PINES
Convalescent and Neuropsychiatric
Belmont, California

BELMONT **Twin Pines** CALIFORNIA
Fatigue states, neuroses, and selected mental cases.
ALLEN WILLIAMS, M. D.
Internal Medicine
Telephone BELMONT 111
WILL REBEC, M. D.
Psychiatry

(Continued from Preceding Page)

by correcting the acid condition of the blood or restoring its alkaline reserve, will be a proper treatment for such ailments.'

"The respondent also stipulated 'that it would cease representing that other therapeutic effects of "Alka-Seltzer" exceed the recognized benefits to be derived from neutralization of hyperacidity of the gastric contents or the analgesic and other effects of sodium acetylsalicylate together with the action of buffer salts.'

"According to an examination of the product in 1932, persons who follow the directions to dissolve two tablets of alka-seltzer in a glass of water get nearly nine grains of aspirin and nearly one grain of salicylic acid with their mixture of citric acid and baking soda. Those who do as suggested and take sixteen such tablets a day get over seventy grains of aspirin and six grains of salicylic acid in twenty-four hours. Whether or not the formula has been changed since that time is not known.

"It will be interesting to see what the Miles Laboratories, Inc., find to talk about now that the Government has told them what they cannot say. Perhaps they will decide to tell the people that what they are offering is essentially an effervescent tablet of aspirin."

One Hundred and Ten Year Old Patient Submits to Successful Prostatectomy.—Reporting a successful prostatectomy in a patient who was 110 years old, J. Bayard Clark, M. D., New York, in *The Journal of the American Medical Association,* says that the patient was a negro, who claimed that he was born in slavery in the year 1827 in Virginia. Careful inquiries, Doctor Clark reports, tended to substantiate the patient's declarations as to his age. Cursory examination of the medical literature, the doctor says, reveals no report of a prostatectomy having been done in the case of anyone reaching a hundred years of age.

Doctor Clark describes the man as thin and well muscled, with a healthy appearing skin and with teeth mostly discolored stumps. The heart sounds were somewhat weak and irregular with no murmurs. The blood pressure was only that which is generally considered normal for a man of fifty. "Mentally he was alert, cheerful and responsive," the author states, "having lost none of the lively sense of fun peculiar to his race. His eyesight was poor, but his hearing was acute.

"Here was a peculiar picture of normality outside the usual experience, even with comparatively young patients in their seventies."

The patient's past history disclosed no disease conditions. He maintained to Doctor Clark that he had never been ill, but that some ten or twelve years before he was laid up for a few days because of a dislocated shoulder, which is still somewhat stiff. He seems to have been moderate in his manner of living, eats sparingly of a diet of vegetables and milk, and smokes a pipe once a day. His work has been mainly outdoors and in later years that of road construction.

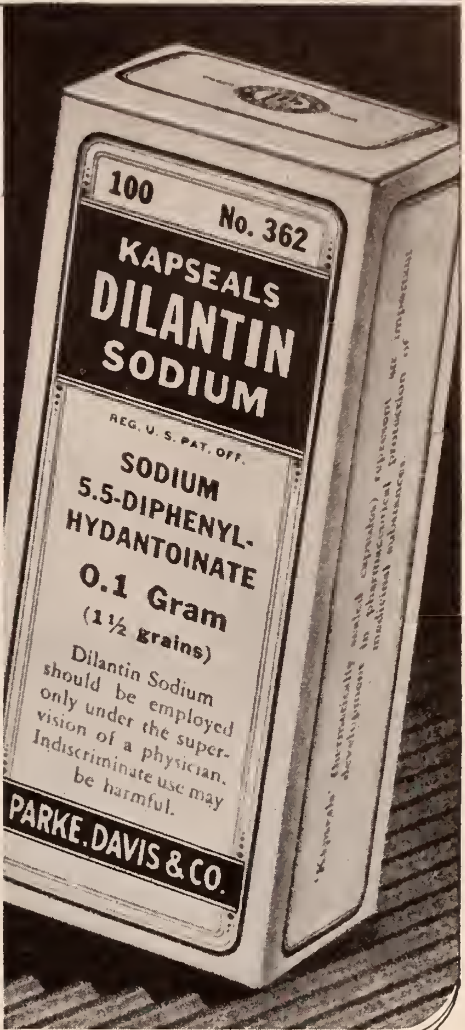
"On waking the morning after his operation," Doctor Clark says, "he demanded a 'square meal.' On the third morning I found him propped up in bed joyfully puffing away at an ancient pipe."

Within six weeks after the operation he was up and about the ward, and five days later was discharged. A year after the operation he was still alive and apparently in very good health. The diagnosis of the case was benign enlargement of the prostate with a mild chronic inflammation of that gland.

Health is the greatest of all possessions; a pale cobbler is better than a sick king.—Bickerstaff.

AN ANTICONVULSANT FOR THE TREATMENT OF EPILEPSY

KAPSEALS DILANTIN SODIUM*



DILANTIN SODIUM (sodium 5,5-diphenylhydantoinate), an anticonvulsant with little or no hypnotic effect, is supplied for the treatment of epileptics not responsive to other medication. Extensive clinical use indicates that Dilantin Sodium will prevent, or greatly decrease the frequency and severity of, convulsive seizures in a majority of epileptics. However, since the significance of observed reactions to Dilantin Sodium is not fully established, patients receiving the drug should be closely observed.

•

Dilantin Sodium is accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion in New and Nonofficial Remedies.

* The name 'Dilantin' Sodium designates the sodium salt of diphenyl hydantoin. 'Dilantin' Sodium was formerly known as 'Dilantin,' a term now designating the basic substance, diphenyl hydantoin. Dilantin Sodium is available as 0.1 Gram (1½-grains) and 0.03 Gram (½-grain) Kapseals, in bottles of 100, 500 and 1000.

PARKE, DAVIS & COMPANY - Detroit, Michigan

The World's Largest Makers of Pharmaceutical and Biological Products

CLASSIFIED ADVERTISEMENTS

Rates for these insertions are $4 for fifty words or less; additional words 5 cents each.

COACHING FOR STATE BOARDS — MEDICAL AND Dental. Arthur H. White, M. D., Suite 1005, Flood Building, San Francisco.

WANTED — DERMATOLOGIST DESIRES ASSISTANTship, partnership or association with established dermatologist, ethical group connection or locum tenens; 2½ years' excellent full-time course training; also well trained in allergy, mycology and working with psycho-neurotics. California license. Address, Box 1210, c/o California and Western Medicine, 450 Sutter Street, San Francisco.

OPPORTUNITY FOR PROFITABLE COUNTRYSIDE practice. Santa Clara County, California. Ideal climate and community: modern conveniences. Practitioner recently deceased served happily forty years. Ten-room house, detached office and accessories on 10-acre orchard. Home available for rent to approved applicant. Box 100, California and Western Medicine, 450 Sutter Street, San Francisco.

New Dispensing Facilities Offered Eye Physicians in Sacramento Area.—Last month marked the opening, in Sacramento, of the tenth store of the Jenkel-Davidson Optical Company, prescription opticians. The new branch, located at 1021 K Street in California's capital city, is the latest advance in the fast growth of the organization started by Walter C. Jenkel and Forrest B. Davidson in small quarters in a San Francisco office building just a little less than fourteen years ago. In the meantime, a widening demand for dependable optical dispensing service, keyed exclusively to the needs of the medical profession, has led to the establishment of Jenkel-Davidson branches in other California cities.

Co-owner Jenkel declared, in a statement made to Sacramento newspapermen: "This new store, giving us a chance to serve the patients of eye physicians in the Sacramento region more directly, follows the pattern of all our other branches. Our expanding services have been built on the principle of accurately dispensing optical goods." Mr. Jenkel said that members of the company were aware that continued success depends as much on expertly serving the medical profession as it did a dozen years ago.

"Now, however," he added, "we are in a position to offer more and better services to both physician and patient—and a growing number of them are taking advantage of this fact."

In addition to the optical dispensing department, the new store carries a camera and photographic supply department, a Jenkel-Davidson innovation first tried successfully last year in the main store at 366 Post Street, San Francisco.

The manager of the Sacramento store is Charles R. Clinkenbeard.

Jenkel-Davidson branches now serve the following communities: San Francisco (three stores), Oakland, Alameda, Berkeley, Burlingame, Palo Alto, and San Jose, as well as Sacramento.

Yates Reporting Service
Specialists in
REPORTING CONVENTIONS, LECTURES, MEETINGS AND CONFERENCES
Complete public stenographic and mimeographing service available.
431 Sutter Street
SAN FRANCISCO, CALIFORNIA
EXbrook 5053

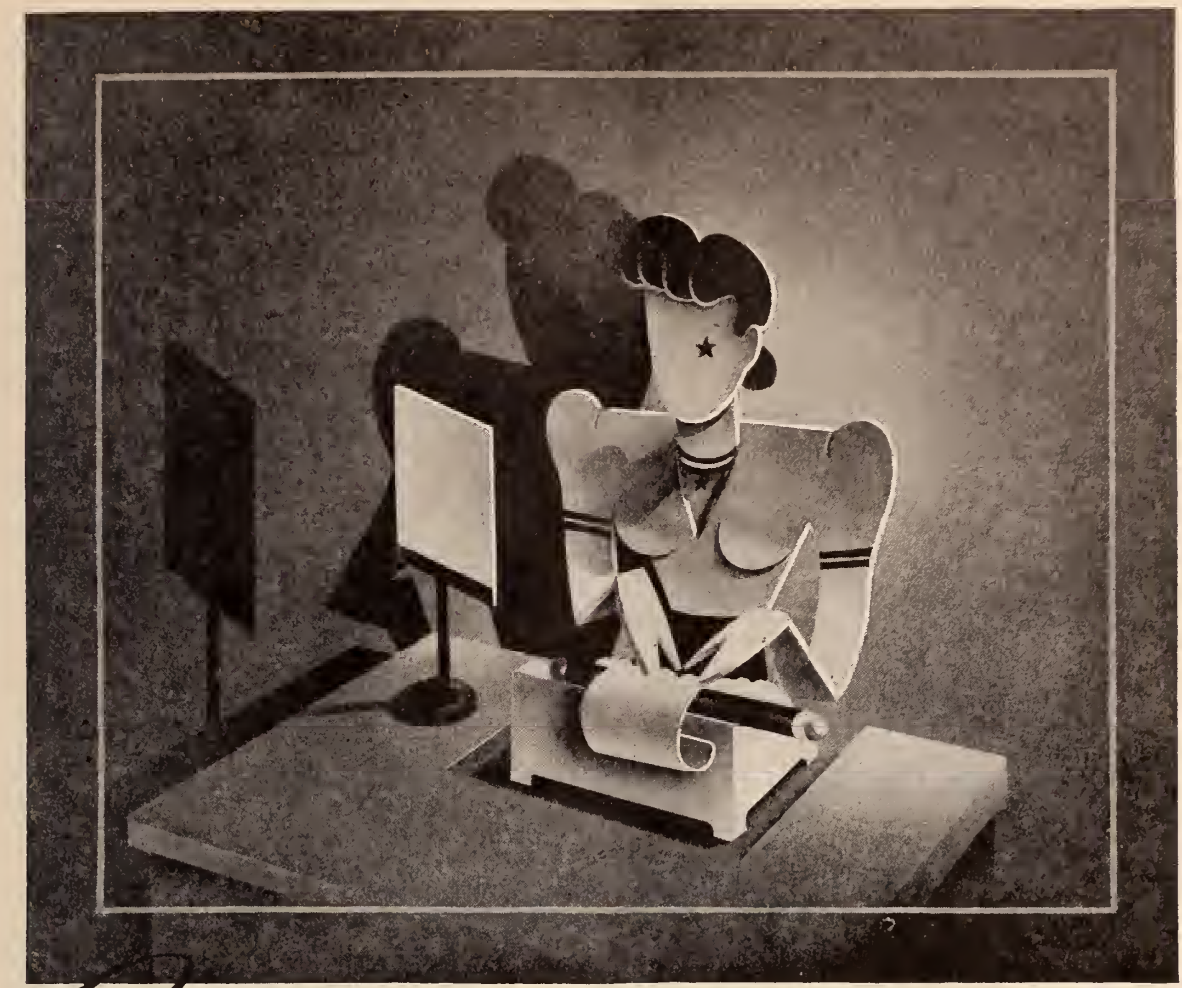
Vitamin D.—Winter is a jailer who shuts us all in from the fullest vitamin D value of sunlight. The baby becomes virtually a prisoner, in several senses: First of all, meteorologic observations prove that winter sunshine in most sections of the country averages 10 to 50 per cent less than summer sunshine. Secondly, the quality of the available sunshine is inferior due to the shorter distance of the sun from the earth altering the angle of the sun's rays. Again, the hour of the day has an important bearing: At 8:30 a. m. there is an average loss of over 31 per cent, and at 3:30 p. m., over 21 per cent.

Furthermore, at this season, the mother is likely to bundle her baby to keep it warm, shutting out the sun from baby's skin; and in turning the carriage away from the wind, she may also turn the child's face away from the sun.

Moreover, as Dr. Alfred F. Hess has pointed out, "it has never been determined whether the skin of individuals varies in its content of ergosterol" (synthesized by the sun's rays into vitamin D) "or, again. whether this factor is equally distributed throughout the surface of the body."

While neither Mead's Oleum Percomorphum nor Mead's Cod Liver Oil Fortified With Percomorph Liver Oil constitutes a substitute for sunshine, they do offer an effective, controllable supplement especially important because the only natural foodstuff that contains appreciable quantities of vitamin D is egg-yolk. Unlike winter sunshine, the vitamin D value of Mead's antiricketic products does not vary from day to day or from hour to hour.

La Loma Feliz
SANTA BARBARA · CALIFORNIA
Residential school, Kindergarten through College Preparatory, for boys and girls handicapped by heart disease, asthma, and kindred ailments.
INA M. RICHTER, M. D., *Medical Director* JOHN A. ROBINSON, *Senior Master*



For Sedentary Workers--

Petrolagar
Petrolagar
Plain
Palatable Emulsion of Pure Mineral Oil
Petrolagar Laboratories, Inc.
Chicago, Illinois

..Petrolagar

Helps to establish and maintain a regular Habit Time of Bowel Movement. One tablespoonful of Petrolagar Plain, taken morning and night, promotes the formation of a soft, comfortably passed stool.

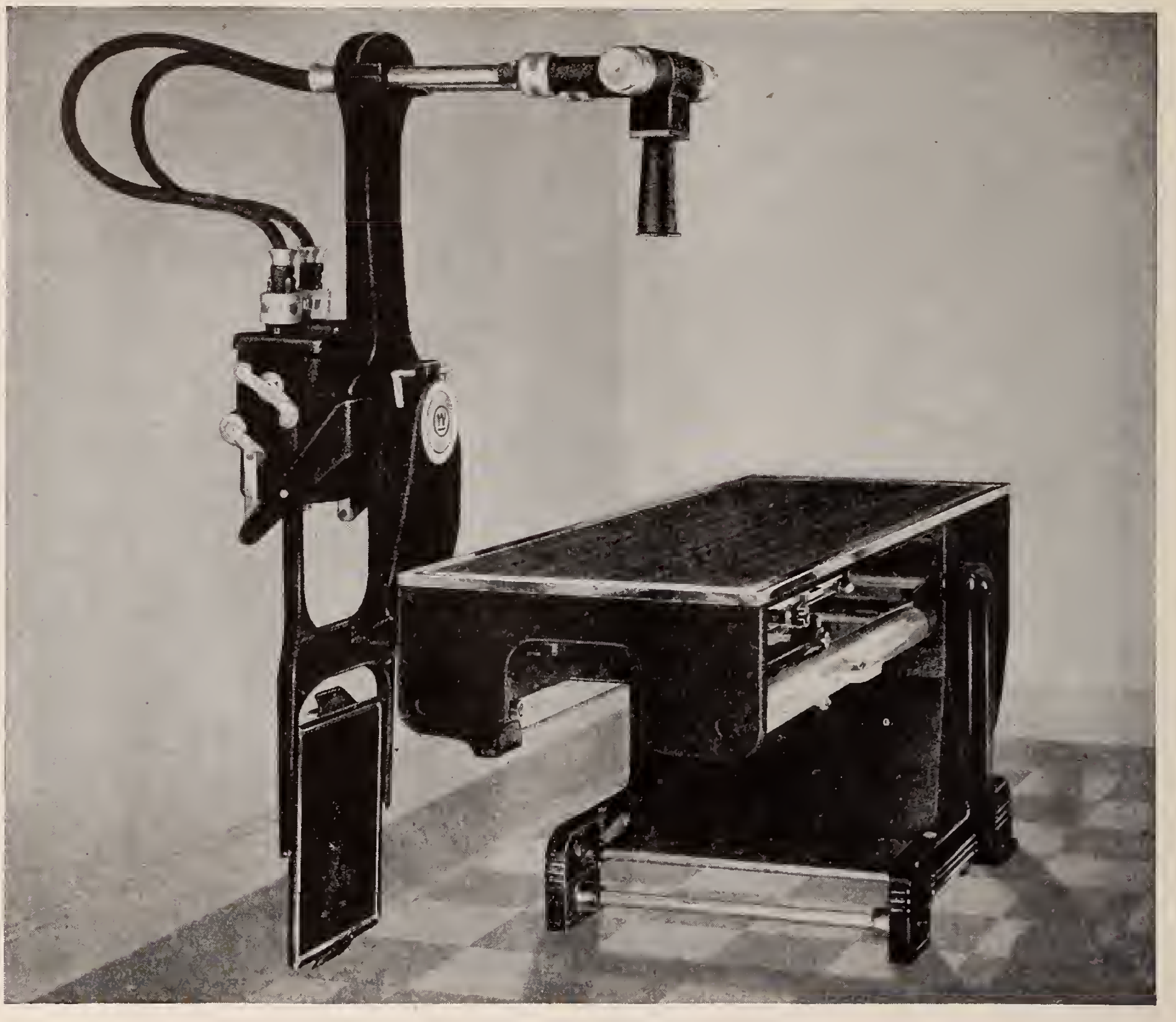
Petrolagar is especially useful in the treatment of chronic constipation. It may be taken over an extended period of time without increasing the dosage.

Any of the Five Types of Petrolagar will be sent to physicians on request.

ACCEPTED AMERICAN MEDICAL ASSN

Petrolagar . . . Liquid petrolatum 65 cc. emulsified with 0.4 Gm. agar in a menstruum to make 100 cc.

Petrolagar Laboratories, Inc. • 8134 McCormick Boulevard • Chicago, Illinois



SIMPLEX

The new all-purpose diagnostic SIMPLEX carries simplicity of operation and technique to a new high—at a price that sets an all time low among really fine x-ray equipment.

See the Simplex at your nearest Westinghouse X-Ray office . . . put it to every test and compare it by any standard . . . or read about its remarkable features in bulletin 380.

You will find it an interesting experience, that brings you a new conception of 1940 values in good x-ray apparatus.

Westinghouse X-Ray Co., Inc.

LONG ISLAND CITY, NEW YORK

Your representative may bring me the new Simplex Bulletin . . ☐

Just mail it to me; no calls, please. . . . . ☐

(and your wishes will be respected, Doctor)

BOOK REVIEWS

BOOKS RECEIVED

The Fight on Cancer. By Clarence C. Little, Sc. D., Managing Director of the American Society for the Control of Cancer, Inc., and Director of the Roscoe B. Jackson Memorial Laboratory, Bar Harbor, Maine. Paper. Pp. 31. Price, 10 cents. New York: Public Affairs Committee, Inc., 1939.

A Survey of Hospital Services and Finances in the Philadelphia Area. Based on Data Collected from Sixty-Seven Philadelphia Hospitals for the Year Nineteen Hundred Thirty Seven. The Study was conducted by the Community Fund of Philadelphia and the report written by C. Rufus Rorem, Ph. D., C. P. A., Director of the Commission on Hospital Service of the American Hospital Association. Paper. Pp. 98. Price, $1. Philadelphia: Hospital Council of Philadelphia, 1939.

The New International Clinics. Original Contributions: Clinics; and Evaluated Reviews of Current Advances in the Medical Arts. Edited by George Morris Piersol, M. D., Professor of Medicine, Graduate School of Medicine, University of Pennsylvania, Philadelphia, Pa. Volume IV, New Series Two, 1939. Cloth. Pp. 339, illustrated. Philadelphia: J. B. Lippincott Company, 1939.

A Mirror for Surgeons. Selected Readings in Surgery. By Sir D'Arcy Power, K. B. E., F. R. C. S., Consulting Surgeon to and Archivist at St. Bartholomew's Hospital, London. Cloth. Pp. 230. Price, $2. Boston: Little, Brown & Company, 1939.

A Manual for Diabetic Patients. By W. D. Sansum, M. D., Chief of the Staff of the Sansum Clinic and Director of Metabolic Research of the Santa Barbara Cottage Hospital, and Alfred E. Koehler, Ph. D., M. D., Member of the Staff of The Sansum Clinic and Member of the Metabolic Research Staff of the Santa Barbara Cottage Hospital, and Ruth Bowden, B. S., Dietitian of The Sansum Clinic, Santa Barbara, California. Cloth. Pp. 227. Price, $3.25. New York: The Macmillan Company, 1939.

Tumors of the Hands and Feet. Edited by George T. Pack, B. S., M. D., F. A. C. S., New York, N. Y., Assistant Clinical Professor of Surgery, Yale University School of Medicine and Cornell University College of Medicine; Attending Surgeon, Memorial Hospital for Cancer and Allied Diseases. Cloth. Pp. 138, illustrated. Price, $3. St. Louis: The C. V. Mosby Company, 1939.

Clinical Biochemistry. By Abraham Cantarow, M. D., Associate Professor of Medicine, Jefferson Medical College; Biochemist, Jefferson Hospital; and Max Trumper, Ph. D., Clinical Chemist and Toxicologist; formerly in charge of the Laboratories of Biochemistry of the Jefferson Medical College and Hospital. With a foreword by Hobart A. Reimann, M. D., Professor of Medicine, Jefferson Medical College. Second Edition, Revised. Cloth. Pp. 666. Price, $6 net. Philadelphia: W. B. Saunders Company, 1939.

The Surgery of Injury and Plastic Repair. By Samuel Fomon, Ph. D., M. D., Formerly Major Medical Corps, United States Army. Cloth. Pp. 1409, illustrated. Price, $15. Baltimore: The Williams & Wilkins Company, 1939.

The 1939 Year Book of the Eye, Ear, Nose, and Throat. The Eye, by E. V. L. Brown, M. D., Professor of Ophthalmology, University of Chicago; Attending Ophthalmologist, St. Luke's Hospital, Chicago, and Louis Botham, M. D., Clinical Professor of Ophthalmology, University of Chicago; Associate Ophthalmologist, St. Luke's Hospital, Chicago. The Ear, Nose, and Throat, by Samuel J. Crowe, M. D., Professor of Otology, Rhinology, and Laryngology, Johns Hopkins University, with the collaboration of Elmer W. Hagens, M. D., Assistant Clinical Professor of Otolaryngology, Rush Medical College of the University of Chicago; Assistant Attending Otolaryngologist, Presbyterian Hospital, Chicago; with a Special Review on Speech and Voice by James Sonnett Greene, M. D., Medical Director, National Hospital for Speech Disorders, New York City. Cloth. Pp. 656, illustrated. Chicago: The Year Book Publishers, 1939.

GIVE YOUR PRACTICE THE ADVANTAGES
of a DISTINCTIVE and
PERMANENT ADDRESS
plus accessibility—easy parking—quiet—unobstructed light and a delightful view.

SUMMIT MEDICAL BUILDING
A few suites
still available at
moderate
rentals
TEMPLEBAR 4060 · 400 29th STREET, OAKLAND

NEW MEDICAL BOOKS

Barnes: Electrocardiographic Patterns	$5.00
San Francisco Department of Public Health:	
Handbook of Public Health Bacteriology and Chemistry	1.50
A Handbook of Accepted Remedies	1.00
Havelock Ellis: My Life	3.75
Hamblen: Endocrine Gynecology	5.50
Rivers: Viruses and Virus Diseases	2.50
Wadsworth: Standard Methods	7.50

Gladly Sent on Approval

J. W. STACEY, INC.
MEDICAL AND SCIENTIFIC BOOKS
236-238 Flood Building San Francisco

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry
SCABIES TREATMENT
CLINICALLY ESTABLISHED*
NON-IRRITATING
PLEASANT ODOR
RAPIDLY EFFECTIVE
If you would like to give it a test, send 20c to cover handling and we will mail enough for one adult treatment.
*Report on 1213 cases on request.
UPSHER SMITH CO.
MINNEAPOLIS, MINN.
PRODUCERS OF
FINE DIGITALIS PRODUCTS

PAUSE...AT THE FAMILIAR RED COOLER
DRINK Coca-Cola
DRINK Coca-Cola
ICE COLD
Drink Coca-Cola Delicious and Refreshing

COPYRIGHT 1939, THE COCA-COLA COMPANY

BOOK REVIEWS

Death Loses a Pair of Wings: The Epic of William Gorgas, and the Conquest of Yellow Fever. A Novel in Cadence. By Robin Lampson. Cloth, Price $3. Pp. 518. New York: Charles Scribner's Sons, 1939.

"A big achievement: interesting and clearly visualized all the way through, an exciting and inclusive picture of the Gold migration." Thus Robinson Jeffers, America's most famous poet of the present day, characterizes "Laughter Out of the Ground," a previous remarkable narrative poem by Robin Lampson, a native of Mokelumne Hill, where he was born in 1900, the grandson of a Forty-niner, and the son of a blacksmith in Sonoma County, whose wife crossed the Isthmus of Panama, riding muleback and so carrying her infant child. The hardy lad, therefore, when beginning to write verse at the age of only nine, approached the pleasure that was to be a task with an understanding of western background not vouchsafed to every writer; and later, when he applied himself to telling anew the heroic story of Gorgas and his conquest of the Yellow Plague, he could better picture pioneering conditions such as try and purify the souls of men. After years of odd jobs on farms and railroads, and in still noisier shipyards, Lampson entered Stanford University, in 1919, but three years later left before graduating to join the Quaker famine-relief forces in Russia. Returning to America in 1923, he saw almost a decade close while writing verse which led the University of California, in 1932, to confer on him academic honors. Fortunate in his marriage, two years afterward, to Miss Margaret Fraser, of England and India, herself a poet, and in the acceptance of his poetry by no less a periodical than Scribner's Magazine, giving him a national audience, he put out, in 1935, his first novel-in-cadence, "Laughter Out of the Ground," with such success that the metrical novelty has since passed through several editions. Joseph Henry Jackson, the distinguished San Francisco critic, hailed it as "a tale of human passions, intensely dramatic"; nor will the estimate, it would seem, of the new venture in blank verse, portraying what should be of paramount interest to the lay public as well as to men and women of medicine, be accorded a less hearty welcome by those well competent to judge.

Using the same technique which called forth high praise for "Laughter Out of the Ground," Robin Lampson tells again the gripping tale of the triumphal conquest, after tragic failures, by General William Gorgas, of widely devastating yellow fever—"a vivid reconstruction," as has been well said, "of one of the proudest epic chapters in recent American history, wherein is seen a great soldier fighting to save life rather than to destroy it." How Gorgas struggled against poverty and other handicaps, during his boyhood in Alabama, to obtain a medical education, is set forth in sharp contrast to the magnificent accomplishments he could ultimately boast of, as are his long experiences as an army doctor before the occupation of Cuba, following the Spanish-American War, which let him prove himself, as an outstanding physician, one of the world's greatest benefactors. The new contribution to California literature is a very human affair, presenting the story of a sympathetic and brave man and his joys and sorrows, his hopes and disappointments, his love of one woman and his friendship with many men; and, finally, despite untold obstacles, but buoyed up and urged on by often unexpected blessings, his achievements which so well lend to another attempt at narration in pleasing rhythm. Just what is the style of "Death Loses a Pair of Wings," and how successful our young Californian has been in this Gorgas epic, may be judged from a stanza in the almost endless romance:

The whole world was now hailing Gorgas as "The Great Sanitarian," and "The Savior of the Tropics."
But yesterday, before the great task had taken him, he'd been nothing—an adaptable, contented
Nonentity. Today, his substance was heroic, significant to all of mankind;
His life was no longer his own, but humanity's—and history's. Now the lightning of time
Had selected and struck him, and henceforth his name would burn brightly among men, luminous
Because of a new victory of human intelligence over primordial ignorance,
Of a further pushing back, by the human brain's light, of the hostile darkness of nature!

W.

(Continued on Page 18)

A concerted plan of attack on—

PNEUMONIA

THE OUTLOOK FOR THE TREATMENT OF PNEUMONIA, this Winter, is better than ever. DR. RUSSELL L. CECIL, (discussion of "Sulfapyridine in the Treatment of Pneumonia"—PLUMMER, N. and ENSWORTH, H. K., J. A. M. A., Nov. 18, 1939, 113:1853) summarizes it very aptly:

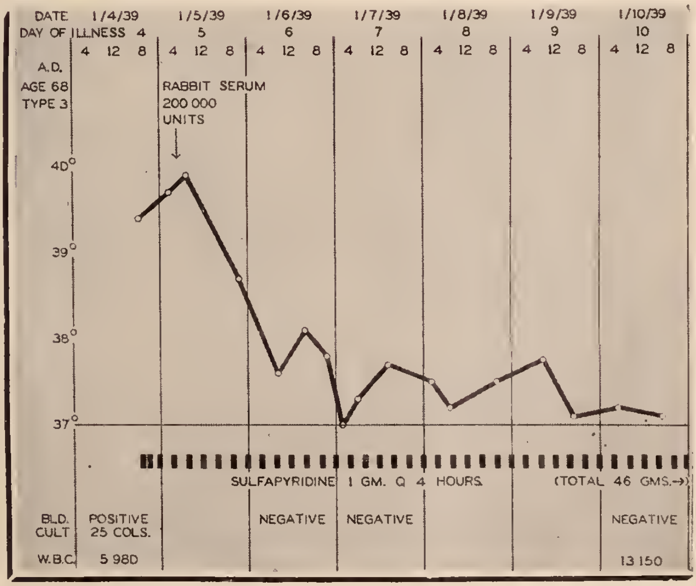
> ". . . We have a double-barreled gun for the treatment of pneumonia, and whether we need both barrels or only one remains to be seen. DR. BULLOWA and DR. MACLEOD expressed it very well when they said that serum fortifies the pneumonia patient; sulfapyridine injures the pneumococcus. For the present we must keep our serum handy and use it in severe cases along with sulfapyridine, and we must continue to type our pneumonias in order that we may get all the better oriented with regard to this new form of therapy."

Unless either agent is specifically contraindicated, the combination of drug and serum should always be employed when:

1 — treatment is begun after the third day;
2 — two or more lobes are involved;
3 — the patient is over 40;
4 — the patient is pregnant or in the first week of the puerperium;
5 — blood culture is positive.

When used simultaneously with drug, smaller amounts of serum may be employed.

Information on sulfapyridine or pneumonia serum on request.



"Sulfapyridine in the Treatment of Pneumonia"—Plummer, N. and Ensworth, H. K.

Lederle

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA NEW YORK, N. Y.

San Francisco: 450 Sutter Street
Los Angeles: 714 W. Olympic Boulevard
Lederle Laboratories Depot
1216 S. W. Stark Street, Portland, Oregon

24-Hour Service
at the End of Your Telephone

Stuart service is at the end of your telephone twenty-four hours of every day. Call the nearest of our four plants—we'll rush the most approved type of tent or catheter, with oxygen to use in it, and a trained man to attend to installation. As the largest independent producer of oxygen in California, you can depend on us for fast, competent service in giving your patients the benefits of oxygen therapy *in time.*

Stuart Oxygen Co.
SAN FRANCISCO · OAKLAND · FRESNO · LOS ANGELES
Manufacturers of a Complete Line of Medical Gases

BOOK REVIEWS

(Continued from Page 16)

Cancer. With Special Reference to Cancer of the Breast. By R. J. Behan, M. D., Dr. Med. (Berlin), F. A. C. S., Cofounder and Formerly Director of the Cancer Department of the Pittsburgh Skin and Cancer Foundation, Pittsburgh, Pa. Cloth. Pp. 844, illustrated. Price, $10. St. Louis: The C. V. Mosby Company, 1938.

This book, originally intended as a treatise on cancer of the breast, was enlarged to include a discussion of cancer in general. As a result, numerous chapters are devoted to a general consideration of cancer; etiology, pathology, pathologic physiology, symptomatology, diagnosis and diagnostic tests. Under therapy there is also a large amount of material on constitutional treatment and irradiation therapy. Most of this material is a collection of a vast amount of research that has been done in connection with cancer throughout the world, some of which has been accepted but much disproved and, as far as we can see, of no practical value to the clinician, for whom the book was originally written. The average clinician has neither the time nor inclination to wade through all this material. The author states, "It is impossible to evaluate the conflicting contributions on cancer." How much more difficult, then, it would be for the general clinician, for whom this book was intended to make an evaluation of all this material, sorting, as it were, "the chaff from the wheat." For example: even though there is no known test to determine the presence of cancer, twenty pages are given to a discussion of tests which have been suggested as of possible value in this regard.

The reviewer feels that this would have been a much more valuable book had it been limited to a discussion of cancer of the breast without including so much material, some of which is factual but most of it theoretical and contradictory. We also take exception to some of the material in his discussion on cancer of the breast. Under symptomatology and physiological signs, too much stress has been placed upon pain, fixation, edema and ulceration of the skin. Not enough emphasis has been placed upon the importance of the single lump and the obligation it places upon the physician before definite signs of cancer are present. His operative procedure for cancer of the breast, showing as his incision one which extends well down the arm, an incision now largely discarded, is discussed at great length. In his irradiation therapy he states that secondary metastatic growths are usually easily destroyed by irradiation, which is a revelation to this reviewer. There is also some inconsistency in his evaluation of pre- and postoperative therapy. He advises the implantation of radon seeds in the axilla following a radical mastectomy. Following a thorough radical mastectomy, there would hardly be fat left in the axilla in which radium could be placed. We are also not in accord with his choice of a radical mastectomy in the case of supraclavicular node involvement.

The reviewer had occasion to examine this book some months ago with a view to purchasing it as a reference book for internes in a large hospital. He advised against it as a sole book on cancer because of its lack of practical value to such young men.—O. H. P.

A Textbook of Obstetrics. With Special Reference to Nursing Care. By Charles B. Reed, M. D., F. A. C. S., Associate Professor of Obstetrics, Northwestern University Medical School; Head of Obstetrical Department, Wesley Memorial Hospital, Chicago, and Bess I. Cooley, R. N., Supervisor and Instructor, Department of Obstetrics, Wesley Memorial Hospital, Chicago. Cloth. Pp. 476, with 209 illustrations. Price, $3. St. Louis: The C. V. Mosby Company, 1939.

(Continued on Page 20)

SIGNIFICANT CLINICAL RESULTS IN A SERIES OF SMOKING TESTS

FACTS FROM . . . Laryngoscope, Feb. 1935
Vol. XLV, No. 2, 149–154

(1) At the beginning of the experiment, 73.7% of the cases showed a congested condition of the pharynx and larynx due to smoking.

(2) On changing to Philip Morris, 62.3% of the cases cleared. The other 37.7% showed considerable improvement.

(3) On changing back to cigarettes made by the ordinary method, 80% showed a return of congestion within one week!

REPRINTS of published studies on the irritant properties of cigarettes are available. Address Philip Morris & Co. Ltd. Inc., 119 Fifth Ave., N.Y.

PROFESSIONAL PROTECTION

SINCE 1899
SPECIALIZED
SERVICE

A DOCTOR SAYS:

"This is the second time you have come to my assistance. The other time about ten years ago, and I want to say you have done a beautiful job on both occasions."

THE
MEDICAL PROTECTIVE COMPANY
OF FORT WAYNE, INDIANA
WHEATON, ILLINOIS

Hotel del Coronado
Both the Sunshine and the Sea
●
CORONADO, CALIFORNIA
ALBERTO M. CAMPIONE - Resident Manager

BOOK REVIEWS

(Continued from Page 18)

This textbook is about halfway between a nurse's textbook and a textbook for the general practitioner. The index could have been more extensive. There were no lists of references. The drawings and descriptions of the setups for the delivery room are excellent. Under pelvic measurements, no mention is made of the measurements of the spines and tuberosity of the ischium. Sodium bicarbonate was advised for heartburn and cystitis. Many physicians do not like to give any sodium ion in cases of edema and preëclampsia. Nauseau and vomiting was treated with corpus luteum and theelin, which is questionable except for psychic effects. No mention was made of vitamin B. Monila infections were not given as a possible cause of pruritus vulvae. In the discussion of trichomonas vaginitis, a statement is made that 5 per cent of these cases end in a form of cancer if not treated immediately by curettage, or if the woman has passed the menopause, a hysterectomy, if the case does not respond to medication. This seems like quite a radical treatment for this type of vaginitis. Preëclampsia was discussed under eclampsia. In the treatment for eclampsia, the Stroganov method was given in preference over any other treatment. One thousand cubic centimeters of 10 per cent calcium gluconate was advised with 1,000 cubic centimeters of 10 per cent glucose to be given intravenously. It was advised to hurry the labor by the use of forceps, version and extraction, bag, bougie, and cesarean section. Progesterone was also advocated. In threatened abortion, opiates were advised. Recent literature shows that this drug does not quiet the uterus as much as progesterone. Under anesthesia the dangers of spinal anesthesia to pregnant women were not discussed. Under resuscitation of the newborn, a long discussion and three plates were used on the questionable Byrd method. A soft rubber rather than a firm silk tracheal catheter was used. Chloroform was advised for home delivery. In describing intravenous infusions, the technique was given for making up a solution of one pint of boiled water which is filtered and adding one teaspoonful of sodium chlorid, then to cut down on the vein and ligating it after the infusion had been given. Under induction of labor, forty grains of quinin sulfate are given to the mother by mouth. Many otologists claim that large doses of quinin to the mother may be a factor in causing congenital deafness. There were very few original plates, most of them being copied from the older textbooks. Figure 159 was upside down. Under cesarean section, the Latzo extraperitoneal type was discussed, but no mention of the most popular and common type of cesarean section today, the low cervical type. Sulfanilamide was not mentioned as a treatment for ophthalmia neonatorum.—W. B. McG.

The Infant and Child in Health and Disease. With Special Reference to Nursing Care. By John Zahorsky, A. B., M. D., F. A. C. P., Professor of Pediatrics and Director of the Department of Pediatrics, St. Louis University School of Medicine, and Pediatrician-in-Chief to the St. Mary's Group of Hospitals; Fellow of the American Academy of Pediatrics, St. Louis, Missouri; and Elizabeth Noys, R. N., Supervisor and Instructor of Pediatrics, Children's Hospital, San Francisco, California. Second Edition. Cloth. Pp. 496, illustrated. Price, $3. St. Louis: The C. V. Mosby Company, 1939.

This book is distinctly a textbook for nurses. The language is clear, concise, and not too technical. Nursing procedures are carefully outlined and adequate detail given. The illustrations are excellent. The book should be valuable to anyone desiring to do pediatric nursing.—Rieta C. Hough.

The Fight on Cancer. By Clarence C. Little, Sc. D., Managing Director of the American Society for the Control of Cancer, Inc., and Director of the Roscoe B. Jackson Memorial Laboratory, Bar Harbor, Maine. Paper. Pp. 31. Price, 10 cents. New York: Public Affairs Committee, Inc., 1939.

This is a brochure of thirty pages published by the Public Affairs Committee and distributed by the American Society for the Control of Cancer. It is a clear, concise review of the development of cancer control efforts with statistical data of cancer in various locations and age groups; lines along which research is being conducted; the part which the public can play in the control of this disease; and also points out those conditions which should be regarded as

(Continued on Page 22)

CALORIE COMPUTATIONS—No. 1

Even if Mother Did Have a Headache Life Would Be Far Less Complicated for Joe Splivens if the baby's food was S. M. A.

S. M. A. is easy to prepare. Simply dilute according to directions (furnished to physicians), adjust to proper temperature and feed.

It is not necessary to modify S. M. A. for the same reason that it is unnecessary to modify breast milk.

S. M. A. is economical and easy to prepare.

NORMAL INFANTS RELISH S. M. A. — DIGEST IT EASILY AND THRIVE ON IT

S. M. A. is a food for infants—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and in physical properties.

S. M. A. CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILLINOIS

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

PH OMAHA HOSPITAL ACCIDENT SICKNESS INSURANCE PC OMAHA

For ethical practitioners exclusively
(50,000 POLICIES IN FORCE)
Liberal Hospital Expense Coverage for $10.00 per Year

$5,000.00 ACCIDENTAL DEATH $25.00 weekly indemnity, accident and sickness	For $33.00 per year
$10,000.00 ACCIDENTAL DEATH $50.00 weekly indemnity, accident and sickness	For $66.00 per year
$15,000.00 ACCIDENTAL DEATH $75.00 weekly indemnity, accident and sickness	For $99.00 per year

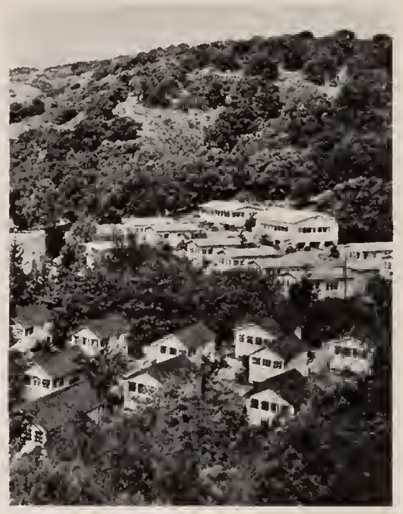
37 years under the same management
$1,700,000 INVESTED ASSETS
$9,000,000 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability.

Send for applications, Doctor, to
400 FIRST NATIONAL BANK BUILDING • OMAHA, NEBRASKA

CANYON SANATORIUM
REDWOOD CITY, CALIFORNIA



◆

For the Treatment of Diseases of the Chest

◆

"The summers are not too hot nor the winters too cold. Climatically, Canyon Sanatorium is an ideal location."

PHILIP H. PIERSON, M.D. *Medical Director*
EDWARD S. SCHULZE, M.D. *Resident Physician*
LEO ELOESSER, M.D. *Surgical Consultant*
MR. ARNOLD W. SCHEIER *Business Manager*

Rates and Booklets on Request

Redwood City, Calif.
Redwood 1600

San Francisco Office
490 Post St., Suite 1228, GA 2127

BOOK REVIEWS

(Continued from Page 20)

suspicious lesions. The author is the director of the American Society for the Control of Cancer and has long been well known in cancer research; consequently, this pamphlet, which is for public distribution, should be of tremendous value in bringing people to physicians in earlier stages of cancer.—Otto H. Pflueger.

Fundamentals of Experimental Pharmacology. By Torald H. Sollmann, M. D., Sc. D., Professor of Pharmacology and Materia Medica, and Dean of the School of Medicine, Western Reserve University, Cleveland, Ohio; Chairman, Council on Pharmacology and Chemistry, American Medical Association, and Paul J. Hanzlik, A. M., M. D., Professor of Pharmacology, Stanford University School of Medicine, San Francisco; Vice-Chairman, Council on Dental Therapeutics, American Dental Association. Second Edition. Cloth. Pp. 307, illustrated. Price, $4.25. San Francisco: J. W. Stacey, Inc., 1939.

Since the publication of the first edition of this laboratory manual of pharmacology in 1928, the science of pharmacology has made rapid progress. The introduction of new drugs, the application of old drugs to new fields of therapeutics and the abandonment of other drugs have necessitated the introduction of new methods of analysis, both chemically and pharmacologically. The recent introduction of a number of new agents for use as antiseptics, hypnotics, anesthetics, and circulatory and respiratory stimulants has widened our knowledge of the physiology and pharmacology of circulation, respiration, and of the central nervous system.

Collected together in this laboratory manual, now revised by the junior author, are a large number of the more important experimental methods of pharmacology. These have been adapted for use in teaching, but can equally well serve as a guide to investigators in physiology, biochemistry, and pharmacology. These methods have been applied in the elucidation of the actions of various drugs including both the older well-known agents and the recently introduced drugs.

The second edition of this manual continues the plan of the first, in that the book is subdivided into two main parts: chemical pharmacology and experimental pharmacodynamics. The formal division of exercises into class work and demonstrations has been abandoned and the descriptions apply equally well to either method of presenting the material.

One may question the advisability of giving a book containing so much material to beginning students in pharmacology. However, if proper selection of exercises is made, it should be possible to adapt this manual to any arrangement of a course in experimental pharmacology. Of particular value to the student are the well-written brief discussions preceding each section of the book.

Among the most valuable sections of the book are the appendices. In no other publication which the reviewer knows is there collected and classified a complete list of dosages for animals. This has been brought up to date and should prove invaluable to anyone working with animals.

The book may be recommended without reservation to all investigators and teachers in the biological and medical sciences and has a definite use in any course in experimental pharmacology. It should certainly be available in every pharmacological laboratory.—W. V. W.

The Physiology and Pharmacology of the Pituitary Body. Volume II. By H. B. Van Dyke, Head of the Division of Pharmacology, Squibb Institute for Medical Research, New Brunswick, New Jersey, Honorary Professor of Physiology, Rutgers University, Formerly Professor of Pharmacology in the University of Chicago and in Peiping Union Medical College. Cloth. Pp. 402. Price, $4.50. Chicago: The University of Chicago Press, 1939.

This book reviews the literature on the pituitary body from 1935 to 1938. Although a general fault of reviews is a lack of critical comparisons between contemporary publications, Dr. Van Dyke has assessed this history in the making in excellent fashion. His frequent summaries are understandable to the man with a general interest in hormones, and the text proper is a valuable source book for the expert.

The majority of the book concerns the anterior lobe of the pituitary. Of general interest are the discussions of

THE CALSO COMPANY

To the Medical Profession

May we suggest **CALSO WATER** as a vehicle for supplying your alkalinity when **administering Sulfanilamide to your patients.**

CALSO is not a laxative and contains no sulphate.

SPARKLING PALATABLE

25 Years Ethical

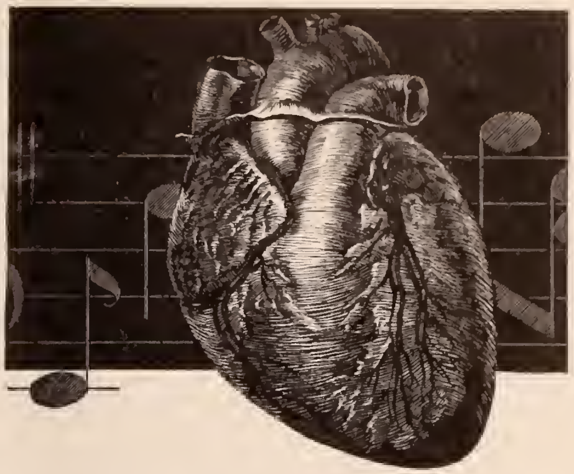
CALSO WATER CO.
524 Gough St. • San Francisco

the similarity of the so-called castration and thyroidectomy cells, of the basophilic changes in Addison's disease and Cushing's syndrome, and of the lack of relation between basophilic changes and hypertension. The actual existence of the growth hormone is still a disputed matter, certain workers considering that the growth action is due to a combination of other factors. The most acceptable evidence indicates that there are only two gonadotropic hormones, a follicle growth and maturation factor, which probably also maintains spermatogenesis in the male, and a luteinizing factor, which in the male maintains the interstitial cells of the testis. During pregnancy in the human the placenta elaborates a hormone, largely luteinizing in effect, presumably necessary to maintain the corpus luteum during the pregnancy. This is the source of the usual anterior pituitary-like hormone used clinically. Pregnant mare serum, however, contains both follicle stimulating and luteinizing hormone, and thus may in the future have wider clinical application. The hope that a lactogenic fraction able to initiate or even maintain lactation has not been fully realized. The most important recent advances concerning the thyrotropic fraction have been the demonstration of the antibody nature of the antihormone reaction and the fact that this antibody reaction may be at least greatly delayed by certain specially prepared extracts. Carbohydrate metabolism and the anterior pituitary present a fertile field for current research.

Although chromatosome-dispensing hormone can be extracted from the mammalian pars intermedia, its importance to mammals has not yet been demonstrated.

The two fractions of the posterior lobe have not been completely separated chemically. The function of one of these to aid reabsorption of water from the kidney tubule has great physiological importance. Secretion of this diuresis-inhibiting hormone is dependent on the integrity of the nervous connections to the hypothalamus lesions in this region causing diabetes insipidus. The other function of this fraction, a vasopressor effect, has not been demonstrated as important either in normal life, or in hypertension. The oxytoxic fraction of the posterior pituitary is presumably important, although not absolutely necessary, for parturition.

Appended to the text are the structural formulas of all the hormones, so far as are known, and an extremely comprehensive bibliography.—W. C. C.



CARDIAC
DIASTOLE • SYSTOLE
RHYTHM

Prompt strengthening of contractions and maintenance of cardiac rhythm with Digifoline, "*Ciba*" have been shown in thousands of cases. Containing purified principles of uniform strength, Digifoline* exerts prompt, dependable action. One tablet, one cc. of liquid, or one ampule (2 cc.) ** is equivalent in active glucosides to approximately 1½ grains of high-grade digitalis leaf. Oral, intravenous, intramuscular or rectal administration.

DIGIFOLINE

(digitalis glucosides)

—useful in auricular fibrillation, congestive circulatory failure, loss of cardiac tone, etc.

*Trade Mark Reg. U.S. Pat. Off. Word "Digifoline" identifies the product as digitalis glucosides of Ciba's manufacture.

**Each equivalent to one cat unit.

SEE N.N.R. *for description of rigorous, scientific method of Digifoline manufacture.*

CIBA PHARMACEUTICAL PRODUCTS, INC.
SUMMIT, NEW JERSEY

C • I • B • A

THE POTTENGER SANATORIUM AND CLINIC

For Diseases of the Chest *Monrovia, California*

AN INSTITUTION FOR DIAGNOSIS AND THERAPY

CHOICE rooms and bungalows at rates ranging from $35 per week up, including medical service, general nursing, x-rays, routine laboratory examinations, ordinary medicines and therapeutic pneumothorax.

A few accommodations as low as $25 per week assigned on special application in selected cases.

In the foothills of the Sierra Madre Mountains, thirty-five miles from the ocean. Surrounded by beautiful gardens.

Close medical supervision. Aside from tuberculosis, special attention is given to asthma, bronchiectasis, lung abscess and kindred diseases.

For particulars address:

THE POTTENGER SANATORIUM AND CLINIC, Monrovia, California

Luzier's Fine Cosmetics and Perfumes

Are distributed in California by:

Southern California Distributor
LYLE G. CHRISTY
1718 N. Gramercy Place • Hollywood

Northern California Distributor
J. R. HAVLIN
1544 Sixteenth Avenue • San Francisco

LOCAL DISTRIBUTORS WANTED

KING AMBULANCE COMPANY

Transporting the Sick since 1906

WEst 1400

2570 Bush Street
SAN FRANCISCO

Physicians' and Surgeons'
Telephone Exchange
Nurses' Bureau

CALIFORNIA BOARD OF MEDICAL EXAMINERS—INDEX

(Continued from December, 1939, issue)

Rapaport, Walter, M. D.
  Appointed medical director, Mendocino State Hospital (December), Adv. p. 28
Reducing Capsules
  See Jean Farrell, Inc.
Rinehart, Clara, M. D., Matron, Kern County Jail (August), Adv. p. 30
Robertson, Lewis, D. C.
  Found guilty, in Santa Cruz, of violation of medical laws and fined $1.00 (August), Adv. p. 28
Romanoff, Alexis
  See Trotsky, R. N.
  Sentenced for violation of the Business and Professions Code; to leave state for two years (August), Adv. p. 28
Ross, Jesse C., M. D.
  Certificate restored on July 10, 1939 (August), p. 144
Schubach, T. A.
  Fined $100 ($75 suspended) and given six months suspended sentence. Charged with violation of the Business and Professions Code (Section 2141), (November), Adv. p. 43
Scotland—See Great Britain
Seibert, W. P.
  Arrested in South Pasadena for practicing medicine without a license (July), Adv. p. 28
  Guilty of violation of the Business and Professions Code and sentenced to county jail for thirty days; sentence suspended for two years (September), Adv. p. 40
Sears, Ruth A.
  Arrested in Alhambra for practicing medicine without a license (December), Adv. p. 30
Shattuc, William E., M. D.
  Enters institution to test mental competency (October), Adv. p. 27
Shelley, Verna G.
  See Viavi
  Arrested in San Jose for violation of the Business and Professions Code (September), Adv. p. 42
Smith, Wallace J., D. C.
  Arrested in Chico for practicing obstetrics (November), Adv. p. 45
  Trial set for November 1, 1939 (December), Adv. p. 36
Soper, Walter E., D. C.
  Arrested in Turlock for practicing medicine without a license (October), Adv. p. 27; and sentenced to sixty days, suspended (November), Adv. p. 44
Steele, Elmer W.
  Arrested in Sacramento for violation of the Business and Professions Code (October), Adv. p. 27
Swanson, George, D. C.
  Filed injunction to stop mailing of arguments against Chiropractic Initiative (October), p. 289.
Swim, William A., M. D.
  Appointed member to Board of Medical Examiners vice John MacLean (December), p. 414
Tax on business and professional people legal in San Francisco (December), Adv. p. 34
Texas law prohibits aliens from taking medical licensing examination (November), Adv. p. 38
Thanning, W. E.
  Guilty of violation of the Business and Professions Code (October), Adv. p. 27
  Sentenced to thirty days in the county jail, suspended (November), Adv. p. 44
Thorne, Walter N., M. D.
  See Narcotic Violators
  Certificate revoked on July 13, 1939 (August), p. 114
Thornhill, John B. (licensed barber)
  Arrested in Menlo Park for violation of the Business and Professions Code (December), Adv. p. 30
Thorp, Thomas Franklin, M. D.
  Probation for two years (August), p. 144
Trevino, Donaciano, M. D.
  See Narcotic Violators
  Certificate revoked on July 11, 1939 (August), p. 144
Trotsky, Romano
  See Romanoff, Alexis, ordered out of state (August), Adv. p. 28
Trotter, Ira E (Oakland barber)
  Arrested for violation of the Business and Professions Code (November), Adv. p. 44
Veterinary medicine—Physicians and surgeons cannot practice (July), p. 72
Viavi Company
  See Shelley, Verna G.
Welsh, Orel Alvin, M. D.
  See Abortions
  Certificate revoked on July 12, 1939 (August), p. 144
Weld, James Cushing, M. D.
  Certificate revoked on July 13, 1939 (August), p. 144

HERE WE ARE AGAIN
STATION D. B. B.
BROADCASTING
A Happy New Year
TO
DOCTORS

YOUR BUREAU suggests an honest-to-goodness resolution for the New Year:
"Beginning NOW I will do my part toward making 1940 my best year by using to my own advantage the facilities and services provided for me by
THE BUREAU

"Yea, I will
BE WISE and BUREAU-IZE"

Spreckels Building
TRinity 1252
LOS ANGELES

Times Building
LONG BEACH

The DOCTORS BUSINESS BUREAU
Established 1916

153 Kearny Street
GArfield 0460
SAN FRANCISCO

Latham Square Building
OAKLAND

Wilson, Charles H., D. C.
  See Abortions
  Sentenced to one year in jail and five years' probation (November), Adv. p. 45
Wilson, Emmet, Superior Judge
  Issues Writ of Mandate ordering Board to restore medical license of Harry W. Boyd, M. D. (December), Adv. p. 34
Woodruff, W. P., M. D.
  See Narcotic Violators (September), Adv. p. 40
  Found guilty by Board; penalty deferred (December), p. 414
Wyatt, Thomas D., M. D.
  See Abortions
  Certificate revoked—two charges, October 19, 1939 (December), p. 414
Young, Frank W., M. D.
  Arrested in Beverly Hills on bad check charge (July), Adv. p. 30
Zimmerman, Arden, D. C.
  Charged by W. F. Morris, D. C., with slander (December), Adv. p. 38
Zoffel, Frances
  Prosecution petition for rehearing denied (December), Adv. p. 36

TWENTY-FIVE YEARS AGO

(Continued from Text Page 50)

The Council wishes and intends to be absolutely fair to all in its administration of the heavy burden placed upon it by the Society in the guidance of this medical defense work, but in doing so it does not wish to permit any member, through his own fault, to be an expensive burden to the whole Society.

Always have an x-ray taken of your fracture cases—and keep the plate; do not give it to the patient.

* * *

Important Notice! New Medical Defense Rules.—That the number of suits for damages for alleged malpractice has very greatly increased in the last two years and that it is increasing, are facts that have been frequently commented on in the JOURNAL and in the reports of the officers at the annual meetings. The Council of the State Society has employed the best attorneys that money can secure, and in formulating its rules and in handling cases, nothing is done without the advice of our attorneys. And this is for the purpose of securing the greatest good and benefit to all the members of the Society. . . .

1. *Be sure that your dues are paid to the secretary of your county medical society before the end of February. . . .*

2. The Council has ruled, on the advice of our attorneys, that if a member who has insurance in some insurance company giving him protection against damage suits is sued, he must at once *elect whether the insurance company is to undertake his legal defense or the Society. . . .*

3. *Do not sue within a year.* A most important rule was made by the Council at its December meeting; and this, too, on the very emphatic recommendation of our attorneys. . . .

. . . The Council has therefore ruled that the Society will not defend such suits, except in this case: If a member has such an outstanding bill and wishes to sue to collect, he must submit the whole matter to the Council, and if the Council considers that the facts warrant him in suing, in spite of the chance of a counter suit, he may then do so. If you turn your accounts over to a collector, instruct him not to bring any suits within a year. This is imperative and must not be overlooked. It is not fair to the other members of the Society to take hundreds of dollars out of the treasury—for no good reason.

From an Original Article on "Expert Witness From the Standpoint of the Attorney," by Oscar C. Mueller.—The present status of expert testimony is unquestionably a dis-

(Continued on Next Page)

SAN FRANCISCO'S Newest and Most Modern Downtown Hotel
"Home of the Persian Room"
Hotel Sir Francis
DRAKE
DON B. BURGER, Mgr.
HILTON MANAGEMENT

LOS ANGELES TUMOR INSTITUTE

Doctors Soiland, Costolow and Meland

Maintain an institution for the study and treatment of malignant or benign tumors and allied diseases.

1407 South Hope Street
LOS ANGELES, CALIFORNIA
Hours 9 to 4
Saturday Afternoons and Sundays Excepted

Telephone PRospect 1418

STAFF
ALBERT SOILAND, M. D.
WILLIAM E. COSTOLOW, M. D.
ORVILLE N. MELAND, M. D.
HARRY F. MERSHON, M. D.
JOHN W. BUDD, M. D.
ROY W. JOHNSON, M.D.
A. H. WARNER, Ph. D.

TWENTY-FIVE YEARS AGO

(Continued from Preceding Page)

grace to all the professions, and we should free them from this stigma, and have California pioneer remedial legislation.

"'Believe no expert,' says the cynic Bar,
Yet how unjust—all alike deride.
This swears white black; but straightway haud impar,
An equal sage approves the candid side."

As long ago as 1874, Professor John Ordronaux declared:

"There is a growing tendency to look with distrust upon every form of skilled testimony. Fatal exhibitions of scientific inaccuracy and self-contradiction cannot but weaken public confidence in the value of all such evidence. Some remedy is called for both in the interest of humanity and justice."

Forty years have elapsed with no remedy.

An expert witness should always be qualified either by professional, scientific or technical training, or by practical experience in some field of human activity, conferring on him an especial knowledge not shared by men in general. The question of the competency of an expert has frequently been before the courts. We have a code provision in California, Section 1870 of the Code of Civil Procedure, Subdivision 9, which provides that the opinion of a witness may be given on "question of science, art or trade when he is skilled therein"—and there we end. . . .

By making experts the appointees of the court, and their compensation not only sure but independent of the effect of their testimony, a prominent cause of bias would be eliminated.

Dr. Andrew S. Lobingier, acting for the Los Angeles County Medical Society, and for Oscar C. Mueller, as chairman of the Bar Association of the same county, prepared an act to regulate medical expert testimony and submitted the same to the legislature of 1911. The act passed in the Senate, but no one urged its adoption by the Assembly. Last year Honorable Frank F. Oster, judge of the Superior Court of San Bernardino County, and Doctor Lobingier and myself met and discussed the framing of a measure so that same would cover all experts. We were joined by Mr. Derleth of the Pacific Coast Consulting Engineers' Association. The bill I am about to read was mainly written by Judge Oster, and while the Los Angeles County Medical Society, the Committee on Amendment of Laws of the Los Angeles Bar Association, and Judge J. Perry Wood, chairman of a committee of the bench of Los Angeles County appointed to examine this bill, made a few suggestions, it is practically the same as originally drawn.

Of course, the two principal reasons for the selection of the expert by the county are:

First, That we would obtain impartial testimony, and there would be no object in prejudicing the case in favor of any litigant; and

Secondly, A better class of experts would appear in our courts because the judge would seek to have the ablest physician or engineer or handwriting expert appear, for the purpose of giving testimony. Draft of the Proposed Act follows: . . .

From an Original Article on "Official Medical Experts," by Roscoe S. Gray, San Francisco.—(*a*) The Sociological Relationships of the Problem.

Of course it is understood that the phrase, "Official Medical Experts," refers to such "experts" as instrumen-

(Continued on Page 28)

NOT ADVERTISED TO THE LAITY

The Morning Milk Company feels that all therapeutic claims should be disseminated exclusively through the medical profession. For this reason Special Morning Milk is not advertised to the laity. Furthermore, no formula instructions are distributed to the laity.

Special Morning Milk contains 500 units Vitamin D to the reconstituted quart (16 fluid oz. Special Morning Milk and 16 fluid oz. water). The Vitamin D added to Special Morning Milk is obtained from the natural source—cod liver oil. However, there is no cod liver oil taste in the milk.

BECAUSE THERE IS NO COD LIVER OIL TASTE IN SPECIAL MORNING MILK, THE ADMINISTRATION OF VITAMIN D IS GREATLY SIMPLIFIED.

ACCEPTED AMERICAN MEDICAL ASSN

MORNING MILK COMPANY
STOCKTON, CALIFORNIA

Same View, 1939

Sutter and Stockton Streets, 1880

"FOUR FIFTY SUTTER"

EXCLUSIVELY FOR PHYSICIANS, DENTISTS AND AFFILIATED ACTIVITIES

450 SUTTER STREET
Telephone GArfield 7221

TWENTY-FIVE YEARS AGO

(Continued from Page 26)

talities (whether as witnesses or otherwise) in the judicial determination of controversies.

The fact that the American Medical Association, as the result of three years' consideration of the questions relating to expert medical testimony, reached in June, 1914, the conclusions shown at pages 100 and 110 of the Sixty-third volume of the *Journal* of that Association, justifies the proposition that in the recommended conferences between the medical and legal associations, careful consideration should be given to the sociological relationships involved....

From an Original Article on "Official Medical Experts," by William M. Cannon, San Francisco.—The activities of the so-called three learned professions, religion, medicine and law, carry them along lines which are usually quite distinct. Occasionally, however, their functions to some extent merge or blend with one another. . . .

From an Original Article on "The Medical Expert in American Jurisprudence," by Andrew Stewart Lobingier, M. D., Los Angeles.—There has been a growing sentiment in American courts of justice that the testimony of the expert witness must be received with a conscious discount and reserve. It is widely accepted that the abuses which attend the offering of expert testimony are many and flagrant. But it is equally obvious that these abuses are as clearly the outgrowth of the present method of procedure as they are of the mental obliquity of the witnesses who are called. For more than a generation the testimony of the medical expert has been a purchasable commodity. From a factor whose learning and experience should prove a distinct assistance to the court in determining the adjudication of technical difficulties, the medical expert has, by virtue of the false position he has been brought to occupy, become an object of ridicule and contempt. . . .

From an Original Article on "The Cure of Syphilis," by Harry E. Alderson, M. D., San Francisco.—It is not the purpose of this paper to present a startling new remedy for syphilis, nor to report any spectacular results of treatment. Its object is rather to emphasize the fact that the treatment of the disease, as carried on in a deplorably large percentage of the cases, has been utterly inefficient. . . .

From an Original Article on "Progress in Obstetrics," by Arthur H. Morse, M. D., San Francisco.—During the past year progress in obstetrics, at least as far as the more practical aspects of the subject are concerned, has been marked, not by the introduction of new methods, but by the settlement of disputed therapeutic questions. Naturally, in the presence of many complications the procedure of choice remains the subject of honest difference of opinion. Good authority is not unanimous, for example, regarding the proper treatment of placenta previa; and, also, equally competent men oppose each other in the discussion of the treatment of albuminuria during pregnancy. On the other hand, the uniform experience of large clinics in the investigation of a number of practical problems enables us to adopt with confidence measures that heretofore were really in the experimental stage. No better example of this can be cited than the use of the extract of pituitary gland at the time of labor. . . .

(Continued on Page 30)

WHEN A HEAD COLD BEGINS

Case No. 1 (C. S.) Male, white, age 25. Acute head cold. After a few inhalations from 'Benzedrine Inhaler' the turbinates were shrunk to normal within seven minutes.

'Benzedrine Inhaler' is particularly valuable when used at the onset of a head cold—at the very first sneeze. By relieving congestion, it improves respiratory ventilation and assists in maintaining drainage of the nasal accessory sinuses.

The early use of 'Benzedrine Inhaler' is especially indicated for your patients who catch cold easily.

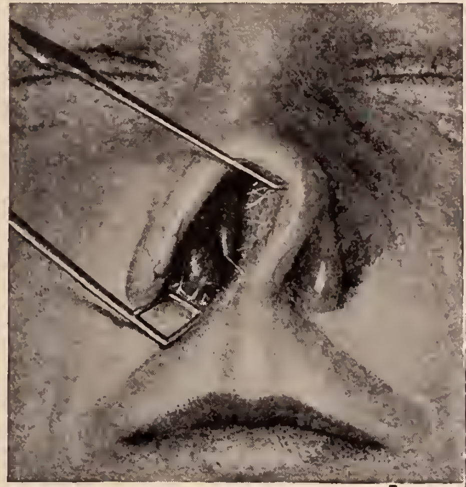


Fig. 1—Time 2:15 P.M.
Before treatment.

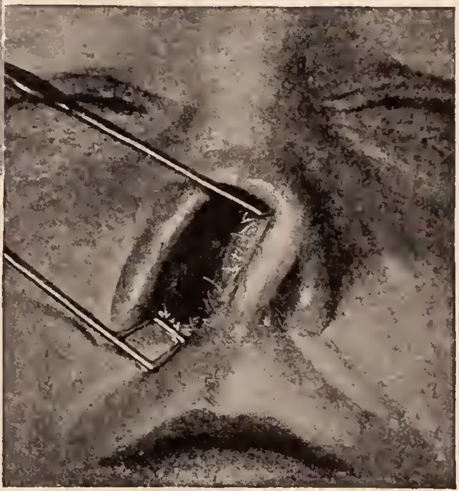


Fig. 2—Time 2:22 P. M.
After using 'Benzedrine Inhaler'.

Each tube is packed with amphetamine, S. K. F., 325 mg.; oil of lavender, 97 mg.; menthal, 32 mg. 'Benzedrine' is S. K. F.'s trade mark, Reg. U.S. Pat. Off.

BENZEDRINE INHALER

A Volatile Vasoconstrictor

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

EST. SKF 1841

Testimonials - - -

hundreds of them!

An ophthalmic prescription, signed by a satisfied customer and referred to us, is the most effective testimonial for services well rendered—and every day brings hundreds of these to our offices.

We know of only one way to reciprocate these expressions of confidence—and that is to continue to devote our efforts and resources to maintaining our standards, and improving our procedures when new products or new techniques make this possible.

●

RIGGS OPTICAL COMPANY

Distributors of BAUSCH & LOMB PRODUCTS

ESTABLISHED IN EIGHTY-FIVE WESTERN CITIES

Approved for . . .

PSYCHIATRIC ●
NEURASTHENIC
ADDICTION CASES

CALL MARKET 9024
HEMLOCK 6326

● KEVIN McGETTIGAN
MANAGER

PARK SANITARIUM 1500 PAGE ST.
SAN FRANCISCO.

TWENTY-FIVE YEARS AGO

(Continued from Page 28)

From an Original Article on "The Relation of the Periosteum to Bone Vitality," by R. T. Stratton, M. D., Oakland.—Notwithstanding the mass of clinical experience tending to establish the function of the periosteum in its relation not only to bone production but also to the maintenance of the vitality of the bone, there is still much misunderstanding or variance of opinion on both of these points. Whether it has positive and active osteogenic properties, as has long been held and is still strongly maintained, or whether it has no higher function than to serve as a supporting and limiting membrane, will not now be considered. It is the purpose of this paper, rather, to discuss how much the periosteum has to do with sustaining the life of bone. The decisive bearing of this upon prognosis and treatment of osseous lesions is evident. . . .

From an Original Article on "Nutritional Disturbances of Infancy," by George D. Lyman, M. D., San Francisco.—The German school of pediatrics, headed by such men as Finkelstein, Czerny and Myer look upon infantile intestinal disturbances somewhat differently from what we do. We are apt to put an emphasis on bacteriological findings. The Germans emphasize errors in feeding. Every infant, according to this idea, has a certain amount of tolerance for the fat and carbohydrate of cow's milk. When this tolerance is overstepped, and has been abused over a considerable length of time from a formula too high in fat or carbohydrate, the infant reacts with a nutritional disturbance. Finkelstein has invented a terminology for these several conditions, which has been generally adopted in Germany and Austria, and which we wish to present here. An abuse of the tolerance for fat results in a "balance"

(Continued in Back Advertising Section, on Page 34)

Karo in High-Caloric Feeding

Infants . . .	KARO is ideal in concentrated milk mixtures because it is saturated with maltose-dextrins, easily digested, not readily fermented and does not cloy the appetite for other foods.
Children . . .	KARO provides 60 calories per tablespoon, added to foods and fluids, when the child fails to gain in weight on an adequate diet or his vitality is depleted during convalescence.
Adolescents . .	KARO is invaluable with each meal to help fulfill the enormous energy requirements of adolescence. Accessory meals may be prescribed with advantage and KARO added to foods and fluids.

CORN PRODUCTS REFINING COMPANY

Invites inquiries from Physicians
. . . for further information

17 BATTERY PLACE • NEW YORK CITY

1940

The 34th

consecutive year of advertising

in California and Western

Medicine

ELI LILLY AND COMPANY

CALIFORNIA
AND
WESTERN MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

VOL. 52 JANUARY, 1940 NO. 1

California and Western Medicine
Owned and Published by the
CALIFORNIA MEDICAL ASSOCIATION
Four Fifty Sutter, Room 2004, San Francisco, Phone DOuglas 0062
Address editorial, business, and advertising communications to Dr. George H. Kress as per address above.

EDITOR . . . . GEORGE H. KRESS

Advertisements.—The Journal is published on the seventh of the month. Advertising copy must be received not later than the fifteenth of the month preceding issue. Advertising rates will be sent on request.

BUSINESS MANAGER . . . . . GEORGE H. KRESS

Advertising Representative for Northern California
L. J. FLYNN, 544 Market Street, San Francisco (DOuglas 0577)

Copyright, 1940, by the California Medical Association

Subscription prices, $5 ($6 for foreign countries); single copies, 50 cents.

Volumes begin with the first of January and the first of July. Subscriptions may commence at any time.

Change of Address.—Request for change of address should give both tbe old and the new address. No change in any address on the mailing list will be made until such change is requested by county secretaries or by the member concerned.

Responsibility for Statements and Conclusions in Original Articles.—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the Journal and the demands on its space may permit. The right to reduce or reject any article is always reserved.

Contributions—Exclusive Publication.—Articles are accepted for publication on condition that they are contributed solely to this Journal. New copy must be sent to the editorial office not later than the fifteenth day of the month preceding the date of publication.

Contributions—Length of Articles: Extra Costs.—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

PAGE
Editorials 1
Editorial Comment 4
Original Articles 6
Clinical Notes and Case Reports 28
California Medical Association 30
Committee on Public Health Education 31
C. M. A. Department of Public Relations . . . 32
Committee on Postgraduate Activities 33
California Physicians' Service 35
Woman's Auxiliary 39
News 41
Letters 48
Medical Jurisprudence 49
Twenty-five Years Ago; State Examining Board . 50
Index to Advertisements . . . . Adv. p. 8

EDITORIALS†

1940

***California and Western Medicine* extends to every member of the California Medical Association best wishes for a Happy and Prosperous New Year.**

PLATFORM OF THE AMERICAN MEDICAL ASSOCIATION

Propaganda: Its Misuse in Medical Practice. "Propaganda," what a word! How widespread its use and influence through recent journalism and radio broadcasts; and how, both in our own country and abroad, are seen only too often its malevolent results! The word itself in its English connotation is quite new, first coming into vogue in 1718 or so, since which time it has been used to describe "a systematic scheme or concerted movement for the propagation of a particular doctrine or practice."

Propaganda in relation to medical practice is comparatively of even more recent growth, few expressions of it occurring up to twenty-five years ago. Since then things have changed, and nonsectarian and scientific medicine have become favorite objects of propaganda attack, at least from certain angles.

* * *

Medicine's Five Persecution Years.—It is not surprising, therefore, to record that, at the recent annual meeting of State Association Secretaries and Editors, held in Chicago on November 17 and 18 last, President Rock Sleyster of the American Medical Association should have prefaced some of his remarks by referring to a certain "five years of persecution" to which, within the last decade, scientific and organized medicine have been subjected by governmental and other agencies. Just why medical practice as it exists in America should be annoyed by onslaughts that have gone beyond legitimate criticism, to take on manifestations that seem like persecution, is not clear. Part of the explanation may be found in the fact that most of the leaders in such attacks are salaried laymen, not infrequently identified with so-called social welfare agencies, or with governmental departments directly or indirectly associated with proposed legislation that would radically alter medical practice

---

† Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

(and to which changes, because of their menace to the public health, physicians object).

Only during the last several years have members of the medical profession begun to develop a realization, and perhaps what might be termed a class consciousness, that their profession is being systematically subjected to something more than proper criticism—that partakes, in fact, of the nature of little less than intentional persecution.

At the onset, such vicious attacks, often insidiously cloaked, were like sporadic outbreaks to which physicians paid little heed. This indifference may have led enemies of high standards of medical practice to come more into the open with their opposition; inducing physicians, from one end of the country to the other, gradually to sense the nature of impending danger.

So it is not to be wondered at that the great American Medical Association, with its constituent state associations and their component county medical societies, was somewhat tardy in giving battle to the antagonistic elements, whose lay leaders embarked upon a campaign of misrepresentation that had, as a primary object, the destruction of the faith of citizens in the very physicians to whom the United States is indebted for the lowest morbidity and mortality records to be found in any country of the civilized world.

* * *

American Medical Association House of Delegates Establishes Principles.—On several occasions during the last few years the House of Delegates of the American Medical Association, as the authoritative mouthpiece of the federacy of constituted state associations and their component county societies, deemed it proper to give publicity to certain fundamental principles having to do with American medical practice. Unfortunately, these actions are scattered through the minutes of the official proceedings, and to that extent are not always readily available to physician-speakers and others who may be called upon to explain the attitude and tenets of scientific and organized medicine in the United States concerning problems such as compulsory sickness insurance.

To make the principles that had been officially espoused more readily accessible, the Trustees of the American Medical Association recently formulated a platform in which the considered actions that had been laid down by the constituted authorities of the Association were outlined in eight explicit and clarifying paragraphs. The American Medical Association platform was publicly announced at the Annual Conference of State Association Secretaries and Editors in Chicago on November 17 last, and since then has been the subject of much press comment.

* * *

American Medical Association Platform Should Be Real and Remembered.—California and Western Medicine gave the eight principles the place of honor in the editorial columns of the December Journal, printing also on page 394 of the same issue some comments concerning each.

Members of the California Medical Association who may have failed to read the principles and comments are urged now to do so, and to emphasize their importance, the eight paragraphs in question are again printed:

THE PLATFORM OF THE AMERICAN MEDICAL ASSOCIATION

The American Medical Association advocates:

1. The establishment of an agency of Federal Government, under which shall be coördinated and administered all medical and health functions of the Federal Government, exclusive of those of the Army and Navy.
2. The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health and the care of the sick, on proof of such need.
3. The principle, that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.
4. The development of a mechanism for meeting the needs of expansion of preventive medical services, with local determination of needs and local control of administration.
5. The extension of medical care for the indigent, and the medically indigent with local determination of needs and local control of administration.
6. In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.
7. The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability.
8. Expansion of public health and medical services consistent with the American system of democracy.

FEDERAL DEPARTMENT OF HEALTH: OFFICIALLY PROPOSED BY THOMAS M. LOGAN, M. D., OF CALIFORNIA IN 1871

Principle I of the American Medical Association Platform Advocates Better Federal Coördination of Public Health Agencies.—Principle I of the Platform of the American Medical Association, states:*

THE PLATFORM OF THE AMERICAN MEDICAL ASSOCIATION

1. The establishment of an agency of Federal Government under which shall be coördinated and administered all medical and health functions of the Federal Government exclusive of those of the Army and Navy.

Comment: Today the medical and health functions of the United States are divided among a multiplicity of departments, bureaus, and federal agencies. Thus, the United States Public Health Service is in the Federal Security Department; the Maternal and Child Welfare Bureaus in the Department of Labor; the Food and Drugs administration in the Department of Agriculture; the Veterans' Administration and many other medical functions are separate bureaus of the government. The WPA, CCC, and PWA are concerned with a similarity of efforts in the field of preventive medicine. The Federal Works Administration and the Federal Housing Administration also have some medical functions.

Since 1875 the American Medical Association has urged the establishment of a single agency in the Federal Government under which all such functions could be correlated in the interest of efficiency, the avoidance of duplication, and a saving of vast sums of money. *Such a federal health agency, with a secretary in the cabinet, or a commission of five or seven members,* including competent physicians, would be able to administer the medical and health affairs of the Government with far more efficiency than is now done.

---

* See California and Western Medicine, December, 1939, on page 394.

In the preceding comment, several sentences have been italicized to bring out with better force the fact that the statement is in harmony with views expressed in the first paper in the original article section of the current issue of CALIFORNIA AND WESTERN MEDICINE, to be found on page 6; and especially with its concluding paragraph (on page 8), in which the part taken by Thomas M. Logan, M. D., of California in sponsoring a Federal Department of Health, as long ago as 1871, is indicated.

To the medical profession of California, therefore, must go the honor of having supplied the leader some sixty-eight years ago, who, officially and otherwise, both by word of mouth and by deed, sought to impress this important need upon the consciousness of the American people.

Referring to Doctor Logan's proposed law for a Federal Bureau of Sanitary Science, submitted to the United States Congress in 1872, he himself expressed his thought thereon in the following striking manner:

> Instead of being a mere adjunct to the Department of the Interior, there seems no good reason why such a bureau should not, before long, be erected into an independent department, second in its influence and importance to none other. *Let us have a Secretary of Public Health, as well as a Secretary of War.* The achievement of this great national undertaking, as of every other great and good work among men, can only be effected by time and patience, by rational inquiry, and enlightened perseverance. Until this is accomplished, each state must form a plan for the gathering of its own vital statistics, suited to its own circumstances, and must use for this purpose the means it may possess, and the machinery already in operation.

* * *

Who Was Thomas M. Logan, M. D., of California?—Some of the present-day readers of California Medical Association's OFFICIAL JOURNAL may be asking, "But who was Thomas M. Logan, M. D., of California, that so much emphasis should be placed on his pronouncements made almost three-quarters of a century ago?" For such observing inquirers the answer may be summarized:

1. Thomas M. Logan, M. D., was the president of the California Medical Association in 1871, and was responsible for its reorganization in that year.
2. He was also president of the American Medical Association in 1874.
3. Doctor Logan brought the California State Department of Public Health into existence in 1870 (the second state health department to be legally authorized in the United States, being antedated for a few months by that of Massachusetts, in which state the legislature convened earlier in that year).

Additional information on these points may be gleaned from two articles which appeared in the "Lure of Medical History" department in CALIFORNIA AND WESTERN MEDICINE in 1937.*

In connection with these historical references, CALIFORNIA AND WESTERN MEDICINE, on page 30 in its current issue, gives space to the reproduction of a membership certificate of the "California State Medical Society," awarded to Charles Boreman, M. D., a graduate of old William and Mary College of Virginia, to which the signature of Thomas M. Logan, as president, is appended in Spencerian penmanship.†

* * *

"Should There Be a Federal Department to Aid the States in Health Work?"—Had space permitted, it would have been of interest to comment on a recent "Question of the Week" of the *United States News* (for November 27, 1939, and December 4, 1939), *"Should There Be a Federal Department to Aid the States in Health Work?"* to which came replies from a large number of men in public life, as well as from the representatives of the medical profession, shedding much light on this important need. In some future issue the subject may again be considered because the principles at stake are of vital importance to the welfare of the citizens of the United States, having been well stated by Dr. Thomas M. Logan in 1872, when he wrote:

> *"The achievement of this great national undertaking, as of every other great and good work among men, can only be effected by time and patience, by rational inquiry, and enlightened perseverance."*

ON VARIOUS TOPICS

Annual Session: Notice to Essayists and Participants in Scientific and Film Presentations.—Attention is again called to the sixty-ninth annual session of the California Medical Association which will convene at Hotel del Coronado, on Monday, May 6, 1940, for a four-day session.

The proposed scientific and other programs and various pertinent information received editorial comment in our November issue, on page 289, while hotel data were given in the same number, on page 333. All members who contemplate participation in the programs of any of the scientific sections or in the scientific exhibits or medical film presentations, or who look forward to attendance, are requested to turn to the above references, in case they were not noticed when published.

* * *

A Proposed Health Survey Voted Down: Action of the Public Health Section of the Commonwealth Club.—About two months ago, a proposition was submitted to the Board of Governors of the well known Commonwealth Club of San Francisco, in which it was suggested that the club might use some of its funds to make a survey on health (medical service) needs of San Francisco, it being implied that the Community Chest was interested in the need of such a survey.

The Board of Governors saw fit to refer the question to the Public Health Section of the Commonwealth Club, where it came up for serious discussion at succeeding meetings, some speakers being in favor, and others opposing the suggestion of such supposed need. In the exchange of opinions, it was clearly brought out that several similar surveys for San Francisco had been made in recent years; and that, while all were agreed that certain beneficial extensions of service could be made, little could be actually done unless money was made available by the City Fathers. The funds not having been provided, the proposed improvements and extensions of service called for in previous surveys had died through financial inanition.

---

* References to Thomas M. Logan, M. D.: Vol. 46, No. 6, June, 1937, page 400. "The California State Board of Public Health," Guy P. Jones; and Vol. 37, No. 4, October, 1937, page 250, "Historical Notes on Public Health in California," Guy P. Jones.

† The certificate referred to was recently given to the California Medical Association by Mr. Thomas B. Smith of San Francisco, a grandson of Dr. Charles Boreman; and suitably framed, has now a place of honor in the California Medical Association headquarters office in San Francisco.

The suggestion that a small rural county might be included in the survey, to give it a "statewide aspect," and so permit the appropriation of Commonwealth Club funds, did not meet with responsive approbation. Suffice it to say that, on December 14, 1939, the special subcommittee, appointed to correlate the facts, brought in its report with recommendation that such a survey was not advisable; and on motion of John W. Cline, M. D., the Public Health Section, without a single opposing ballot, voted so to recommend to the Board of Governors of the club. Thus lapsed another theoretical investigation which, had it been carried forward as proposed, could have had its findings broadcasted in the months to come (during the political contest on a compulsory health initiative), as the presumable expression of a nonpartisan and impartial investigation on medical needs, conducted under the auspices of two prominent public welfare agencies in the State!

* * *

Wagner Health Bill in the Present Congress. Before the January issue of the Official Journal reaches the desks of its readers it is possible that a modified Wagner Health and other bills of similar nature may have been submitted in both the United States Senate and the House of Representatives.

All signs indicate that publicity propaganda concerning such measures will be carried on as vigorously in the days ahead as in the past.

From time to time further information concerning the progress of such proposed legislation may be given in the Official Journal. An analysis of the intended laws will probably reveal that their contents may be in opposition to the principles of the organized medical profession, as laid down in the American Medical Association platform.

In regard to governmental bureaus, it must never be forgotten that, once such are established, their respective personnels close up in Roman phalanx-fashion to make their departments, if not always better, at least bigger. Or to put it otherwise, the establishment of unwise health agencies and bureaus in the Federal Government will never make for their self-elimination, even though subsequently shown to be little if at all needed. On the contrary, such newly created departments are almost sure to work for an extension of function and an increase in personnel, no matter at what cost to the citizens, in money, or at what to public health interests.

Members of the California Medical Association who are personally acquainted with congressmen are requested so to inform the Association secretary; so that, in case conditions arise in which letters to our representatives at Washington may be indicated, the lawmakers can be duly notified.

* * *

Postgraduate Conferences.—Officers and postgraduate committees of component county medical societies are requested to scan the reports of recent postgraduate conferences which appear on page 33 of this issue.

Informative literature on ways and means for the inauguration of clinical conferences has been sent to all county societies. The California Medical Association Committee on Postgraduate Activities will welcome correspondence and suggestions concerning the work.

In some state medical associations, where postgraduate or refresher courses have been carried on for a number of years, the reaction of the profession has been most gratifying; the clinical meetings being held, year after year, in practically all sections of such states.

California can have a similar experience if local units will coöperate. To make a beginning, a local committee of members who favor such clinical courses, and who are willing to give some time and effort to aid the State Committee, is all that is needed. Once tried, the advantages of such refresher work should make for annual or semiannual sessions in all parts of California.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 30.

EDITORIAL COMMENT†

HEREDITARY TRANSMISSION OF ANTIBODY FUNCTION

The recent demonstration by Kleczkowska and Kleczkowski[1] of Cracow University, Poland, that the ability to produce specific antibodies of high titer and avidity is hereditarily transmissible in rabbits is of basic theoretic interest. The observation may have important clinical applications in the selection of animals for the production of improved antiserums.

In order to obtain animals for immunogenetic study, the Polish investigators tested their entire stock of rabbits for quantitative differences in specific precipitin production. Each animal was given ten 0.1 cubic centimeter doses of human serum intravenously at two-day intervals. Eight days after the final injection a blood sample was drawn for each rabbit, and titrated against human proteins. These titrations showed that their stock rabbits could be divided into three immunologic groups: first, an immunologic superior ("strong") group, yielding precipitins of a titer of 1:10,000 or more; second, a group of immunologic defectives ("weak"), yielding titers of 1:500 or less; and a few animals occupying an intermediary (or "medium") group. Superior and defective groups were segregated for genetic study.

---

† This department of California and Western Medicine presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

[1] Kleczkowska, J., and Kleczkowski, A.: Zeitschr. f. Immunitätsforsch., 95:218 (March), 1939.

Several months later, after full convalescence from the first series of injections, the selected groups were bred. Young, born from such union were allowed to attain full adult size (three kilograms) before being tested for antibody production. Briefly summarized, all (100 per cent) of the young born of parents, both of which belonged to the "weak" group, were found to be immunologically defective. Not a single one of these young was able to produce antihuman precipitins of more than 1:500 titer. Young resulting from crossing one "strong" parent with a "weak" mate were 60 per cent immunologically "strong," producing antihuman precipitins of a titer of 1:10,000 or over. This percentage of superior (or "strong") offsprings was increased to 80 per cent by selecting both parents from the "strong" group. Only one atypical litter was an exception to this rule.

Whether or not selective breeding for several generations would increase the percentage of superior offsprings to 100 per cent has not been determined, although a 100 per cent immunologically superior strain of rabbits is predictable. The Polish immunologists quote evidence that the antiserums produced by the "strong" group are not only of exceptionally high titer, but are of superior specific avidity. If this is so, their selective breeding of superior donors of specific antiserums may have an important bearing on future therapeutic methods.

P. O. Box 51.

W. H. Manwaring,
Stanford University.

SYNTHETIC ESTROGENIC HORMONE

Ten years ago Doisy in the United States, Butenandt in Germany, and Marrian in England, independently and almost simultaneously, reported that they had isolated the estrogenic hormone in crystalline form from the urine of pregnancy. During the following years, research by organic chemists revealed that this hormone is closely related to the sterols. Within a short time the constitution of three estrogenic substances was determined: (1) Estron with the empirical formula $C_{18}H_{22}O_2$; (2) Estriol, $C_{18}H_{24}O_3$; (3) Estradiol, $C_{18}H_{24}O_2$.

All these substances had the same biologic effect, producing estrus in the vaginal epithelium of ovariectomized rats or mice, in spite of the fact that they were. chemically, slightly different. After this experience, likewise as interesting for the chemist as for the biologist, the question arose whether it would be possible to synthetize substances with the same biological effect independent of the usual organic source, pregnancy urine.

Starting out with the cyclo-penteno-phenanthrene nucleus found in the natural hormone, English researchers synthetized a large number of chemical bodies and tested them for their estrogenic properties (Dodds and coworkers).[1,2] They succeeded in their efforts, and at the same time were able to prove that the phenanthrene nucleus was not essential for the estrogenic response. The substances first found, however, could not compete with the natural estrogens, since their estrogenic effect was far weaker.

Only recently (1938), Dodds[3] and coworkers could show that a derivative of the chemical substance 4:4 dihydroxystilbene (stilbestrol) produced even a stronger estrogenic effect in animals than the natural hormones.

Clinical trials with this synthetic estrogenic hormone have been carried out in Europe, and about twenty-five publications have appeared in the international literature. The indications in which the synthetic hormone was used were, of course, the same as those in which treatment with natural estrogens would have been advisable. The results obtained by the various clinicians have been surprisingly good so far. Particularly interesting seems the high efficiency of the synthetic hormone when taken in tablet form by mouth. Guldberg,[4,5] in Denmark, was able to produce menstruation in a castrated woman by injection of the synthetic hormone, followed by corpus luteum hormone.

Of course, as frequently happens with the introduction of a new drug, some unpleasant by-effects have been reported, consisting mainly of nausea and fatigue. Toxic changes in liver and adrenals have been demonstrated in animals by Loeser,[6] but only with extremely high doses.

Considering the early stage of development of this synthetic estrogenic hormone, one may expect that further work will lead to its improvement. Should the toxicity prove to be minimal, the potency maximal and the price reasonable (cheap production), this recently synthetized estrogenic hormone will, naturally, be a very valuable addition to the pharmacopeia. Clinical trials by qualified men in this country will doubtless show whether its value is really as high as previously described by European researchers and clinicians.

450 Sutter Street.

Paul G. Fuerstner,
San Francisco.

---

[1] Cook, Dodds, and Hewett: Nature, 131:56. London, 1933.

[2] Cook and Dodds: *Ibid.*, 131:205, 1933.

[3] Dodds, Golberg, Lawson, and Robinson: Nature, 141: 247. London, 1938.

[4] Guldberg: Zentralbl. f. Gynäk., 2584, 1938.

[5] Guldberg: Ugesk. f. laeger, 854, 1938.

[6] Loeser: Klin. Wchnschr., 10:346, 1939.

If men gave three times as much attention as they now do to ventilation, ablution, and exercise in the open air, and only one-third as much to eating, luxury, and late hours, the number of doctors, dentists and apothecaries, and the amount of neuralgia, dyspepsia, gout, fever, and consumption, would be changed in a corresponding ratio.—J. F. Clerk.

ORIGINAL ARTICLES

NATIONAL DEPARTMENT OF HEALTH PROPOSED IN 1871: BY THOMAS M. LOGAN, M.D., OF CALIFORNIA

By Walter M. Dickie,[*] M.D.
San Francisco

THE proposal of the American Medical Association, that a department of health be established within the United States Government, is of interest to Californians for the reason that a similar proposal was made, as far back as 1871, by the Secretary of the newly organized California State Board of Health, the second state health department to be established in the United States.

PROPOSALS OF THOMAS M. LOGAN, M.D.

Dr. Thomas M. Logan, who was really responsible for the organization of the California State Board of Health in 1870, was active in his efforts to introduce a "National Sanitary Bureau" in the Federal Government. Doctor Logan was secretary and executive officer of the California State Board of Health from 1870 to 1876, in which year he died. He was also president of the Medical Society of the State of California in 1870, taking a leading part in its reorganization at that time. He was president of the American Medical Association in 1874.

"NATIONAL HEALTH COUNCIL"

At the meeting of the American Medical Association in San Francisco, held in 1871, Doctor Logan submitted a resolution that provided for the organization of a "National Health Council," such council to be composed of one physician from every state in the Union. The resolution, which was adopted unanimously, reads as follows:

> Whereas, The science of hygiene and its corollary preventive, or state medicine, are subjects eminently congenial with the purposes of this Association, inasmuch as they have for their objects the preservation of human life and the removal of those causes of disease and death, which it is in the power of legislation to ameliorate, if not eradicate; and, whereas, the great fundamental idea that was made the prominent element for medical association, and that led eventually to our national organization, was a higher standard of medical education; and, whereas, the present system adopted by our colleges provides more and more satisfactorily for the thorough qualification of the graduate, as regards the principles and practice of his art, but does not provide at all adequately for the special study and cultivation of questions of state medicine; therefore, be it
>
> *Resolved*, That this Association recommends a distinct and separate chair of hygiene, independent of physiology, to be established in all our medical schools, and constituted a requisite curriculum preliminary to that diploma which confers one of the highest honors of the profession;
>
> *Resolved*, That the inauguration of the enlarged philanthropic policy of state medicine in Massachusetts and California[†] is worthy of our special approbation and commends itself to other states for imitation; and, therefore, the president of this Association is hereby authorized to nominate at this session a committee, consisting of one physician from each state in the Union, to memorialize the legislatures of all the other states to follow the example of one of the oldest, most enlightened, and conservative, as well as one of the youngest, most progressive and enterprising members of our glorious confederacy, who have led off in the right way, and at the right time, for the prevention of disease, and the correction of those multitudinous agencies, whether physical, whether moral, whether born of earth, of air, or of society, which are either openly or insidiously degenerating the human race;
>
> *Resolved*, That this Association further recommends that initiative steps be taken, as soon as six states shall engraft state medicine upon their statute books, for the formation of a "National Health Council," whose objects shall be the prosecution of the comparative study of international hygienic statistics, and the diffusion and utilizing of sanitary knowledge; and that said Council shall be aided and assisted by this Association in using whatever influence may legitimately lie in their power with foreign states, as well as with the medical profession and people generally, in securing coöperation in the ends and objects of public hygiene;
>
> *Resolved*, That said National Health Council, although thus organized as a branch *per se*, shall be auxiliary to this Association, and shall constitute a special section on hygiene, to which all questions germane to this department of medicine shall be referred. "Only," to use the language of the great Virchow, "by thus working harmoniously together, by thus mutually enlightening each other, will the state gain an organ to which may be safely entrusted the solution of the great question of our time, viz.: bodily and mental health, and development of future generations."

REPORT TO THE AMERICAN MEDICAL ASSOCIATION IN 1872

At the meeting of the American Medical Association, held at Philadelphia in 1872, Doctor Logan, as chairman of the Committee on a National Health Council, reported as follows:

REPORT

"The Chairman of the Committee on 'A National Health Council,' in conformity with certain resolutions adopted at the last meeting of the Association, respectfully reports:

"That the initiative was taken by first transmitting a circular to each of the thirty members of the committee, representing as many states, informing them of their appointment, and of its nature. Upon the receipt of a favorable response from most of the committee, a form of a memorial was prepared, printed, and mailed to each, with a view of bringing about a concerted movement in every state in regard to such legislative action as the subject seemed to require.

"While your committee are not yet able to give any definite results of their action, still we report progress, and can confidently state that, although the requisite number of states have not yet conformed to the resolutions we were appointed to carry out, nevertheless a general interest has been awakened throughout the length and breadth of our common country in the great questions therein involved. To no better evidence in proof of this assertion can we point than to the recent message of the Governor of this great state wherein we are now assembled—the 'keystone' in the sublime arch, crowning the unity alike of our Republic and of American Medicine. In the broad, statesmanlike views therein enunciated, the immense power for good is clearly recognized which resides in the state and which can only be exercised by the state in promoting those healthful influences and bringing into play all those forces of sanitary science which are capable of counteracting the evils which civilization brings in its train. For while private enterprise is hastening after the acquisition of wealth, and applying all the resources of science in its production, so also should recourse be had to science by the state for protection against the evils which the hurtful, because selfish, spirit of enterprise is continually engendering. And so clearly defined are now the methods by which these conditions can be fulfilled, that we may safely measure the real rank which a state holds in the scale of civilization by the attention it bestows on public hygiene.

---

[*] Director, California State Board of Public Health.

[†] Massachusetts and California were the first two states in the Union to establish State Departments of Public Health. We reprint here a footnote from the August, 1939, issue of California and Western Medicine (page 77):

"The California State Board of Health came into existence in 1870, largely through the efforts of the medical profession, under the inspiring leadership of Dr. Thomas M. Logan, a South Carolinian who settled in Sacramento in August of 1850. In that same year, Doctor Logan, with Dr. E. S. Cooper of San Francisco, issued the call for the organization of a State Medical Society, and in 1870 he was instrumental in its reorganization. Doctor Logan was then president of the Medical Society of the State of California in 1870, and at the same time he was also secretary of the newly organized California State Board of Health. It is evident, therefore, that the initial public health efforts in California were, from the beginning, interwoven with those of organized and scientific medicine."

"It would be out of place, neither is it conceived necessary for your committee at this time to reinforce the enlightened representatives of our profession here assembled with reasons beyond those with which they are all already familiar for more active endeavors in the sanative field of science. The facts and deductions that from year to year have been so ably and so clearly pressed upon your attention by means of the able reports on medical topography and vital statistics recorded in our transactions, point unmistakably to the close relationship between rational medicine and sanitary science. They illustrate, either by figures or facts, the sad ravages from premature death upon whole communities by preventable diseases—the result of nonconformity to the laws of hygiene. They show that the diseases bred of malaria are rife among us. They point to the pallid, tuberculous artisans of our overgrown cities; to their slaughtered infants; and to the unhappy fallen women, and the demons of debauchery, who meet us at every turn.

"Now, no amount of individual effort or of medical skill can do what is wanted in the premises. Earnest, combined action, not only in, but out of the profession also, is what is wanted to secure to the great masses of the people the first conditions of a sound sanitary state; to arrest the propagation of infectious disorders; to prevent overcrowding in dwelling houses, and overtasking in schools and manufactories; to furnish an adequate supply of fresh air and potable water, and otherwise to provide against the new dangers to health and to life which the progress of population, consequent upon the increase of wealth, is continually introducing. Without extrinsic aid, however, it is believed that we can effect comparatively but little. The influence and moral power even of medical men are limited, and it is in fact impossible for those in large practice, with all the anxieties which such practice necessarily entails, to give to questions of a public nature the time and consideration their importance demands. What seems to be required, therefore, to meet the necessities of the case, is a thoroughly well-organized department of health, connected with the Government, under the surveillance of this Association, and charged with the duty of superintending a sanitary system, to which our Municipal and State Boards of Health shall be subsidiary, just as our county and state societies are to this organization.

"Through the instrumentality of such State Boards of Health as now inaugurated in Massachusetts, California, Minnesota, and Virginia, a body of medical men will be provided who will thus be enabled to withdraw from the engrossing demands of private practice, and to devote themselves to the special study of sanitary questions; and in order to secure a constant supply of competent physicians to this end, there should be instituted in our medical schools full and complete courses of instruction in state medicine.

"As the phrase 'state medicine' is perhaps imperfectly understood by many of the profession, and is absolutely new to the general public, we would here, parenthetically, to give an idea of what it is, quote the list of subjects which have been suggested as properly appertaining to it by a committee of the General Medical Council of Great Britain. They are: Forensic Medicine, Toxicology, Morbid Anatomy, Psychological Medicine, Laws of Evidence, Preventive Medicine, Vital and Sanitary Statistics, Medical Topography, and certain portions of Engineering Science and Practice. In short, as a member of the committee well expresses it, state medicine consists in the application of medical knowledge and skill to the benefit of communities; which is obviously a very different thing from their application to the benefit of individuals in private or curative medicine.

"The course of lectures to which we have just referred might be open for the instruction of the public generally, and particularly school teachers, trained nurses, and sanitary inspectors. This proposition can the more easily be acted upon because our knowledge of the whole subject is now not only sufficiently advanced and possessed of scientific accuracy, but is also of a character that lends itself with peculiar facility to popular exposition. One great difficulty which officers of health experience everywhere, is, that they rarely obtain official information of epidemic disease, even in their own districts, until they see deaths registered against it, when it is obviously too late to adopt measures for prevention. Now, if the intelligent coöperation of the laity was secured, not only would the obstructive effects of present ignorance and apathy, to a great extent, be got over, but, by wise and active combination, we would be enabled to crush out, in their very incipiency, those fearful infections which become almost uncontrollable if not checked in their onset. There is no longer any doubt but that, whatever may be the vagueness of our conjectures or the strife of our controversies respecting the real nature of contagion, of air poisons, or of marsh miasm—be they organic germs, capable of indefinite multiplication or proliferation, when once imbedded in an appropriate nidus, or be they new combinations of proximate principles generated out of death, decay, and disintegration—sanitary science has, either by making their habitats untenantable and incapable of maintaining their noxious life, or by chemically decomposing them as morbific matter, in many instances disarmed them of their terrors.

"Typhoid fever offers, perhaps, the most striking illustration of this position. Not only is the law of its propagation perfectly understood, but the excreta by which almost exclusively its deadly germs are sown throughout society, are, on their issue from the body, entirely within our control. To disinfect these excreta has been found almost infallibly to prevent the fever from spreading. The same may be said in regard to Asiatic cholera. The subtle and volatile poison of scarlatina is disarmed of its virulence, by guarding against its desquamative scales during convalescence. The limitation of diphtheria, by precautions of a similar nature, in well-ordered households at any rate, is a matter of the greatest certainty.

"Diffuse the discovery of the means of protection against these and many other diseases which have been perfected under the vigilant outlook and investigation of combined chemical and microscopic detectives; extend what has been successfully applied to circumscribed communities to states and to nations; let facilities for concerted action be established internationally through the instrumentality of governments, and the people will no more be decimated by those pandemic waves which have so often swept with cumulative impetuosity over the face of the earth. Utopian as the idea may at first sight appear, of stamping out the great antisanitary evils which beget disease, still, it would be taking a very limited view of the power of the human mind, and argue a strange obliquity of vision as to the lessons its triumphs in other fields are every day teaching us, to doubt our ultimate ability to do so. 'That man, who is rapidly subduing all the most titanic forces of the universe to his commonest uses, should always remain at the mercy of these ignoble things, is an antithesis too extreme to be permanent.' The Government of the United States has already done something in the direction toward which these suggestions tend by the establishment of a bureau connected with the War Department, which makes constant synopses of the weather, storm currents, and other meteorological phenomena occurring in some of the most prominent parts of the Union. Let the operations of the 'Signal Service' be so extended as to reach the remotest expansions of the Republic; and while there shall be sent from the capital of every state and territory full telegrams of the daily travail of nature in all her parts to the federal head, let the respondent wire report back simultaneously everything of scientific interest to the physician as well as to the physicist.

"The important results that will follow when this labor of devotion to science shall be taken up and carried out from America to Europe, and the two continents made to exchange their daily records of disease and weather reciprocally, may be imagined, but cannot be conceived in their illimitable applications. Not only will storm currents be indicated hours, if not days, in advance of their actual presence, but all the meteoric and other phenomena attendant upon the appearance of diseases will be noted and heralded, so that the progress of the latter may be combated in their small beginnings before they gain a foothold in the land; and thus, while from the concomitant observations of an expanded horizon the origin and advance of epidemics will be made more apparent than they now are, so will their latent relationship to some great cosmic or telluric laws be probably discovered.

"It is peculiarly fitting for us who glory in the fame of our Franklin and our Morse; it is due to our own share, as Americans, in that fame, and to our own interests in the great results to the world of their grand inventions, that we should be the first to establish such systems of intercommunication as they have rendered practicable among ourselves and among the nations of the world as will lead to a strictly correlative achievement in putting the plagues of nature under our feet by the subjection we possess of the powers of nature to our will.

"In conclusion, your committee respectfully ask to be continued, and to constitute a special section on 'State Medicine and Public Hygiene,' to which all subjects cognate thereto may be referred. Also, that they be empowered to take such action, in connection with the authorities at Washington, as in their judgment may be deemed expedient in carrying out the objects of the resolutions."

LEADS TO ORGANIZATION OF AMERICAN PUBLIC HEALTH ASSOCIATION

By 1873, Doctor Logan reported that professional interest in the organization of such a council had increased to a marked degree. He also indicated that the organization of the American Public Health Association in that year came about as a result of the general awakening throughout the United States in the proposal to organize a "National Health Council." In the Forty-Second Congress (third session, December 13, 1872), a bill to establish a Bureau of Sanitary Science in the Department of Education was introduced.

BUREAU OF SANITARY SCIENCE

The text of the bill was as follows:

"Be it enacted by the Senate and House of Representatives of the United States of America, in Congress assembled, that there shall be established at the seat of government of the United States, and attached to and under the direction of the Department of the Interior a bureau, to be denominated a 'National Sanitary Bureau,' the general design and duties of which shall be to acquire and diffuse among the people of the United States useful information on subjects connected with the preservation of the public health, and to aid in the establishment and management of efficient sanitary and quarantine systems and regulations throughout the several states and territories of the United States.

"Sec. 2. That there shall be appointed by the President of the United States, by and with the advice and consent of the Senate, an officer, to be known as the Commissioner of the National Sanitary Bureau, who shall be the chief executive officer of said bureau, and who shall receive for his compensation a salary of ——— dollars per annum.

"Sec. 3. That it shall be the duty of the Commissioner of the National Sanitary Bureau to acquire and preserve in his Bureau all information which he can obtain by means of books and correspondence, and by practical and scientific experiments (accurate records of which experiments shall be kept in his office), by the collection of statistics, and by every other means in his power, concerning the following subjects:

"Medical geography, including climates, marine or littoral, upland or inland, mountain; their diseases, including thoracic and glandular zone, intermittent zone, gastric zone; hydrology, including saline, alkaline, chalybeate, hot springs.

"Diseases of animals and cereals, including cattle plague, rot in sheep, cerebrospinal meningitis in horses, rust in wheat, potato rot, rye and corn fungi, with soil analysis.

"Diseases of artisans from indoor confinement, overcrowding, and absence of sunlight; from contaminated atmosphere by mechanical impurities (cotton, wool, dust, and so forth); from chemical impurities (mechanical vapors, arsenic, phosphorus, lead, and various pigments); and diseases of other callings and professions.

"Certain zymotic diseases, including typhus, scarlatina, rubeola, their causes and prophylaxis.

"Smallpox, cholera, yellow fever, including causes, prophylaxis, or modification; investigations of all questions bearing upon vaccination as a preventive or modifier of smallpox; the adoption of suitable means of procuring, preserving, and distributing to physicians and public institutions, free of charge, vaccine matter of unquestioned purity; the investigation of cholera and yellow fever, their causes and prevention; and the collecting, digesting, and distributing of information on these subjects.

"The registration of mortuary statistics, including color, sex, race, and so forth.

"The causes of disease, including the nature of disease germs, aerial, animal, and contagious.

"The best means of preventing the ingress of foreign epidemics, and of extending aid to state quarantines.

"The proper sanitary condition of various modes of public conveyance on land and water.

"Sewerage, and nuisances in general.

"Proper sanitary regulations as to the transportation of persons afflicted with contagious diseases.

"The sanitary condition of public schools, hospitals, charities, manufactories, and so forth; and proper regulations for the preservation of health therein, including hours of study in proportion to age, air space, ventilation, heat, light, vaccination, and so forth.

"Unwholesome food and drink, with the means of preventing and correcting the use of the same.

"Chemistry, microscopy, mechanics, in their relations to various subjects of investigation.

"The collection of a library for said Bureau to consist of standard works on all subjects of public hygiene; reports of boards of health, superintendents of quarantine, public officers, and others, on sanitary matters, pamphlets, essays, original papers, and so forth.*

"Sec. 4. That it shall be the further duty of the Commissioner of the National Sanitary Bureau to make annually a general report, in writing, of his acts, to the President and to Congress, in which he may recommend the publication of papers, part of, or accompanying his report; to make special reports on particular subjects whenever required to do so by the President or either House of Congress, or when he thinks the public necessity demands it; to direct and superintend the expenditure of all moneys appropriated by Congress for the support of said Bureau, and render full and accurate reports thereof; and the said Commissioner may send and receive through the mails, free of charge, all communications and other matter pertaining to the business of his office, not exceeding in weight 32 ounces.

"Sec. 5. That there shall be appointed for duty in said National Sanitary Bureau, whatever additional officers are required, including a chief clerk, chemists, experts, and so forth, whose salaries shall be ———, and who shall, together with the Commissioner, give bonds for the faithful performance of their duties."

SECRETARY OF PUBLIC HEALTH IN PRESIDENT'S CABINET

While this measure failed of passage, it was productive of widespread interest in organized public health. In commenting on the legislation, Doctor Logan said:

"Instead of being a mere adjunct to the Department of the Interior, there seems no good reason why such a bureau should not, before long, be erected into an independent department, second in its influence and importance to none other. *Let us have a Secretary of Public Health, as well as a Secretary of War.* The achievement of this great national undertaking, as of every other great and good work among men, can only be effected by time and patience, by rational inquiry, and enlightened perseverance. Until this is accomplished, each state must form a plan for the gathering of its own vital statistics, suited to its own circumstances, and must use for this purpose the means it may possess, and the machinery already in operation."

---

* In connection with the above, read functions of the California State Board of Public Health in the year 1940 (CALIFORNIA AND WESTERN MEDICINE, December, 1939, on page 399). Also, in this issue, an article on Benjamin Franklin Keene, on Page 27.

State Office Building, McAllister and Larkin streets.

ALCOHOL TOLERANCE: ITS IMPORTANCE IN RELATION TO CHEMICAL TESTS FOR DRUNKENNESS*

By Henry W. Newman, M. D.
San Francisco

THERE are few subjects of medical research more difficult to approach without prejudice than the problem of alcohol. That the excessive use of alcohol beverages is harmful, both physically and mentally, is undisputed. Among intelligent individuals, at least, the controversy is concerned with what constitutes "excessive" drinking. In our present civilization other factors than the toxic action of the drug on the human organism must be considered, particularly when the drinker is in control of a potentially lethal mechanism such as the modern automobile. It is this aspect of the alcohol problem that is dealt with in this paper.

In the past ten or fifteen years increasing stress has been laid on the chemical diagnosis of drunkenness, notably when suspicion of such exists in traffic accidents. In order to appreciate just what information can be obtained from such tests, and how much weight may be placed upon them as evidence in such cases, it is helpful to review certain aspects of our knowledge of the metabolism of alcohol, and its effect on the nervous system.

ALCOHOL ABSORPTION

Alcohol is rapidly absorbed from the gastrointestinal tract. It is one of the relatively few substances absorbed directly from the stomach, but by far the greatest absorption takes place in the upper portion of the small intestine. The presence of food in the stomach, particularly protein, retards absorption. High concentrations of alcohol are more slowly absorbed than are more dilute beverages.[1] Thus, we should expect a higher blood-alcohol concentration in a subject drinking a given amount of alcohol, as a 10 per cent solution on an empty stomach, than would be achieved by the same subject drinking an equal quantity of alcohol, as straight whisky after a heavy dinner. From this we see that the amount of alcohol imbibed is not in itself a good indication of the degree of intoxication.

ABSORPTION RATE

After absorption, about 95 per cent of the alcohol is metabolized in the body, being burned ultimately to carbon dioxid and water. It thus can serve as a source of energy for the bodily requirements, and is capable of supplying a considerable percentage of the basal metabolic requirements. Approximately 5 per cent is excreted, about equal amounts being eliminated in the urine and the expired air. The remarkable thing about the metabolism of alcohol is that it proceeds at a practically constant rate, irrespective of the amount in the body.[2] That is, the same length of time is required to burn an ounce of alcohol in the body whether one ounce or ten ounces have been absorbed; so that if we plot a curve of blood-alcohol concentration after a single dose of alcohol against time, it has the form of a straight line. This is important, for it means that from one blood-alcohol determination taken some time after an accident the blood-alcohol concentration at the time of the accident may be approximated. There is no good explanation why alcohol should behave in this manner. It is well established, however, that at least the first of the chain of events in the combustion of alcohol takes place in the liver, as has been shown by Lundsgaard[3] in perfusion of isolated organs. He found that no alcohol disappeared from the perfusion fluid when muscle, such as a hind-limb preparation, was perfused, but that when liver was perfused the disappearance of alcohol was at a rate somewhat over half that which would be expected in the intact animal, a percentage about what would be expected because of the lessened metabolic activity of the liver under the artificial conditions prevailing in any perfusion set-up. The amount of oxygen consumed was not enough, however, to completely oxidize the alcohol, from which he concluded that the intermediary products of alcohol metabolism probably are further oxidized elsewhere. We have been able to confirm this work.

There are very few ways in which this constant rate of alcohol metabolism may be influenced. Muscular activity, the temperature of the external environment, metabolic stimulants, such as thyroid extract or dinitrophenol, all are without effect. Nor are diuretics or respiratory stimulants effective in removing an appreciable amount of alcohol from the body. Ingested protein or amino-acids do increase the rate of alcohol metabolism by a small amount, and large doses of insulin are capable of causing an increase of over 40 per cent.[4] Apart from these agents, the disappearance of alcohol from the body proceeds at a constant rate, which varies but little from individual to individual of the same species.

CHEMICAL TESTS OF DRUNKENNESS

The chemical tests of drunkenness consist essentially of the determination of the alcoholic content of some body fluid, or of the expired air, and the computation from this figure of the concentration of alcohol in the body. Since there is a practically fixed relationship between the concen-

---

* From the Department of Medicine, Neuropsychiatric Division, Stanford University School of Medicine, San Francisco.

Read before a joint meeting of the Section on General Medicine and Neuropsychiatry of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

Table 1.—*Arbitrary Scale of Degrees of Drunkenness in Dogs*

1. Slight ataxia on climbing stairs.
2. Gross ataxia on climbing stairs.
3. Slight ataxia on level; cannot climb stairs.
4. Walks briskly, but grossly ataxic.
5. Stands and walks one or two steps.
6. Makes voluntary movements, but cannot stand.
7. No voluntary movements, but lowers head slowly to floor when it is raised.
8. Allows head to flop on floor when it is raised.
9. Corneal reflex absent.

trations in the various fluids and tissues of the body, as well as in the breath, this is a perfectly valid procedure, and the source of the material for the tests may be chosen solely on the grounds of convenience and freedom from chance contamination. Breath and urine immediately recommend themselves on the basis of availability, and can be collected with a minimum of coöperation on the part of the subject. It has been ruled that breath and urine may be obtained without the consent of the subject, and not be considered as making him testify against himself, much as fingerprints may be used as evidence. This is not true of blood or spinal fluid, which cannot be abstracted without the subject's consent. Because of this disadvantage, as well as the necessity of a trained person for obtaining the specimens, blood and spinal fluid are not practical sources of material for routine alcohol determinations. Breath has the disadvantage of variation in alcohol content with the depth of respiration, and possible chance contamination from belching or the presence of recently imbibed alcohol in the mouth. The latter factor also is to be considered when saliva is used as the source of material for analysis. Thus, it is safe to say that urine is the best material, and breath next in line. The actual analysis is quite simple, and can be performed by any reasonably well-trained technician. Most of the methods depend on the distillation of the alcohol into an oxidizing solution, with the subsequent determination, by titration or colorimetry, of the amount of the oxidant used up, and from this the amount of alcohol in the specimen.[5] Thus, it is relatively simple and accurate to determine the amount of alcohol in the urine or breath, and from this to calculate the amount present in the blood, not only at the time of securing the specimen, but at the time of the accident, assuming no alcohol has been taken in the interval. Interfering substances are few. Acetone will react as alcohol in the test, but should not be difficult to rule out chemically or clinically, as it is true of ether.

INTOXICATION FROM THE LEGAL STANDPOINT

We have seen that it is not a difficult matter to determine the concentration of alcohol in a subject's blood, and consequently in his brain. However, in order to apply this as evidence of a definite degree of alcoholic intoxication, we must make the assumption that every individual with the same blood-alcohol concentration will show the same degree of drunkenness. Proof of this thesis has been attempted on a large scale, blood-alcohol concentrations being compared with the appraisal of the degree of drunkenness on the basis of various tests of performance and by clinical observation. It is true that, considered statistically, there is a high degree of correlation between the two methods; but if we are to give chemical evidence of intoxication by itself a legal standing, it must correlate not only statistically, but invariably. The question actually boils down to this: is there enough individual variation in tolerance to alcohol, whether inherent in the individual or acquired through habituation to the drug, to make invalid the evidence obtained from chemical tests? To answer this question we must know the nature and extent of tolerance to alcohol.

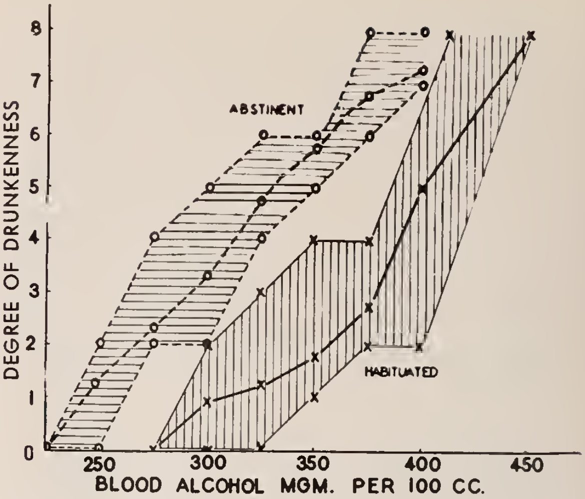


Fig. 1.—Degree of drunkenness in habituated and non-habituated dogs at various levels of blood alcohol. The shaded areas indicate the range, and the lines the average for each group.

AUTHOR'S STUDIES

It is with this problem that we have been working for the past four years.[6, 7, 8, 9] As it is hardly practicable to test the tolerance of human subjects to alcohol before and after habituation, we chose dogs as our subjects. Accepting as an hypothesis that acquired tolerance did occur, we set out to determine the mechanism which might bring it about. A series of dogs was given a test dose of alcohol—first gastrically, and after an interval of a few days, intravenously—to control the factor of absorption, and the blood-alcohol concentration followed at frequent intervals until it fell to zero. We thus had controls on the blood-alcohol concentration following both oral and intravenous administration of alcohol. A period of thirteen months was then allowed to lapse, during which time the animals had as their only supply of fluid a 10 per cent solution of alcohol. They drank, on an average, about seven cubic centimeters of alcohol per kilogram body weight per day, which would be the equivalent of a quart of whisky daily for a man of average weight. At the end of this time the test dose of alcohol was repeated, and the curves of blood-alcohol concentration found to coincide very well with those obtained before habituation. From this data we must conclude that any tolerance developed by the dogs was not due to either decreased absorption or increased rate of metabolism of alcohol.

We then decided to determine if tolerance actually did develop with habituation. To this end, we took a fresh group of animals and subjected them to the test dose of alcohol, and followed not only their blood-alcohol concentration, but also their neuromuscular behavior during the period of intoxication. This we judged in nine degrees, purely arbitrary, as shown in Table 1. As can be seen from Figure 1, there was a certain divergence in the behavior of the individual dogs at the same blood-alcohol levels, indicating some degree of difference in inherent tolerance to alcohol. The period of habituation was then begun. It had previously been noted that the animals, when given free access to the alcohol solution all during the twenty-four hours, soon learned to drink only a little at a time, and so never became very drunk. This we remedied by placing the alcohol solution in the cages for only a short period twice daily, with the result that the dogs became very drunk twice a day, while imbibing almost the same daily dose as the previous group. At the end of ninety-seven days they were subjected to the same procedure after the test dose as before. The rate of alcohol metabolism did not show a significant variation from that shown before habituation, but the degree of drunkenness at a given blood-alcohol level showed a consistent and marked decrease after habituation, as can be seen in Figure 1, in which the heavy line indicates the average degree of drunkenness of the five dogs at the various levels of blood-alcohol, and the shaded area the extent of variation among the different dogs. The lack of overlap of the shaded areas for the abstinent and habituated animals indicates a clear-cut acquired tolerance of all animals. That this tolerance is not permanent was demonstrated by its loss after a period of abstinence of seven months' duration. Thus, we demonstrated that not only do dogs show a variation in tolerance to alcohol from individual to individual, but that this tolerance can be increased by habituation, and again decreases after abstinence. If we can be allowed the privilege of applying these results with dogs to the same problem in man, it is at once apparent that the same blood-alcohol concentration need not indicate the same degree of intoxication in one individual as in another, or even in the same individual should he change his drinking habits.

The importance of these findings in the evaluation of chemical tests for drunkenness is obvious, and makes such, standing alone and without confirmation by clinical observation or performance tests, definitely inconclusive. That the chemical diagnosis of drunkenness is, however, a valuable adjunct to the other tests is equally true.

Department of Medicine.
Stanford University School of Medicine.

REFERENCES

1. Mellanby: Medical Research Council, Special Report Series, No. 31, 1919.

2. Newman and Cutting: J. Pharm. and Exper. Therap., 54:371, 1935.

3. Lundsgaard: Compt. rend. du Lab. Carlsberg, Ser. chim., *22*:333, 1937.

4. Newman and Cutting: J. Clin. Invest., 14:945, 1935.

5. Newman: J. Pharm. and Exper. Therap., 56:278, 1936.

6. Newman and Cutting: J. Pharm. and Exper. Therap., 55:82, 1935.

7. Newman and Cutting: J. Pharm. and Exper. Therap., 57:388, 1936.

8. Newman and Lehman: J. Pharm. and Exper. Therap., 62:301, 1938.

9. Newman and Card: J. Pharm. and Exper. Therap., 59:249, 1937.

ALCOHOLISM: ITS PSYCHIATRIC TREATMENT*

By J. L. Henderson, M. D.
Compton

ALCOHOL is used by almost all races. Every cultural group has its drink or drinks, the essential ingredient of which is alcohol. History indicates this is also true of the past. The intoxication produced, therefore, must be universally pleasing to the drinker. In general, mild intoxication is socially acceptable. It lessens the critical faculties. Speech flows more freely. Self-assertion comes into the foreground. The world becomes more mellow, companions more jovial—a pleasant letdown after the tension and strain of the day. But if the intoxication deepens, the veneer of civilization becomes thinner, and the primitive forces in the personality begin to appear. The drinker then may become obnoxious, except possibly to others likewise inebriated. To certain persons alcoholic intoxication, instead of a pleasant interlude in an otherwise exacting existence, becomes a narcotic necessary to make such existence tolerable. Such dependence upon drinking results in alcoholism, and constitutes the problem with which we are concerned. The extent of this problem varies in different countries, but seems to be more widespread where the cultural requirements are exacting. Thus, it would seem to be an effect of the progress of civilization, dependent upon the inability of certain persons to meet its requirements. Most alcoholics fear their incapacity to meet the essential conditions expected of them, with secondary rebellion against such conditions and against the persons who demand compliance.

RECENT INCREASE OF ALCOHOLISM

As an indication of the recent increase of alcoholism, the statistics of one life insurance company indicate that, in 1932, 11.9 persons of every one hundred applying for life insurance were rejected because of "heavy alcoholic indulgence." In 1936 this figure had increased to 33.7 of every one hundred such persons, an increase of 183 per cent in four years. The Department of Psychiatry of Bellevue Hospital, New York City, treats one thousand alcoholic patients a month; and the director, Dr. Karl Bowman, points out that temporary treatment by fines and jail sentences does not cure this condition. It is impossible to estimate the enormous economic loss involved. But more important, and as impossible to evaluate, is the human misery and suffering brought on the drinker himself, on his family, and his friends. Even more appalling is the deleterious effect upon the personality formation of the children of alcoholic parents.

---

* From the Compton Sanitarium.

Read before a joint meeting of the Section on General Medicine and Neuropsychiatry of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

VARIED ASPECTS

The problem thus presents economic, social and medical aspects. There have been many attempts at its solution, including prohibition. As physicians, our concern is to aid those who come to us as patients seeking help for their alcoholic addiction. Generally the marital partner or a parent, in extremity, seeks our advice or calls on us to help with an alcoholic crisis. Following the crisis, the question arises as to how to keep the patient from drinking again. Can he be cured? Is this our province? Should he be sent to the priest or minister? Or should he be sent to jail or a mental hospital?

MENTAL CHANGES

Excessive use of alcohol may produce mental changes, of which two types may be mentioned: first, an acute delirium; second, various types of chronic organic psychoses. These problems usually fall into the realm of the psychiatrist. The neurologic damage in the first type, with proper treatment, is usually reversible, without mental impairment. In the second type, permanent damage is done, and the treatment problem is largely that of finding an environment in which the patient is most comfortable and most productive. The personality impairment in this type cannot be remedied, since the underlying structural basis has been partially destroyed. Here the treatment applies to the results of alcoholism, usually end-results, and can have no effect on the alcoholism itself. The first step in any therapy is an accurate knowledge of the etiology of the condition to be treated. So we wish to know why the alcoholic is addicted. Physicians have long attempted to understand this problem. But only since psychiatrists, through their studies of personality disorder, have achieved a fair understanding of personality structure has an approach to the problem been opened that holds a promise of consistent benefit. We are, therefore, interested, first, in the personality of the alcoholic.

INITIAL IMPRESSIONS

Our initial impression of the patient is usually an agreeable one. We find, for example, a young or middle-aged man who is friendly and likeable, often with charming manners. He meets you easily and goes out of his way to impress you well. Upon closer acquaintance he is a jolly, hail-fellow-well-met, who is soon calling you by your first name and asking a small loan. He is popular and has many fair-weather friends, some of whom he alienates through his unreliability, his abusiveness when intoxicated, or other ways. At first it may appear he is a "he man," because he can "drink with the boys and raise hell." This is emphasized by a surface appearance of much activity, particularly talking, seldom borne out in accomplishment. When he does attain success, for example, in the closing of a business deal or in receiving a promotion, such may be followed by a spree which puts his position in jeopardy, and so it often seems that he invites failure. His drinking, which may begin with much talking and activity, much boasting, much play for the attention and esteem of his friends, will possibly end with drunken stupor (failure), which places him in a position where he needs care. He takes a drink as a "bracer" for a speech or an importance conference. Later he needs a "lift" to meet the ordinary day's work. These are indications of his inadequacy to meet, first, the unusual, later the ordinary requirements of life. This gives us a hint of the deep-lying, ever-present feeling of inadequacy, so intolerable to him that he has never admitted it even to himself, but has, on the contrary, drowned it with alcohol. He can escape by blaming circumstances or the malevolent attitude of others, and postulating situations more favorable to himself. Thus, he can feel hurt and sorry for himself, and drinks for solace. As he thinks more and more upon the subject, he regards himself as an injured person. He has been slighted. He has not been given help when he needed it. His parents have been too hard on him. If his father had come to his rescue once more, his business venture would not have failed. His wife should not have quarreled with him when he lost his position. She does not understand him. With all the world against him, why should he refrain from drinking? Also, by drinking, he can rebel and defy. He can spend his parents' money and punish them, or spend his own and punish his wife by depriving her. At the same time he spends it on himself, purchasing a world that is uncritical and which gives him attention and esteem (temporarily), and if he wants, he can insult people or he can break up furniture or other property whether it belongs to him or not. And he can end up "dead drunk" so he will need to be cared for. In a way, this seems to be the end he unconsciously wishes to attain, although consciously he appears to fight dependence, by being the opposite, an active outgoing he-man. Perhaps alcohol is a magic which makes these opposite strivings attainable.

LATER REACTIONS

As the alcoholic recovers from his drunkenness, things appear in a different light. Cold reality is again the yardstick and it tells him of the destruction of friendships, of loss of money, of embarrassment to his parents or family, or perhaps their actual deprivation. He is depressed, remorseful, and disgusted with himself. At this stage he goes part way on the road to suicide, as indicated by his remarks: "I ought to have been killed when I wrecked the car," or "If I had a gun I'd shoot myself." Time heals some of this, but part of it remains to be added to previous regrets, making heavier the underlying feeling of inadequacy and failure. This makes the next test situation more terrifying and increases his need for a drink "to steady me," as he may say; and so the vicious cycle turns ever faster. From another point of view his failure and regret constitute, to a certain extent, the punishment which he feels is due him because of his rebellious destructive tendencies, which are freed while he is drinking. The extent to which he realizes he has been rebellious and destructive creates a fear of punishment, and this often adds to the need to drink. But there is another aspect to the problem, and this is probably the most important one. The alcoholic gains his primary pleasure from intoxication rather than from external reality. In this way he enjoys a pseudoprosperity which plays into the hands of self-destruction. The ever-narrowing circle leading to financial, domestic and often mental or physical destruction, has been referred to as chronic suicide.

WHY THE ALCOHOLIC DRINKS

It is now more apparent why the alcoholic drinks: (1) to be a "he man" and compensate for his feeling of inadequacy; (2) to find a way of rebelling and allowing relief of his destructive impulses; and (3) to obtain pleasure. All this, of course, is not recognized by the alcoholic, and he is consciously aware only of an intolerable tension and anxiety. The one relief he knows is through drinking. But why should he have a desire to rebel and destroy, which puts him both in need of and in fear of punishment? Obviously, it is because of a personality defect. It appears that, emotionally, he is a child and reacts to the world as he did to his parents. If he is a child, he will, of course, feel inadequate and inferior. In a man's world he will fail despite his intellectual ability, which is frequently above the average. In so far as he realizes his childishness, he will need to reject and disown it and appear to be a man. He must convince himself and others of this. (Being sensitive on the point, however, help from others becomes meddling, against which he rebels. Situations which require his continued attempt at adult responsibility terrify him. Life becomes a nightmare in which he must destroy or be destroyed.) The key to the entire situation is the cause of his fear and inadequacy, of his remaining emotionally a child. We were all children once and were protected from the cold, indifferent world of reality by the care and affection of our parents. Gradually we learned the world's ways and how best to succeed and to obtain pleasure and satisfaction from the world rather than from our parents. Our growing up consists largely in being weaned from our parents. It is essentially the duty of our parents to "bring us up" and teach us to stand on our own feet successfully and confidently. Since the alcoholic is incapable of doing this, we must look to his parents. The importance of the parental constellation in the character formation of the alcoholic has been recognized only recently, and is still not widely appreciated. Knight, reporting thirty cases, found, with regularity, the father to be aggressive, domineering, and financially successful. Within the home he was cold and indifferent, tended to dominate, and toward his sons he was inconsistently severe or indulgent. The mother was overindulgent and overprotective, granted the child special favors, gave in to his demands and requests, and acted as the child's advocate with the father. Wall, reporting on one hundred male alcoholics, found 37 per cent of the mothers overprotective. Strecker and Chambers state: "It is remarkable how often the emotional immaturity is traced back to parental dominance or spoiling, or both." Durfee, in discussing the parental background, states: "Often will be found a background of overprotection. . . . The fatal combination of mother solicitude and father dominance occurs again and again in the histories of drinkers, resulting in resentment toward the father—and through him toward all authority—or in too strong mother attachment." Chassell cites a case in which the mother was aggressive and possessive, but never firm, and the father kind, but not positive. It cannot yet be said that a certain combination of parental attitudes causes alcoholism in the son, but it does seem that such operates to prevent adequate personality development, creating a neurosis of which alcoholism may be the outstanding symptom. In the growing process, the child's ability to cope with his environment gradually increases. The things required of him by his parents must necessarily be in proportion to his capabilities at the time. If overprotected, his abilities lie dormant and he does not learn how to use them. When thrown into the world he is bewildered and frightened and, naturally, feels inadequate. He reacts as though the world were his parents. He seeks the comfort of his mother and expects severity to change to indulgence, as occurred with his father. When this does not take place he is further bewildered, and then angry, so he has reason to rebel. In alcohol he can find, temporarily, the comfort of his mother and the indulgence of his father, and can rebel against their dominance (mother's overprotection and father's severity) simply by taking a forbidden drink.

DIFFICULTIES IN TREATMENT

The problem then develops into treating, not a man, but a child who, in his struggle to be a man, feels inadequate, bewildered and resentful, and who is still extremely susceptible to the passive pleasures of childhood. Therapy essentially consists in removing the fears and misconceptions that inhibit his emotional growth. The attitude of the patient toward his treatment is much different from that of the patient who is physically ill. The latter recognizes his illness as such, and realizes his need for help. But the alcoholic is somewhat like the child who is terrified by the strange man with the mysterious little black bag and its alien smell. He is suspicious of the friendly smile, for the doctor's medicine may be bitter and also the doctor might cause him pain. So the alcoholic is often suspicious of the psychiatrist, whom he consults usually only after persuasion and threats on the part of his relatives. Consequently, treatment is often rejected. This throws the problem back on the relatives, who may allow him to continue his drinking by giving him "just this one more chance." Or they may take the steps necessary for his detention until treatment can be instituted. Such action by the relatives is often charged with resentment due to hurt family pride, financial loss, or other injury which the alcoholic has inflicted upon them. This makes them susceptible to his protestations and they often remove him against advice, saying, "He has hearned his lesson," or that they "wouldn't feel right unless they gave him another chance." This problem of the relatives is ever present. For example, the woman who has married a drinking man to reform him may become jealous as the treatment progresses. Another wife may begin to realize that if her husband recovers she will no longer be the dominant figure in the household. Parents may become overly optimistic when they find the patient physically improved, and believe him when he tells them he will never drink again. The overprotective mother may become jealous of her son's being weaned from her. Reeducation of the relatives is often an essential part of the treatment. Only then may they understand why treatment is a matter of months.

WHY TREATMENT FOLLOWS

Alcoholics are either forced into treatment or seek help voluntarily. Both groups require restriction from alcohol for several weeks, in some intances under enforced detention. Early treatment consists of overcoming distrust, suspicion and resentment. The attitude of physician and nurses toward the patient is thus one of friendliness. Considerable attention is given him. An effort is made to find the food he likes, the way he likes it prepared, and an active interest is shown in his other wishes. He is indulged, the extent depending upon his needs, but to a degree less than babying him. At the same time all who come in contact with him are trained to refrain from moralizing or implying that he is being condemned or punished. The subject of alcohol or drinking is mentioned only if introduced by the patient, and then its discussion is discouraged. At this stage he frequently makes many demands and requests, much like a child. When possible, they are granted, and thus he is temporarily reassured. Impossible requests are denied him with firmness, but with full explanation for refusal. He will also make attempts to play the physicians against each other, or the nurses against physicians, as he played his parents against each other. Gradually he will perceive an element of firmness in the environment which was absent in his home. In the therapeutic interviews there is no hurry to talk about his problems, and time is spent in visiting and getting acquainted. Often this can be done to advantage on the golf course or in a game of bridge. In such atmosphere suspicion and hostility gradually recede into the background, and soon the patient talks more freely. His review and evaluation of his past strivings and shortcomings effect a gradual realization of hidden inadequacy and fears. He may stiffen his defense against accepting this discovery and take flight again into alcohol, with the effect that his liberties must be revoked. Such sequence of events may be repeated over and over again. As improvement appears he is given every opportunity to engage in productive activities, and his accomplishments are singled out for commendation and praise. During periods of relapse, destructive activities (punching bag, sawing wood, etc.) are of value in draining away feelings of anger, rebellion, and hostility. Such feelings must be brought to the patient's attention, and this is best done in connection with the intimate and complex patient-physician relationship that develops in treatment interviews. In this way he can be brought to recognize these impulses rather than escape from them through drink. In a similar way his feelings of childish dependence are gradually interpreted as he improves and begins to establish his self-confidence. At the same time the physician gradually moves into the background. The matter of alcoholic addiction is minimized to the patient until he has enough grasp of his personality difficulties to understand the position it occupies.

DURATION OF TREATMENT

The duration of treatment, as outlined above, varies from six to twenty-four months, depending upon the degree of character immaturity. For purposes of classification, Knight has divided alcoholics into:

1. The essential and the reactive types. The individuals of the essential type have maladjustments that have been obvious since childhood. They are rarely capable of consistent accomplishment, and usually have not achieved economic independence. They have little regard for reality, and are principally occupied in seeking or demanding pleasure. Alcoholic episodes first occurred in their teens and addiction developed rapidly. They come to treatment only under much pressure and coöperate poorly. They seem to expect the treatment to be a magical process whereby they can be cured quickly without requirement of effort or distress. Upon learning that this is not true, they usually persuade their relatives to remove them, saying they are already cured or that they are not being properly treated. For those who remain, treatment is long and difficult.

2. Individuals of the reactive type show greater achievement, having been quite successful prior to addiction, which occurs in middle life or later. Their drinking is closely related to reality stress, but once it is established it is easier for the individual to dodge his difficult situation by way of alcohol than to reorganize his intellectual and emotional forces in a way necessary to correct it. Once his drinking is established it further damages his reality situation, creating a vicious cycle. Treatment of this group is more hopeful. They are able to coöperate better, sincerely desire help, and, except for interference from relatives, are more likely to finish their treatment, the latter part of which can usually be completed outside of the sanitarium.

In addition, alcohol often appears as an early symptom of the psychoses, either functional or organic, and as a prominent symptom of psychopathic personality. In these conditions alcoholism has not the same significance, and treatment is directed toward the essential underlying disorder.

CALIFORNIA LAWS

Society has recognized the problem of alcohol addiction and, in most States, has provided for treatment in State hospitals. The law of California calls for commitment to a State hospital of any person who is found to be "so far addicted to the intemperate use of stimulants as to have lost the power of self-control, or if subject to dipsomania or inebriety." Such commitment is for a definite period, not to exceed two years, but the person may be paroled by the medical superintendent. The benefit thus derived is due to (1) physical improvement; (2) separation from the environment which has been a factor in the drinking; (3) the bracing effect of discipline and routine; and (4) protection from alcohol over a considerable period of time.

However, the alcoholic's basic difficulty is not alcohol, but emotional immaturity, and treatment, in order to be effective, must be built upon this principle. The growing-up process in the alcoholic is accomplished through the close personal relationship that is established between him and his physician, and the gradual interpretation of this relationship, as it shifts with his various emotional strivings, both positive and negative, and as it changes with his emotional development. To the present time we have found no other way to accomplish this. Present treatment requires much time per patient. Treatment interviews are usually for a period of one hour, three to six times a week. A physician devoting all his time to such treatment can care for from only eight to twelve patients. Since the State hospital physician has charge of from two hundred to four hundred patients, it is obvious he does not have the time necessary to carry out such treatment with more than a few of the alcoholics who are committed.

From a practical point of view the proper treatment of alcoholism is expensive. Consequently, the majority of alcoholics are left without adequate treatment, and the problem as a whole remains relatively unsolved. The problem appears to be increasing, and of its own weight will possibly force some action toward a solution. It appears from the work of Durfee that segregation of alcoholics to a "farm," where they are treated in small groups of ten or twelve, has certain advantages. The disciplinary action of the group is stressed, and it appears to substitute in part for the close personal relationship of physician and patient. If this is true, it would, to that extent, either shorten the treatment or free the physician's time so that he could treat more patients. It is obvious, of course, that prophylaxis is the most desirable and, if possible, would be the most economical and efficient method of dealing with this problem. This, however, would involve the possession of a knowledge of personality structure and development by every parent. There is probably no more complex pattern in the universe, and certainly no one with as many variable possibilities as the human personality. Such knowledge, therefore, cannot be within the grasp of the general public.

For the time being, we must proceed with what methods we have available; and as our knowledge and experience grow, better and perhaps shorter methods of treatment will become apparent. As physicians, we have for centuries dealt with the mild personality pathology which always accompanies physical pathology. The family physician of the past generation endeared himself to his patients through his intuitive understanding and skillful handling of their personality needs during times of distress as well as through his medical therapy. Times change. Our therapy has become more specialized and our knowledge more formalized. Despite this, the human being continues to function as an inseparable unit; and since our task is to correct, alleviate or prevent pathology, the treatment of psychopathology—of which the treatment of alcoholism is a part—becomes the concern of medicine.

Compton Sanitarium.

MALIGNANT MELANOMA: A STATISTICAL AND PATHOLOGICAL REVIEW OF THIRTY-FIVE CASES*

By Laurence R. Taussig, M. D.
and
Frances A. Torrey, M. D.
San Francisco

THIS article is a review of thirty-five cases of malignant melanoma studied in the departments of dermatology and pathology of the University of California Medical School. We have reviewed the case histories statistically, and studied in some detail the histories and histologic picture of those who have survived five years or longer after treatment.

CLASSIFICATION

In the earlier literature and in some of the recent writings, the malignant neoplasms arising from nevus cells were designated as melanosarcoma, melanocarcinoma, etc., or as nevocarcinoma, nevosarcoma, etc. This subdivision is based on purely morphologic grounds, and has no connection with the origin of the cells or their clinical course. It has not been shown that any of these types is more amenable to treatment or less malignant in its course. In most of the recent literature the term "malignant melanoma" or just melanoma has been used for the malignant neoplasms, while the benign pigmented lesions are called benign melanomas or pigmented nevi. The origin of nevus cells is still uncertain in spite of the very considerable amount of research that has been done. The majority of investigators believe, with Masson, that they are mesoblastic in origin, arising from the Schwann cells of the neurolemma. In the wild growth that occurs when malignant changes develop, these cells may differentiate toward epithelial, endothelial or connective tissue cells with varying degrees of pigment formation. Different appearing types of cells may be seen in the original growth, and also in the metastatic lesions. Thus one area may be properly called melanosarcoma while another portion may be melano-endothelioma. The term "malignant melanoma" covers all these

---

* From the Department of Dermatology of the University of California Medical School, San Francisco.

Read before the Section on Dermatology and Syphilology of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

Statistical Analysis of 35 Cases of Malignant Melanoma

Case	*Sex*	*Age*	*Location*	*Duration at Entry*	*Treatment*	*Status*
1. L. A.	F.	24	Right wrist with metastatic nodules on arm	Two years, September, 1934	Excision and x-ray	Dead, March, 1936
2. F. A.	F.	38	Center of chest	One year, May, 1933	Excision and x-ray	Dead, March, 1934
3. W. A.	F.	....	Malar prominence	One year, September, 1933	Desiccation	Well, September, 1938
4. N. B.	M.	52	Under left jaw with metastases	Three years, May, 1935	Radium, x-ray	Dead, 1936
5. M. B.	F.	72	Right cheek	One year, October, 1932	Desiccation, radium, excision	Well, January, 1939
6. C. B.	F.	....	Sclera	Fifteen years, October, 1927	Radium, excision, desiccation	Dead, 1929
7. F. B.	F.	17	Forehead	Years, November, 1931	Desiccation	Unknown
8. R. C.	M.	48	Back with metastases	One year, May, 1938	Excision, x-ray	Dead. November, 1938
9. F. C.	M.	51	Back with metastases	Five years, May, 1934	Excision, x-ray	Living, May, 1938, with metastases
10. C. D.	M.	50	Fourth finger right hand with metastases	Two years, June, 1935	Amputation, x-ray	Dead, December, 1935
11. R. F.	F.	79	Right sole	Five years, June, 1930	Desiccation	Dead. Last seen April, 1935. No recurrence
12. V. G.	F.	61	Left temple	Two months, October, 1938	Desiccation	Well, February, 1939
13. M. H.	F.	42	Left chest with metastases	Seven years, October, 1932	Desiccation	Dead
14. R. J.	M.	40	Shoulder	?, October, 1932	Desiccation, Coffey-Humber	Dead, February, 1934
15. J. K.	M.	38	Multiple nodes	Seven years, February, 1936	X-ray	Unknown
16. M. L.	F.	61	Scalp	Few weeks, August, 1929	Desiccation	Unknown
17. O. M.	M.	33	Breast	?, December, 1930	Excision	Unknown
18. J. M.	M.	86	Right cheek	Three months, June, 1932	Desiccation	Dead
19. D. M.	F.	60	Left wrist	Years, October, 1933	Desiccation	Well, April, 1929
20. H. M.	M.	64	Left thigh, node in femoral region	Five months, May, 1933	Cautery	Dead
21. M. N.	F.	23	Lower leg	Seven months, May, 1935	Desiccation, Coffey-Humber	Living with metastases, April, 1939
22. C. P.	F.	43	Right middle toe	Three months, September, 1937	Desiccation	Well, April, 1939
23. H. P.	F.	29	Left cheek	Three weeks, April, 1931	Desiccation	Well, April, 1939
24. E. R.	M.	5	Right lower leg	Five years, October, 1932	Desiccation	Well, December, 1938
25. J. R.	M.	30	Left ear with metastases	Two years, January, 1937	X-ray	Unknown
26. S. E. S.	F.	83	Left cheek	?, January, 1932	Desiccation	Unknown
27. S. S.	F.	....	Left cheek	Eight years, January, 1933	Desiccation	Well, September, 1938
28. L. S.	M.	66	Right heel with metastases	Six months, June, 1938	None	Hopeless
29. F. S.	M.	69	Face	?, July, 1934	Desiccation	Dead
30. M. V.	F.	74	Left heel	Fifteen years, June, 1936	X-ray	Unknown
31. W. C.	M.	12	Above right popliteal	Two years, March, 1932	Excision	Well, April, 1939
32. J. M.	F.	61	Right cheek	One year, August, 1931	Excision; recurrence excised May, 1937	Well, April, 1939
33. S. N.	M.	59	Left thigh	Four months, August, 1934	Excision	Unknown
34. A. S.	F.	41	Right cheek	Five years, December, 1930	Excision	Unknown
35. S. M.	M.	50	Sclera	Five years, January, 1934	Enunclcation	Dead, April, 1934

Sixteen males; nineteen females. Average age: 48.7 years.
Where number of years are not designated, the information is unknown.

variations in morphology, and is a satisfactory classification for all practical purposes.

CLINICAL FINDINGS

From the clinical standpoint it is to be noted that many malignant melanomas develop from a preexisting pigmented nevus which has been present for many years or since birth. Some of the malignant melanomata arise on apparently normal skin. This may be explained on the basis of the failure of the patient to notice a relatively insignificant pigmented spot or on the presence of a congenital cell rest which remains quiescent until the proper set of circumstances arise to stimulate them to active growth. It should be pointed out here that actual trauma is not always noted, and probably some other factors may start the actual growth. The type of nevus which is most apt to undergo malignant changes is the smooth, flat, blue-black lesion either level with the normal skin or slightly raised. It is doubtful if the warty or hairy nevi ever become malignant.

TREATMENT

The impression that has been given by many authors of the danger of removing the ordinary type of warty or hairy mole by the use of the cautery, superficial electrodesiccation, acid cautery or electrolysis is certainly erroneous. If the smooth, blue-black nevus is to be treated at all, it should be completely excised by wide surgical excision or destroyed by thorough electrodesiccation. If the lesion is located so that it is not exposed to trauma, one may properly elect to let it alone, with the warning to the patient that if at any future time it starts to increase in size, immediate removal is indicated.

COMMENT ON CASES REPORTED

In the accompanying table there is a statistical analysis of the essential available facts in thirty-five cases of malignant melanoma. In every instance the diagnosis was verified by microscopic examination of sections. Of the cases listed, nineteen occurred in females and sixteen in males. The average age at the time of the first visit was 48.7 years. The youngest patient was five years old and the oldest, eighty-six. Twelve of the patients were lost track of, and eleven are known to be dead. Two of the patients are living, but present clinical evidence of metastases. The treatment used in those cases in which it was thought that there was a reasonable chance of cure was either wide surgical excision or electrodesiccation. When the latter was used, the attempt was to destroy tissue well beyond the limits of the growth. X-ray was used as a palliative measure in some of the extensive and hopeless cases or as a prophylactic to neighboring lymph groups. There were no patients in this small series in whom radiation was used alone and, therefore, no interpretation can be made as to its value.

Of the thirty-five cases reviewed, seven patients are known to be alive and well five years or longer after treatment, presenting no evidence of neoplastic disease. While we are aware of the fact that recurrences may yet develop in some of these cases, their outlook is relatively good.

REPORT OF CASES

The following is a brief synopsis of the histories of the apparently cured patients:

Case 3.—W. A., female, in September, 1933, presented a melanoma on the malar prominence, about two centimeters in diameter, growing for the past year. It was destroyed by electrodesiccation. The patient was well in September, 1938.

* * *

Case 5.—M. B., female, 72 years old, in October, 1932, presented a nodular black lesion about 1 by 2 centimeters on the right cheek. The lesion had been growing for about one year. The patient had been treated from time to time for the previous fifteen years for a diffuse mottled pigmentation of the cheek. She had not been seen for the past six years. The lesion was destroyed by electrodesiccation. In March, 1933, a subcutaneous nodule appeared under the scar. Gold seeds of radon were buried in the growth with no benefit. In June, 1933, the mass was excised surgically and was also shown to be a malignant melanoma microscopically. The patient was well in January, 1939.

* * *

Case 19.—D. M., female, 60 years old, in October, 1933, presented a black mole on the back of her left wrist. There was a spreading areola of pigment and it was destroyed by electrodesiccation. The patient was well in April, 1939.

* * *

Case 23.—H. P., female, 29 years old, in April, 1931, presented a pea-sized, hemispherical black nodule over the left zygoma. It had first appeared three weeks previously at the side of a bean-sized area of pigmentation which had been present for many years. It was destroyed by electrodesiccation and the patient was well in April, 1939.

* * *

Case 24.—E. R., male, five years old, in October, 1932, presented a firm purplish lesion about one centimeter in diameter, and slightly raised, on the outer aspect of the right lower leg. It had been present since infancy and was growing slowly. It was treated by electrodesiccation, and the patient was well in December, 1938.

* * *

Case 27.—S. S., female, in January, 1933, presented a blue-black mole on the left cheek, about three-fourths centimeter in diameter and slightly raised, above the level of the skin. It had been growing slowly for the past eight years. A biopsy was done, and the growth was destroyed by electrodesiccation. The patient was well in September, 1938.

* * *

Case 31.—W. C., male, 12 years old, in April, 1932, presented a pigmented area about 1 by 4 centimeters above the right popliteal space. It had been growing since its first appearance two years before. It was excised surgically and prophylactic x-ray was given the right inguinal region. The patient was well in April, 1939.

COMMENT

In the material available, an attempt was made to correlate the microscopic findings with the clinical course. Without going into details, suffice it to say that a careful review of the sections, in consultation with Dr. Charles L. Connor, professor of pathology at the University of California, failed to show any method of predicting the clinical course from the pathologic findings. Malignant melanomas, which presented similar microscopic pictures, in one patient resulted in an early fatal ending, while in another it was apparently cured. The patients who were clinically cured for a reasonable period originally presented localized lesions with no clinical evidence of metastatic growth. All of them were definitely enlarging, some at a relatively rapid rate when first seen. It is notable that the layman has been educated to the possible danger of moles that are growing, and as a result we are seeing more of these cases early in the curable stage.

CONCLUSIONS

1. Malignant melanoma may be cured if it is radically removed early enough in its course.

2. Either radical excision or thorough destruction by electrothermic means are acceptable forms of treatment.

3. The present pathologic criteria are not effective in judging the relative malignancy of an excised melanoma.

384 Post Street.
University of California Hospital.

THE ENDOMETRIUM IN MENSTRUAL DISTURBANCES OF THE CLIMACTERIC*

By Gertrude Flint Jones, M. D.
San Francisco

THE term *climacteric* is used to designate the whole period of change in endocrine balance which takes place at the end of menstrual life. An important event at this time is the *menopause*, or cessation of the menses. This may occur abruptly, or it may be preceded by more or less marked irregularities in the intervals between bleeding episodes, or in the duration and amount of flow. The present study deals with the endometrial changes which occur in association with irregular uterine hemorrhage during the premenopausal period.

CLINICAL MATERIAL FOR THE STUDY

The material for this study was obtained from twenty climacteric clinic patients ranging in age from 38 to 52, with an average of 44½ years. In no case were gross pelvic lesions demonstrable.

A careful record of climacteric symptoms and menstrual or abnormal uterine bleeding was available, and an attempt was made to obtain from one to three endometrial biopsies from each patient. These were secured one to three days before the onset of bleeding, during the course of bleeding or, on three occasions, at the time of an expected flow which did not occur until three or four weeks later.

Among the twenty patients, one had continuous bleeding over a period of four months. The remaining nineteen exhibited periodic bleeding, but presented a wide variation in the length of the interval between bleeding episodes and in the amount and duration of flow. These variations were noted not only in individual patients, but also from period to period in a given patient. In only two instances was there any degree of regularity in the cycle. One of these patients presented herself because of a marked increase in the amount of flow, and the other because of troublesome hot flushes for a few days before each menstrual period.

TABLE I.

ENDOMETRIAL BIOPSY.

Late stage of secretion	4
Early stage of secretion	1
Atypical stage of secretion	1
Stage of proliferation	4
Hyperplasia of endometrium	8
Atrophy of endometrium	2
TOTAL	20

CLASSIFICATION OF BIOPSY SPECIMENS

A classification of the endometrial biopsy specimens is given in Table 1, and it is noted that they fall into four predominant groups: (1) Stage of secretion; (2) stage of proliferation; (3) hyperplasia of the endometrium; and (4) atrophy of the endometrium.

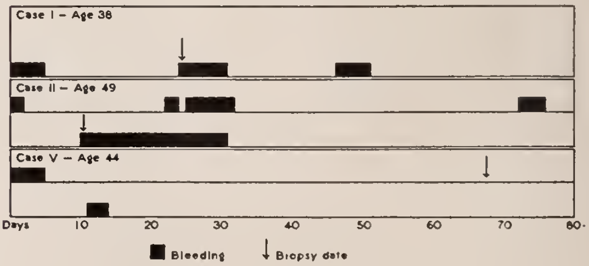
1. *Stage of Secretion.*—In four instances the endometrium presented the appearance of a normal stage of secretion (premenstrual phase), in a fifth the secretory changes were imperfectly developed, and in a sixth the endometrium undoubtedly belonged to this group, but there were a number of atypical features observable in the microscopic sections.

In five of the six patients the biopsy specimen was obtained just before or at the time of a period of bleeding, and it may, therefore, be assumed that ovulatory cycles were present.

Two of the cases presented unusual features (Fig. 1). In the first, there was a twenty-day bleeding episode from a normal stage of secretion. This clinical observation is in keeping with the condition of "irregular shedding of the endometrium," or "prolonged defective desquamation" recently described by Pankow,[1] Traut and Kuder.[2] Its exact significance is not known, but it may represent a local disturbance. At any rate, the abnormal bleeding usually responds readily to a curettage.

In the second, a somewhat atypical stage of secretion was noted in a biopsy specimen obtained on the fifty-seventh day of a ninety-day period of amenorrhea. The endometrium showed an extensive subnuclear vacuolization, with small piknotic

Fig. I – Secretion



Variation in cyclic bleeding from a Secretory Endometrium.

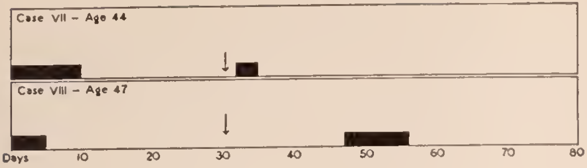
---

* From the Department of Obstetrics and Gynecology, Stanford University School of Medicine.

Read before the Section on Obstetrics and Gynecology of the California Medical Association, at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

A preliminary communication. Author wishes to acknowledge indebtedness to C. F. Fluhman, M. D., for assistance.

Fig 2 - Proliferation



Variation in cyclic bleeding from a Proliferative Endometrium.

↓ Biopsy day.

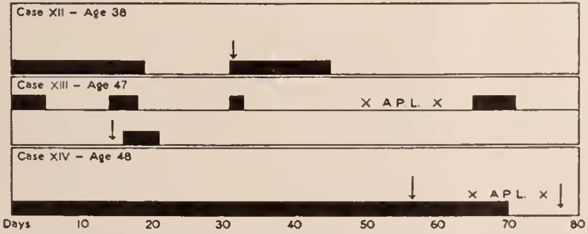
nuclei forced toward the lumina of the glands. Rock and Bartlett[3] cite one case in which a secretory endometrium was found, and later a proliferative phase with no demonstrable bleeding between the time of the biopsies. It is possible that a similar sequence of events occurred in this instance, but unfortunately no information is available as to the endometrium at the time of bleeding which occurred twenty-three days later. However, it is more likely that the corpus luteum persisted in an active stage during this time.

2. *Stage of Proliferation.*—This type of endometrium was observed in four instances. In two cases the bleeding did not occur until seventeen and twenty-eight days later, respectively. The information available, therefore, is of no value in interpreting the character of the cycle, except in so far as it denotes the ovarian process found in oligomenorrhea or infrequent menses (Fig. 2). However, in the other two instances the biopsy specimens were obtained two days before and with the onset of a "menstrual period," respectively, and may be considered as representing an "anovulatory menstruation."

3. *Hyperplasia of the Endometrium.*—It has long been recognized that the abnormal bleeding associated with "metropathia hemorrhagica" (Schroeder[4]) occurs from a type of endometrium known as "hyperplasia endometrii." In this series, as in almost all reports of abnormal uterine hemorrhage in the premenopausal epoch, it was the most frequent diagnosis and occurred in eight of the twenty patients. In one instance the biopsy was obtained during a four months' period of uterine bleeding, but the remainder reflected the endometrial picture in women with cyclic uterine hemorrhage (Fig. 3).

Metropathia hemorrhagica, with its accompanying hyperplasia of the endometrium, is a clinicopathologic entity and results from an ovarian dysfunction.[5] The uterine mucosa is stimulated by the hormone "estrogen" without the influence of the corpus luteum factor. It may be produced in a short time by the effect of large dosages of estrogen, or small ones over a long time. Since the estrogenic factor is so important in these cases, it is especially significant that none of these patients complained of the common climacteric symptom of hot flushes.

Fig 3 - Hyperplasia



Variation in bleeding episodes from an Hyperplasia of the Endometrium.

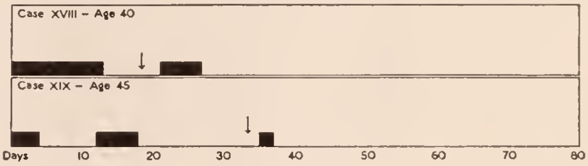
↓ Biopsy day.

4. *Atrophy of the Endometrium.*—The fourth group is represented by two patients in whom the endometrium, at about the time of uterine bleeding, showed various degrees of atrophy (Fig. 4).

COMMENT

The small number of cases on which this study is based does not allow final deductions. It must be remembered, also, that the patients do not represent normal individuals, but a group who applied for treatment because of an abnormality, usually a disturbance in their menstrual experience. Nevertheless, certain observations point to a few important deviations from the normal menstrual cycle, which demand further investigation.

Fig. 4 - Atrophy



Variation in cyclic bleeding from an Atrophic Endometrium.

↓ Biopsy day.

It has been stated by recent writers,[6,7] that periodic uterine hemorrhage may occur from any histologic type of endometrium. The findings of this study support this assumption as applicable to the irregular periodic uterine bleeding of the premenopausal epoch. In addition, it is important to note that only five out of the seventeen patients in this group had cyclic hemorrhage following ovulation, such as occurs in the normal menstrual cycle. It appears, therefore, that with failing ovarian function bleeding may occur periodically, irrespective of ovulation.

Conversely, it may be stated that during the premenopause the menstrual disturbance *per se* is no index of the endometrial picture. This must not be construed as decrying the employment of uterine biopsies. The danger of carcinoma is always present, and all patients with abnormal uterine bleeding demand a thorough investigation.

The fact that none of the eight patients with hyperplasia of the endometrium complained of the vasomotor disturbance of the climacteric is of great interest. Such symptoms always have been attributed to an absence of ovarian function, while hyperplasia is due to the action of the estrogenic hormone. The two observations are thus perfectly in keeping and, from a practical standpoint, again point to the error of treating uterine bleeding with estrogenic hormone preparations.

CONCLUSIONS

1. Failing ovarian function is profoundly reflected in the endometrium during the premeno-

pausal period. Cyclic bleeding following normal ovulation was observed only in five out of seventeen cases. In other instances the bleeding occurred from an endometrium corresponding histologically to the stage of proliferation, atrophy, or hyperplasia.

2. The abnormal menstrual bleeding at this time is no index to the underlying endometrial picture.

3. Hyperplasia of the endometrium was the most frequent finding and occurred in eight of the twenty cases studied. None of these patients complained of climacteric vasomotor symptoms.

490 Post Street.

REFERENCES

1. Pankow, O.: Monatschr. f. Geburtsh. u. Gynak., 67:71, 1924.

2. Traut, H. F., Kuder, A.: Surg. Gynec. and Obst., 61:145, 1935.

3. Rock, J., Bartlett, M. K.: J. A. M. A., 108:2022, 1937.

4. Schroeder, R.: Arch. f. Gynak., 90:632, 1919.

5. Fluhmann, C. F.: Surg. Gynec. and Obst., 52:1051, 1931.

6. Taylor, H. C., Millen, R.: Am. J. Obst. and Gynec., 36:22, 1938.

7. Israel, S. L., Mazer, C.: *Ibid.*, 36:445, 1938.

SPINAL ANESTHESIA*

By Leo L. Stanley, M. D.
San Quentin

At the California State Prison at San Quentin, in the inclusive period 1913 to 1938, during which period approximately 38,000 men entered the institution, 4,892 general anesthetics were given; 200 of which were with the inhalants, and 4,674 with spinal anesthesia.

The use of the spinal form of anesthesia was more or less forced upon the Medical Department. In 1913 I was appointed chief surgeon of the California Prison. At that time there was a population of about 1,900 men. No provision had been made for a "free" assistant and, as I was the only doctor on the staff, I had to use one of the prisoners to give ether anesthesia whenever major surgery was required. This prisoner was a dipsomaniac. Following an operation he would purloin whatever alcohol might be left unguarded and would become intoxicated. Because of this it was necessary to discharge him from this duty. It then devolved upon me to not only give the anesthetic, but to do the operating. Spinal anesthesia offered a solution for this situation. As a result, spinal anesthesia has been used almost entirely for all operations below the nipple line at this prison during the past twenty-five years.

The summary does not include over 150 operations performed in the hospital on free people living outside the prison.

For the March, 1915, issue of the *California State Journal of Medicine* I wrote a paper on spinal anesthesia, based on 150 operations. In reviewing this article, one cannot but be impressed by the similarity in technique and results of twenty-five years ago and those found valuable at the present time.

Summary of Operations, 1913-1938

Operations on lower extremities		531
Operations on abdomen:		
Appendectomies	615	
Cholecystectomies	49	
Gastroenterostomies	115	
Herniotomies	1,100	
Miscellaneous	40	
		1,919
Operations on anus		921
Genito-urinary operations and examinations		893
Miscellaneous operations		410
Total		4,674

ANESTHETIC AGENTS

In the early years tropococain was used, but during the World War this could not be obtained and novocain or procain was substituted, and has been used continuously since.

The procain ampoules are prepared in our own laboratory. Two grains of the powdered drug are placed in the bottom of a long-size dram vial. The top is sealed over with a Bunsen burner. The ampoules are then sterilized in the autoclave.

PREOPERATIVE TREATMENT

The patient is not given any elaborate preoperative medication or sedation. Three-quarters grain of ephedrin is administered fifteen minutes before the time of the operation. The purpose of this is to keep up the blood pressure, which ordinarily falls with spinal anesthesia. Seldom is a sedative given, for it has been found that the patient frequently does better without one. But in nervous patients barbiturates are used. Very little morphin is given in prison. It is used to a minimum, both preoperatively and postoperatively. Nor do the patients often suffer from gas pains after the operation. It is not known whether this is due to the spinal anesthesia or the paucity of morphin.

INJECTION PROCEDURE

The patient is placed on the operating table in the operating room on his left side. An attendant brings the head to the knees, thus bowing the back outwardly. The back is painted with iodin or merthiolate and draped. A spinal needle is inserted in the space between the first and second lumbar spines. It is inserted directly inward, at a right angle to all surfaces.

In inserting the needle it is found best to grasp the needle near its point, with the butt-end of the needle in the palm. In this way the needle may be pushed through the skin without danger of bending or breaking.

The skin is not infiltrated with any anesthetic. The needle enters the dura with a distinct sensation transmitted to the hand of the operator.

On withdrawing the stylet, fluid emerges. A five cubic centimeter Luer syringe is attached, and about three or four cubic centimeters of fluid are removed. A small vial of the fluid is collected for serologic examination.

In the meantime, the ampoule is opened and the fluid in the syringe is mixed with the crystals until solution is reached. The syringe is again attached to the needle and, after withdrawing a few drops more of spinal fluid to insure that no air will be put into the canal, the procain solution is injected.

---

* Read before the Section on Anesthesiology of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

The patient is immediately placed in a Trendelenburg position. By the time the abdomen is draped the sensation of pain is gone and the operation may be started. Pain sense may, however, be determined by pinching the skin with tissue forceps.

The procain solution is heavier than the spinal fluid and gravitates toward the head, with the head lowered.

As soon as the field of operation is sufficiently desensitized, the table is leveled and the operation may begin. A screen is placed before the eyes of the patient. One assistant is assigned to taking blood pressure at five-minute intervals and to observing the patient. The patient, himself, may converse, and ordinarily has little or any uncomfortable sensation.

COMMENT

The attendant serves a good purpose by talking to the patient and diverting his mind from the operation. However, in many cases the patient will sleep, especially if a cold towel is placed over his eyes.

In operating, it is found that the abdominal wall is greatly relaxed. It is not necessary to pull and tug with retractors and to pack off the intestines with many surgical towels. Because of the relaxed belly wall, the operations may be done in very much less time.

Sewing up is quite simple, because there is no expulsion of intestines into the wound. Cholecystectomies, gastro-enterostomies, and other upper abdominal surgery, are done with a minimum of effort and inconvenience to both operator and patient.

On occasions, in handling the stomach the patient may become nauseated, and in gall-bladder conditions pain may be referred to the cardiac region and also to the shoulder, but this soon passes away.

With procain the anesthesia lasts from one to two hours. This is long enough to perform almost any operation, especially when all tissues are relaxed and easily handled.

Following the operation the patient is returned to his room and may then be given veronal or some other sedative in case the pain should early return.

In operations which do not involve the viscera, such as amputations and hernias, the patient may take fluid by mouth soon after the operation, and his diet need not be greatly restricted. In this way convalescence is hastened. Seldom is there headache. This is probably due to the fact that great care is taken not to introduce any air into the spinal canal. Ordinarily the morning following the operation the patient is alert, cheerful, smiling, and feels fairly well.

In our experience there is no maximum age limit. Old people tolerate spinal anesthesia better than they tolerate the inhalants. It is felt best not to administer spinal anesthesia to children, although it has been done without untoward results.

Ordinarily cardiac disease is not a deterrent to the use of spinal anesthesia. Blood pressure is reduced, and the patient is quiet and does not struggle as he might in taking ether.

In our twenty-five-year experience in administering spinal anesthesia to approximately five thousand patients, there have been only three deaths. Two of these were, in fact, hopeless cases. One was almost exsanguinated by a stab wound in the stomach and the other was a bleeding carcinoma of the kidney. The third one died through mistaken dosage of six grains of a new preparation recommended by the detail man. It is felt that spinal anesthesia should not be given to patients in whom there is great shock, as in the two instances cited above.

Two women, to whom the usual amount of spinal anesthesia had been given, stopped breathing within five minutes after the administration. With both of these women it was necessary to keep up artificial respiration for, respectively, an hour and an hour and a half before they began to breathe voluntarily. These experiences are rather nerve-wracking to the surgeon, but teach that one should persevere with the artificial respiration. Evidently the respiratory center was temporarily paralyzed, but resumed function when the procain became ineffective.

The dosage for appendectomies, hernias, and other operations below the waist line is generally two grains of procain. Upper abdominal procedures require four grains.

Only occasionally is spinal anesthesia ineffective. This is probably due to the fact that procain does not get into the spinal canal, though it may seem to have done so. There is no objection to giving the patient a second injection if the first is not satisfactory. Usually the second will be effective. There is no objection to giving a patient several spinal anesthesias at intervals of days or weeks if an anesthetic is required.

In our experience there have been very few complications—only a few headaches, and occasional gas pains; no ocular paralysis, no retention of urine, and comparatively few lung involvements.

It is the opinion of the surgical staff—judging from a twenty-five-year experience—that spinal anesthesia in the majority of cases is preferable to that of inhalants.

California State Prison, San Quentin.

REFRIGERATED CARTILAGE ISOGRAFTS

THEIR SOURCE, STORAGE, AND USE

By Gerald Brown O'Connor, M. D.
San Francisco

In reconstruction surgery there is a constant demand for an all-purpose supportive and defect-filling material. This material should simulate, when feasible, the tissue for which it is substituting as to supportive function and its ability to correct contour defects, and, when possible, its histologic pattern. The graft substance must be innocuous to adjacent tissues, nonabsorbent, resist infection, readily available in large quantities, simply prepared and sterilized, easily sculptured to the desired model and always "on tap" for immediate use. In the past six years I have found that what I term the "refrigerated cartilage isografts" have not only successfully met all of the above requirements, but also, by their versatility of application, have proved a most valuable adjunct to reconstruction surgery.

SOURCE OF MATERIAL

The cartilage is obtained from human material, preferably between the ages of eighteen and forty-five. With the wealth of available cartilage in the human body, one may be very select as to the donor. I use cartilage from individuals in the proper age group, who have met sudden death through some accidental means, excepting, of course, poison deaths. A Wassermann is done on the heart blood to prevent any medico-legal complications. Individuals who have, as their cause of death, tuberculosis, lues, septicemias, or other acute or chronic transmittable diseases, should not be used for donor subjects. One can readily see that, with the large number of accidental and functional deaths, a continuous and practically inexhaustible cartilage supply is available. The cartilage isografts may be used interchangeably, regardless of race, sex, color, age (within certain limits) or blood grouping. The types of cartilage used to date have been septal (not reliable), ear (partial or total), articular (few), and any of the sections of costal cartilage which is the main source of supply. The cartilage may be removed aseptically, if so desired; but this being unnecessary the cartilage is removed under clean conditions—completely cleared of any attached tissue and its perichondrium, washed with normal saline and then placed in a sterile container. The cartilage is then completely covered, by at least one inch, with a solution of one-part aqueous merthiolate (1-1000) and four parts of normal salt—called "merthiosaline," for pusposes of identification. This container is then placed in the refrigerator and left there continuously, being removed only when cultures are taken or the cartilage isograft is to be used for a transplant. After a new cartilage has been obtained, it is left in the original container for one week and then transferred, using aseptic precautions, to another sterile container and again submerged in the merthiosaline mixture.

COMMENT

The cartilage is not used unless the donor has a negative Wassermann, and until the isografts have had the refrigerated merthiosaline treatment for one week and two negative cultures have been returned. To date, after using over four hundred refrigerated cartilage isografts, a positive culture has not been returned from the stored material covered with the merthiosaline and kept in the refrigerator, as described above.

The cartilage isograft is very versatile in its application. I have used it to correct bony or cartilaginous defects of the head, face, chin, nose, and orbital rim. On several occasions, due to depressed fractures of the orbit, I have used it subperiosteally in the floor of the orbit, as a wedge, to elevate the eyeball to its normal position. The cartilage of the pinna has been utilized *in toto* or in part for total or partial reconstruction of the external ear, following traumatic loss or congenital absence of the ear. It has proved of value as a supportive and contour element in ear reconstruction, and necessary in the restoration of deformed "cauliflower" ears to normal.

Of the 400-odd refrigerated cartilage isografts that have been done over a six-year period, all but one have retained their original identity and have not absorbed. The cartilage isograft that absorbed was a section of rib cartilage that was used in the restoration of the bridge in a retroussé nose, following lues. The conditions found in this nose were typical: (1) loss of lining; (2) loss of supportive structure; (3) marked shrinking and retraction of the nose. In the dissection between the nasal covering and lining, a close attachment was found throughout with the mucosal lining replaced by thin cicatricial tissue. Three days after the graft was placed in position it became exposed through a defect in the lining, infection followed and the graft gradually absorbed. One year after all local drainage had stopped, another refrigerated cartilage isograft was reinserted in the same patient, and the isograft has remained *in situ* for over two years.

Seven of the cartilage isografts became infected, most of these having been used to reconstruct the nasal bridge. These grafts were sterile when inserted, but due to a break in technique, a hematoma, necrosis of the lining or latent infection in the sebaceous glands, infection supervened. When this infection proved to be streptococcic with toxic symptom, the graft was immediately removed, drainage and other local and general measures were instituted, and the symptoms subsided immediately. When the infection was not so severe, drainage, plus the other local measures, would control the infection, although the wound would drain longer with the isograft *in situ*. When the sinus would close with the graft remaining, there was an occasional minor loss of graft contour in the infected area due to a liquefying necrosis. These small contour defects were corrected at a later date, not sooner than six months, with additional refrigerated cartilage isografts.

Curling or bending of these grafts does occur, but with much less frequency than when using fresh autogenous cartilage grafts. This, I feel, is due to the fact that after the cartilage is removed, the perichondrium taken off, and the cartilage placed in storage, the graft will then assume the shape that the internal stresses and strains of the cartilage cells dictate. A straight or properly shaped graft can then be cut with a minimum of distortion to be expected. To further eliminate this distressing complication, the cartilage grafts have been sculptured to their desired shapes and replaced in the merthiosaline solution for later use. If curling occurs, it will be in the first twenty-four hours. These grafts may be removed and remodeled, or a new isograft used. The use of too large a graft or increased skin tension over a part of the graft are two other contributing factors that play a big part in effecting a distortion in the cartilage grafts. This is obviated by using a smaller graft than needed under minimum of skin tension. If the defect is not corrected at the first procedure, additional cartilage is added after the covering skin has stretched.

IN CONCLUSION

1. The source of the refrigerated cartilage isografts is properly selected human material. This gives one an accessible, inexhaustible supply of spare parts for correcting contour defects and reconstructing the framework for facial appendages.

2. The cartilage supply is easily prepared and sterilized by denuding it of its perichondrium, and then placing it in a sterile container covered with one part 1-1000 aqueous merthiolate and four parts normal saline, which is kept constantly in the refrigerator.

3. The refrigerated cartilage isograft simplifies the operative procedures, and in my hands has entirely replaced the autogenous cartilage graft. It has been used to correct skull, facial, chin, nose and ear defects, total or partial, while also acting as the orbital floor to correct ptosis of the eyeball.

490 Post Street.

QUANTITATIVE METHODS IN DIAGNOSIS OF BRAIN TUMORS*

By William T. Grant, M. D.
Los Angeles

THE nervous system is largely inaccessible to direct examination. In most cases even the x-ray is of little help without the preliminary injection of air or some other medium. Consequently, in making a clinical diagnosis, one depends almost entirely upon the abnormalities he may be able to detect during the neurologic examination. As Bazett[1] has pointed out, when the responses are simply observed and given an approximate value, the information gained is obviously much less dependable and significant than when the same responses are given an absolute value. This does not imply that the laboratory is expected to bear the burden of making a diagnosis but that, as scientific methods are introduced to aid our special senses smaller abnormalities will be detected, whereas now they are accepted as being entirely normal.

A brief case report is cited to illustrate this point.

REPORT OF CASE

A. C., a man of twenty-nine years, was seen in April, 1934. He had had convulsions since August, 1933, with no localizing data available. On admission, the neurologic examination revealed only a suspicious fullness of the physiologic cup in the right optic disc. Encephalogram (Figure 1) showed slight enlargement but no significant displacement of the ventricles. The right frontoparietal region was explored, but no tumor found. The man died of hyperthermia, temperature reaching 109.3 degrees by rectum, on July 15, 1934. At autopsy, a cystic astrocytoma was found in the left posterior frontal region (Figure 2).

Table 1.—*Neurologic Examination*

- Cranial nerves
  - 1. Smell ×
  - 2. Fields —
    - Fundi ○
    - Acuity —
  - 3, 4, 6. Pupil:
    - Size ×
    - Reaction ○
    - Eye movements ×
  - 5. Sensory:
    - Pain ×
    - Touch ×
    - Corneal reflex ○
    - Motor ○
  - 7. Sensory taste ×
    - Motor ○
  - 8. Hearing —
    - Vestibular function ×
  - 9. Motor ○
    - Sensory ×
  - 10. Motor ○
  - 11. Motor ○
  - 12. Motor ○
- Deep reflexes ×
- Superficial reflexes ○
- Motor system
  - Simple movement ×
  - Range of movement ×
  - Compound movement ×
  - Tremor ×
  - Postural fixation ×
  - Romberg ×
  - Rapidly alternating movements ×
- Sensory system
  - Touch ×
  - Pain ×
  - Temperature ×
  - Vibration ×
  - Position ×
  - Stereognosis ○
  - Two-point discrimination —
  - Texture appreciation ×
- Mental status ×

Table 1 contains the various points of interest in the neurologic examination. Following each part of the examination, a dash indicates that a quantitative test is already in general use. A cross indicates that a quantitative test has been devised. A circle indicates that our powers of observation and description must still suffice in recording this portion of the examination. It is proposed to review briefly those tests that are available, but are not in general use. For details the reader is referred to the more complete articles mentioned in the "References."

THE SENSE OF SMELL

Elsberg[5] has developed a quantitative method and applied it extensively. In the test, only two substances are used—coffee and citral. Bottles containing these materials have two openings. Through one a measured amount of air is injected. By the other, when the stop-cock is released, a blast of odor is allowed to flow into the side of the nose being examined. The smallest amount of odor, in cubic centimeters, that can be identified is called the minimum identifiable odor, abbreviated as M. I. O.

When this has been determined a constant stream of odor is injected for thirty seconds, and by then the odor is not perceived, due to fatigue. The time is then measured until the minimal amount of odor is again identified. This affords a measure of the fatiguability of the olfactory pathways. The results are found to correlate best with tumors in the frontal or temporal regions. A tumor pressing on the olfactory tracts will cause an increase in the M. I. O., but no change in the fatiguability. A tumor in the frontal lobe will cause the fatiguability to be prolonged, but no change in the M. I. O.

In sixty-one cases of brain tumor examined by Elsberg,[6] the correct side was indicated in 77 per cent and, of these, 80 per cent were localized in the correct lobe.

EYES

Pupils.—It is difficult to measure the pupil within one millimeter, but a simple camera with long bellows and ground glass allows a magnified image to be measured accurately.

Eye Movements.—An instrument, now available to study the eye movements while reading, makes

---

* Read before the Section on Neuropsychiatry of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

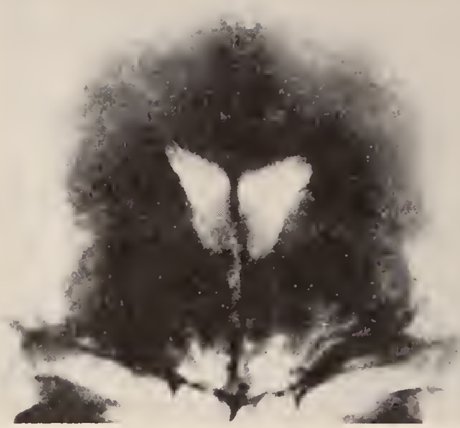


Fig. 1

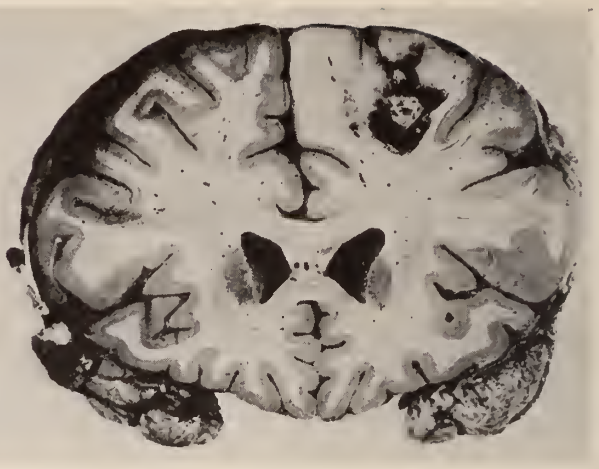


Fig. 2

Fig. 1 (Case 1).—Encephalogram shows ventricles slightly larger than normal. The body of the left lateral ventricle is slightly lower than the right. By measurement, there is no shift across the midline.

Fig. 2 (Case 1).—Coronal section of brain through anterior horns of lateral ventricles. The tumor, cysts, and softened brain are shown in the upper medial portion of the left frontal lobe. Although the neurologic examination and the encephalogram did not localize the tumor, it is possible that the quantitative methods now available would have disclosed its position.

an excellent record of abnormal eye movements, and allows a fine analysis of nystagmus.*

PAIN

The algesimeter is used to determine, in grams of weight, the pressure necessary to cause pain or to produce the sensation of sticking. Head and Holmes [10] described such an instrument. The scale reads from 0 to 10 grams. Of course, the comparison between the two sides is of greater significance than between the result and the known average value.

TOUCH

In the same way, the esthesiometer measures, in milligrams, the lightest pressure that can be felt. A simple model now in use by the author (Fig. 3) produces pressure of from 10 to 300 milligrams. A pressure of 10 milligrams can seldom be felt on the palm or finger-tips.

Thompson [22] utilized a lever falling through a measured distance and determined, as well, the necessary duration of the stimulus.

The earliest and most widely used method is that of von Frey,[7] in which hairs of different diameters are used. The result is expressed in milligrams per millimeter radius of hair.

TASTE

When an electrode is touched to the tongue and a direct current passed through, the production of an acid taste normally occurs at the cathode. The smallest current that will do this affords a measure of the sensitivity of taste. While not giving an absolute figure, it enables the two sides of the tongue to be compared quantitatively, or the same side to be observed from time to time.

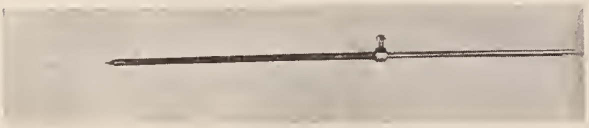


Fig. 3

Fig. 3.—A simple esthesiometer, consisting of a fine wire, monel metal, 0.004 inch in diameter, attached to the end of a rod. By sliding the sheath, the length of exposed wire and the pressure it exerts are varied. Graduations on the rod correspond to pressures at the end of the wire of from 10 to 300 milligrams.

VESTIBULAR SENSE

The generally used vestibular tests have a quantitative value when the amount of fluid necessary to produce a response, its rate of flow and its temperature are measured. Electrical stimulation has been carried out and popularized by Blonder and Davis,[2] who found that normally a response should be obtained, using from 0.5 to 2.0 milliamperes of current, when the subject falls toward the anode or away from the cathode. The individual canals cannot be tested in this way, but the two sides can be tested separately.

SENSATION

Two-point discrimination is, *per se,* a quantitative method. Stereognosis does not lend itself to measurement.

To evaluate texture appreciation, Ruch [20] used grades of emery paper from 000 to 3.0 and then a grater, providing ten degrees of roughness.

Vibratory sensation is tested quantitatively by Newman, Doupe, and Wilkins.[15] They use the method as previously outlined by von Bogh,[3] Sitzepfand,[21] and Hugony.[12] In it, the pole-piece of an electromagnet is caused to vibrate by passing an alternating current through the coil. The frequency, voltage, and current used are measured. Thus the beat frequency and the strength of stimulus can be controlled and measured. Both heavy and light contact with the skin are tested. A standard frequency of 200 cycles per second was found to be best, varying only the strength of stimulus.

Head and Holmes [9,10] described a simple instrument to evaluate position sense. A movement of the fingers through one degree was normally perceived.

---

* This instrument, called an ophthalmograph, is distributed by the American Optical Company.

For testing temperature sensation, Dallenbach[4] outlined a simple instrument in which the temperature and pressure against the skin, as well as the area of contact, are controlled. Lanier[14] described a simpler instrument and a very convenient one.

To evaluate the sense of weight, Head and Holmes[10] tested the patient with weights placed on the supported hand and on the unsupported hand, and by having him heft different weights.

MOTOR SYSTEM

In a recent article by Holmes,[11] graphic records are shown of simple movements, movement against resistance, tremor, range of movement, compound movement, postural fixation, movements involving change in direction, and rapidly alternating movements.

In recording Rombergism, a short pencil on a circular base is strapped on the vertex. A light board holding a sheet of paper is allowed to rest on the pencil point, and the path of the head is thus obtained.

Kolb and Kleyntjens[13] studied respiratory movements, by graphic methods, in patients with hemiplegia and found a difference between the quiet involuntary movements and the forced voluntary movements. Both types of movement were characteristically altered on the abnormal side.

Many investigators have worked on myograms and on the reaction time. It has been well demonstrated that graphic records of muscle responses give much more information than can be caught by the eye of an observer. Pritchard[16] has shown that early spasticity alters the contraction curve in a characteristic way before reflex changes are evident to the eye.

Electromyographic studies yield further information regarding muscle contraction and reflex action. Pritchard[17, 18] and Lindsley[19] have reported extensively on this subject.

ELECTRO-ENCEPHALOGRAPH

The electro-encephalograph is not an instrument that can be applied as an adjunct to every neurologic examination. It should be mentioned, however, in any account of scientific methods of use in intracranial diagnosis. A great variety of controlled experiments and of clinical results has been reported, and already certain abnormalities in the tracings have been given fairly definite significance. Williams and Gibbs[3] provide a clear description of the method as it is now applied.

MENTAL STATUS

Gantt[8] has reported a relatively simple electrical apparatus that allows one to reach a figure representing certain aspects of mental behavior. Naturally, the results are of only comparative value.

SUMMARY

Many parts of the neurologic examination can be carried out quantitatively and graphically.

Several methods, not in general use, are touched upon.

1136 West Sixth Street.

REFERENCES

1. Bazett, H. C.: Methods of Investigation of Sensation in Man and the Theoretical Value of the Results Obtained, Assoc. Res. Nerv. Ment. Dis., 15:83-97, 1935.

2. Blonder, E. J., and Davis, Loyal: The Galvanic Falling Reaction in Patients with Verified Intracranial Neoplasms, J. A. M. A., 107:411-412, 1936.

3. von Bogh, K.: Quoted by Newman, Doupe and Wilkins, Deutsche Ztschr. f. Nervenh., 137:266, 1935.

4. Dallenbach, K. M.: The Temperature Spots and End-Organs, Am. J. Psychol., 39:402-427, 1927.

5. Elsberg, Charles A.: The Sense of Smell. I. A New and Simple Method of Quantitative Olfactometry, Bull. Neurol. Inst. N. Y., 4:1-4, 1935.

6. Elsberg, Charles A.: The Sense of Smell. XVI. A Comparison of the Results of Encephalography and Ventriculography and of Quantitative Olfactory Tests for the Localization of Supratentorial Tumors of the Brain, *Idem.*, 6:403-410, 1937.

7. von Frey, M., and Strughold, H.: Ist der Drucksinn einheitlich oder zwiespältig? Ztschr. f. Biol., 86:181-186, 1927.

8. Gantt, W. H.: A Method of Testing Cortical Function and Sensitivity of the Skin, Arch. Neurol. and Psychiat., 40:79-85, 1938.

9. Head, Henry: Sensation and the Cerebral Cortex, Brain, 41:57-253, 1918.

10. Head, Henry, and Holmes, Gordon: Sensory Disturbances from Cerebral Lesions, Brain, 34:102-254, 1912.

11. Holmes, Gordon: The Cerebellum of Man, Brain, 62:1-30, 1939.

12. Hugony, A.: Quoted by Newman, Doupe, and Wilkins, Z. Biol., 96:548, 1935.

13. Kolb, L. C., and Kleyntjens, F.: A Clinical Study of the Respiratory Movements in Hemiplegia, Brain, 60: 259-274, 1937.

14. Lanier, Lyle H.: An Experimental Study of Cutaneous Innervation, Assoc. Res. Nerv. and Ment. Dis., 15: 437-456, 1935.

15. Newman, H. W., Doupe, J., and Wilkins, R. W.: Some Observations on the Nature of Vibratory Sensibility, Brain, 62:31-40, 1939.

16. Pritchard, E. A. B.: The Significance of Some Variations in the Knee-Jerk in Diseases of the Central Nervous System, Brain, 52:359-423, 1929.

17. Pritchard, E. A. B.: Electromyographic Studies of Voluntary Movements in Paralysis Agitans, Brain, 52: 510-529, 1929.

18. Pritchard, E. A. B.: The Electromyogram of Voluntary Movement in Man, Brain, 53:344-375, 1930.

19. Lindsley, D. B.: Myographic and Electromyographic Studies of Myasthenia Gravis, Brain, 58:470-482, 1935.

20. Ruch, T. C.: Cortical Localization of Somatic Sensibility, Assoc. Res. Nerv. and Ment. Dis., 15:289-330, 1935.

21. Sitzepfand, W.: Quoted by Newman, Doupe, and Wilkins: Z. Biol., 96:236, 1935.

22. Thompson, I. M., and others: Differential Evaluation of Cutaneous Sensory Thresholds by Alternating Currents Applied to Nerve, Univ. California Publ., Anat. (No. 6), 1:167-194, 1934.

23. Williams, D., and Gibbs, F.: Electro-Encephalography in Clinical Neurology, Arch. Neurol. and Psychiat., 41:519-534, 1939.

VENEREAL LYMPHOGRANULOMA: PUBLIC HEALTH ASPECTS

By J. C. Geiger, M.D.
and
Carleton Mathewson, Jr., M.D.
San Francisco

As a problem in public health and because venereal lymphogranuloma is not generally recognized, we feel justified in presenting a brief résumé of the salient features of the subject. Although this disease is reportable under the new Venereal Disease Act (Assembly Bill No. 2790, passed by the California State Legislature in 1937), reports, as far as San Francisco is concerned, have been singularly lacking or meager in the official records of the Department of Public Health.

EARLY STUDIES

Venereal lymphogranuloma was first described as a clinical entity by Durand, Nicolas, and Favre in 1913.[1] These authors recognized the disease in France, and proved to their own satisfaction that it was of venereal origin and was frequently contracted within their own country. In 1925 Frei,[2] in Germany, introduced a specific skin test for the diagnosis of the disease, which has come to be known as the Frei test. This test, when performed with a known human antigen, is specific for the disease. Soon after the test's introduction it became evident that venereal lymphogranuloma was not a new disease but included physical findings of unknown origin, some of which had been described as early as 1825. In 1932 De Wolf and Van Cleve[3] pointed out the relative high incidence in this country. In 1933 Hoffman[4] reported eleven cases in California, eight of which patients contracted the infection in this state. Many reports have appeared in the literature since that time.

It has been demonstrated quite conclusively that venereal lymphogranuloma is caused by a virus. Tamura[5] has been able to produce a growth in Maitland's medium to transmit the virus through the guinea pig and to recover it in culture again. The material from a culture of this agent, after heating, has been used for skin testing.

Although in the beginning it was thought that venereal lymphogranuloma was a disease confined to men and manifested itself only in the form of a swelling of the inguinal glands which occasionally ruptured, forming draining sinuses in the groin, it is now quite evident that both men and women are affected, and that the lesions are by no means limited to the inguinal glands.

INITIAL LESIONS

The initial lesion in the great majority of cases in both male and female appears on the genitalia, although occasional extragenital lesions on the face, fingers, cheeks, etc., have been described. Extragenital lesions on the anus are by no means rare, particularly in the male, and, as will be mentioned later, usually result in more extensive involvement of the rectum.

The initial lesion is usually transient in nature, appears one to three weeks following exposure, and, in the majority of cases, disappears spontaneously after from three to five days. This lesion is usually quite small, is not painful, and often escapes the attention of the patient, particularly so in females. The patient may exhibit general symptoms during this stage, such as low-grade fever, headache, and malaise.

Some cases have been known to exhibit a generalized adenopathy, enlarged spleen, swollen joints and, at times, skin eruptions in the form of nodules of the type of erythema nodosum and erythema multiforme. Occasionally, the primary lesion in the male manifests itself as a nonspecific urethritis.

From four to six weeks after exposure the lymph glands draining the region primarily inoculated become swollen and tender. The skin overlying the glands takes on a characteristic bluish-red hue and soon becomes attached to the underlying glands, which in themselves become firmly matted together. As a rule, the glands soon soften, forming cold abscesses, which break down to form single or multiple fistulae. In certain cases the glandular swellings regress spontaneously without fistula formation. In the male these changes usually take place in the inguinal glands, because the lymphatic drainage of the penis is primarily to these glands. Primary lesions on the clitoris and vulva in the female also lead to inguinal gland involvement; however, posterior urethral infections with the virus, as well as primary lesions in or about the anus, lead to rectal involvement because the lymph drainage of these regions is to the lymph glands surrounding the lowermost segment of bowel. In women, inguinal adenitis is not the rule because, other than the regions mentioned above, the lymphatics of the vagina drain mostly to the deep pelvic glands, causing lymph stasis in the genital, anal and rectal regions.

RECTAL LESIONS

Although inguinal adenitis is by far the most common clinical manifestation of venereal lymphogranuloma encountered, the rectal lesions are infinitely more serious and difficult to treat. This type of lesion, both in the early and late stages, has been described in detail by one of the authors elsewhere.[6] It is important to recognize that the early clinical manifestations of rectal involvement are often indistinguishable from those of any other irritative lesion in the lowermost segment of bowel, and are, therefore, apt to go unrecognized or to be attributed to some other disease. Rectal examination in the early stages may reveal no more than a localized swelling of the mucous membrane of the anal canal or a diffuse edema of the mucous membrane throughout the lower segment of bowel. Later on, as the disease in the rectum progresses, bloody mucous diarrhea becomes prominent. Examination at this time usually reveals an inflammatory stricture of the rectum, most often encountered within the distal six centimeter of bowel. In the late stages perirectal abscesses and fistulae may develop. These inflammatory strictures are usually quite characteristic and, once recognized, are not easily confused with other types of pathology in the rectum. The type of stricture may vary from a thin annular diaphragm of fibrous consistency to a long tubular, funnel-shaped constriction from 2 to 6 centimeters in length, of India-rubber consistency, and granular to palpation.

The mucous membrane of the bowel immediately above the stricture is normal in appearance, whereas, that covering the granular constricted area is hyperplastic and glistening in appearance.

DIAGNOSIS

A positive diagnosis depends upon the skin test obtained by injecting 0.1 cubic centimeter of a human antigen intracutaneously, preferably on the flexor surface of the forearm. A positive reaction gives evidence of an acquired specific allergy, which in most instances continues throughout the life of the patient. Consequently, a positive test does not necessarily indicate the presence of a recently acquired active infection. Old, completely healed infections may eventually give positive reactions. The Frei test, however, properly performed and controlled, is reliable, and in the presence of active lesions leads to a positive diagnosis.

The prevalence of venereal lymphogranuloma in California is apparently unknown. A review of a recent survey of adults in the San Francisco Hospital of the Department of Public Health would indicate that it is much more common than has been formerly recognized, and that it is definitely a menace to public health. The results of a survey of 405 adult patients in the general wards of the San Francisco Hospital of the Department of Public Health showed, when the Frei test was used: 394, or 97.3 per cent, negative; 11, or 2.7 per cent, positive. Patients investigated because of clinical evidence of venereal lymphogranuloma were not included in this group. Many of the patients in this series in whom positive or questionable reactions were obtained were found, on careful questioning, to have had one or several clinical manifestations suggestive of the disease during their adult lives.

SAN FRANCISCO SERIES

During the past year, at the San Francisco Hospital of the Department of Public Health, twenty-one new cases of venereal lymphogranuloma have been studied. It must be remembered that this number includes only those indigent patients who required hospitalization, because of the extent of their clinical lesions.

COMMENT

The relative frequency of positive Frei reactions in patients with no clinical manifestations of the disease, and with no history of previous active lesions, cannot be emphasized too strongly. How easily the disease may be transmitted by other means than sexual intercourse is not known. Many extragenital, primary lesions have been reported in the literature. Undoubtedly, many more have been unrecognized and undiagnosed. There is no question that we are confronted with another venereal disease which is spread, in the majority of instances, by sexual congress and the late manifestations of which are extremely chronic and devastating. Unfortunately, we still know very little of the epidemiology. Too frequently we have found a positive Frei test accompanied by clinical manifestations in a patient whose mate shows only a positive Frei test with no history of a primary lesion or late clinical manifestations. Who was responsible for the infection? Inasmuch as the Frei test remains positive throughout the life of the individual, we have as yet no means of ascertaining when or how long a patient is in the infectious stage.

It is our conviction that a great many infections with the virus of venereal lymphogranuloma are acquired through the same sexual contact leading to the initial infection with any of the other venereal diseases, and may thus go unrecognized. For this reason we believe that any venereal infection should be considered a mixed infection and that the Frei test should be used in these cases just as frequently as the serological reaction for syphilis or a smear for gonorrhea.

PUBLIC HEALTH PHASES

The public health measures necessary in the prevention of this disease will become evident only through a more comprehensive knowledge of its occurrence and epidemiology. The multiplicity and extreme seriousness of the late manifestations, the inefficacy of all known methods of treatment, and the relative frequency of venereal lymphogranuloma emphasize the importance of its early recognition and prevention.

101 Grove Street.

REFERENCES

1. Durand, M., Nicolas, V., and Favre, M.: Soc. de chir. de Lyon (séance du Fevrier 20, 1913); Lyon med. 1913. 121, 2, p. 64; Lyon chir. 1913, 9, p. 561.
2. Frei, W.: New Skin Test in Inguinal Lymphogranuloma, Klin. Wchnschr., 4:2145-2149 (Nov. 5), 1925.
3. De Wolf, H. F., Van Cleve, J. V.: J. A. M. A.. 99:1065-1071 (Sept. 24), 1932.
4. Hoffman, E. F.: Lymphopathia Venereum or Lymphogranuloma Inguinale. Review of literature and report of eleven cases. Urol. and Cutan. Rev., 37:786 (Nov.), 1933.
5. Proc. Staff Meet. Mayo Clin., Vol. 11, No. 24 (June 10), 1936.
6. Mathewson, C.: Inflammatory Strictures of the Rectum Associated with Venereal Lymphogranuloma, J. A. M. A., 110:709-714 (March 5), 1938.

BENJAMIN FRANKLIN KEENE*

By Guy P. Jones
San Francisco

Dr. Benjamin Franklin Keene came from Georgia to Placerville, California, in 1849, to engage in mining, which he soon abandoned in order to resume the practice of medicine. In 1851 he was elected to the State Senate, where he served for a period of four years. Shortly before his death he received the nomination for state treasurer. He was elected president of the Medical Society of the State of California, March 13, 1856, on which date the Society was organized. His death in September of that year cut his tenure of this office to barely six months. Doctor Keene belonged to that group of Southern gentlemen who migrated to California during the gold rush, activated by the spirit of adventure rather than by a desire to gain sudden wealth. Among them were many doctors of medicine who were instrumental in the establishment of the State's government upon a sound and substantial basis. Doctor Keene inspired confidence in his fellow men, and was warmly praised for his honesty and integrity.

Prior to 1856 there was no medical organization in California. The gold rush had attracted many charlatans who laid claim to training in medicine, but who actually had no moral or legal right to treat the sick and injured; men whose only interest lay in the extraction of gold dust from their patients. The call to organize a state medical society was issued by Dr. Thomas M. Logan, a South Carolinian, who settled in Sacramento in August of 1850, and Dr. E. S. Cooper of San Francisco, who came from Illinois in 1855. Realizing the need for unity in a medical organization, all individuals who called themselves doctors of medicine were invited to attend the meeting for the purpose of organization.

---

* From the Department of Vital Statistics, California State Board of Public Health.

The status of the profession at that time, as described by an early historian, is of interest. Practitioners of the early 50's were said to consist of three parties: first, those who were earlier residents of California—"old-established practitioners"—and who were willing to have medical discussions, provided that only certain individuals were allowed to participate; second, a group smaller in number, composed of old-timers as well as newcomers—men who were anxious to see justice done to all, who had no animosities to settle, and were strongly bent on making the Society one of medical improvement; and third, a group composed of more recent arrivals in the state—leaders, active and progressive, but who were willing to make concessions for securing harmony. There was a violent conflict between the first and the third groups. The first "party" had been accustomed to habits of idleness, indolence and ease. Its members were more fond of amusement than of study, and could not brook the idea of being compelled to go to work in earnest for the advancement of medicine on this coast, or lose their claimed prestige in consequence of the system and activity of others.

Doctor Keene was selected to bring harmony among these conflicting groups. Because of his service in the State Senate he had become widely acquainted, and his reputation for honesty and integrity inspired confidence among all practitioners of medicine within the state. His untimely death might have forestalled the stormy existence of the Society during its early years, and its dissolution in 1860, not to be reorganized until October 19, 1870, when Dr. Thomas M. Logan, secretary of the newly established California State Board of Health, was elected president of the Medical Society. On that date, in his address before the Society, Doctor Logan said:

> Prior to this organization, as most of you will remember, the medical mind was in a state of inertia—the profession in a chaotic condition. The dominant materialism of the Golden Age, which had invaded every department of human

(Continued on Page 40)

CLINICAL NOTES AND CASE REPORTS

UNDULANT FEVER (BRUCELLOSIS)

By George H. Becker, M. D.
San Francisco

As diagnostic procedures are improved, it would appear that Brucella infection is much more common in the United States than has heretofore been thought. Reports indicate that the known incidence of the disease has increased rapidly. The literature shows that much work is being prepared upon this subject. New techniques for diagnosing this condition are being brought forth from our research centers. The practitioner is now quite aware of the possibility in any case characterized by prolonged and wavering pyrexia.

Much less satisfactory are the reports upon therapy. So numerous are the treatments employed that the practitioner may yet be confused as to the best treatment to offer his particular patient.

In evaluating the reports upon therapy, we find that almost as many suggestions are offered as papers written!

Specific and nonspecific vaccines show some success. Various drugs and chemicals have been used with good results. Oral and intravenous methods are recommended. The series is usually small and many failures are noted; the one common factor in most successful treatments seems to depend upon a general systemic reaction or protein shock. The accompanying fever has usually been transient and more or less uncontrollable.

Regardless of methods used, the best results seem to follow the more severe thermal reaction. Most writers agree that the specificity of vaccines used is unimportant, and the results vary chiefly with the degree and extent of the reaction. As some patients respond but slightly to vaccine injections, it would seem logical to produce the hyperpyrexia by more easily controllable means.

Artificial fever can be easily regulated, both as to degree and duration, by one of the several mechanical methods now in use.

The following is an account of the treatment of a case of brucellosis by artificial fever, followed by permanent recovery.

REPORT OF CASE

Mr. J. A., aged 57, executive-salesman. Admitted to hospital on January 31, 1938. Present illness began with loss of appetite and weight, lethargy, lack of ambition, weakness, slight cough, gastro-intestinal distress, daily fever. This was about Christmas Day, 1937.

A diagnosis of influenza was made and the patient confined to bed and treated with salicylates and forced fluids. After three weeks of such treatment he was seen by the writer.

The history showed that, as an executive, he had no contact with any animals, and, disliking milk, he had only occasionally consumed milk, which was always pasteurized. Questioning, however, revealed week-end visits to a friend's country place, upon which were some cows and hogs. On these visits he occasionally participated in work with the animals and about the barns. He also recalled that, while deer hunting, he drank water carried from the dairy in five-gallon milk cans.

Past History.—His health had always been excellent, except for a gastric ulcer twenty years ago, which was healed by medical treatments. No operations or accidents.

Examination showed a man of fifty-seven years lying in bed quite depressed and apprehensive. He had lost about thirty pounds weight (from 143 to 112 pounds), and presented an emaciated appearance. The temperature was 101.4 degrees Fahrenheit; the pulse, 120; respiration, 26; the blood pressure was 125 systolic, 80 diastolic. The head and neck presented no abnormalities, save small atrophied tonsils. The thyroid was slightly palpable. The heart was negative, except for a soft systolic murmur at the apex, not transmitted. A few coarse bronchial râles were present. The abdomen was negative to examination, as were the extremities. The reflexes were all present and physiologic.

Laboratory Examination.—Blood count: Hemoglobin, 14.7 grams; red blood cells, 4,820,000; white blood cells, 10,800; neutrophils, 24 per cent; lymphocytes, 68 per cent; monocytes, 5 per cent; basophils, 1 per cent; eosinophils, 1 per cent. Urine was negative for albumin, sugar, and abnormal cells. Widal was negative. Wassermann was negative. Roentgenograms of the chest were negative. Undulant fever agglutination was four plus in dilutions from 1:40 to 1:2560, for Brucella abortus. Phagocytic index for Brucella, 18.16. Complement-fixation for Brucella, positive in 0.0005 cubic centimeters (four plus). Absorption test, abortus-porcine group.

Following the diagnosis of undulant fever on January 19, 1938, sulfanilamide therapy was instituted, and the patient received 30 grains the first day and 60 grains daily for the following ten days. The symptoms were affected but slightly. The patient was hospitalized on January 31, 1938, and vaccine therapy instituted.

Mixed typhoid vaccine was given intravenously and repeated every two to three days in a dose of seventy-five million. The usual reaction of chill, fever (103.4 degrees), sweats was obtained with each injection. Within twenty-four hours the temperature was normal and remained so until the next injection. These were repeated every two to three days for six treatments, after which the patient was afebrile for two weeks.

With a return of the fever we instituted artificial fever therapy. The temperature was elevated to 103.8 degrees Fahrenheit and maintained for five hours, following which temperature returned to normal. He was dismissed from the hospital on March 8, 1938. His appetite returned, his weight improved, and within a few weeks he was back at work and has since enjoyed the best health of his life, with a steady increase in weight. He is now weighing his maximum (150 pounds) one year later.

COMMENT

We offer a case which failed to respond to the commonest forms of therapy, and was permanently cured by artificial fever therapy.

450 Sutter Street.

EXTREME LEUCOPENIA IN CHRONIC PLEURAL TUBERCULOSIS

By Philip King Brown, M. D.
San Francisco

REPORT OF CASE

C. D., age sixty-four years, employed as a pumper; twenty-five years' service.

When he entered the Southern Pacific Hospital on December 14, 1935, after having had three or four entries for minor injuries (the latest one nine years previously), he was found to have an acute bronchitis, possibly an influenza, which was epidemic at the time, with a pleuritis at both apices. His pulse was between 80 and 100 when he entered. He had no fever. His blood pressure, however, was 170/98. No findings in the urine. He had a red count of 4,000,000; 76 per cent hemoglobin; 3,200 whites; 78 per cent neutrophils; 17 lymphocytes; 5 large mononuclears.

His x-ray report showed discrete calcic deposits in the upper portion of the left-lung field and near the left base, with an irregularity of the right diaphragm; clouding of both apices.

He made an uneventful recovery.

He reëntered on January 8, 1936, with a fracture of the left humerus. He ran a low fever of one-half to one degree for four weeks, and his pulse was constantly rapid. He was discharged from the hospital with the fracture repaired, but still with a rapid heart and one-half degree of fever. His blood counts were significant: 69 per cent hemoglobin, 3,500,000 reds on January 9; increased to 91 per cent hemoglobin, and 4,500,000 twenty days later:

1936	White Blood Cells	Neutrophils	Lymphocytes	Large Monocytes
January 9	1,900	72	26	2
January 10	2,250	74	22	4
January 15	1,750	72	22	6
January 29	1,000	70	24	6

The patient again reëntered in January, 1937, with a bronchitis and a very rapid heart, between 90 and 102. The significant factor this time also was the leukopenia with 3,250 whites, 45 per cent neutrophils, 50 lymphocytes, and 4 large monocytes, with one per cent eosinophils.

Two months later he was back in the hospital with his now chronic bronchitis, and again a very rapid heart action and a hypertension of 180/100. There was no anemia, but 1,550 leukocytes with 52 per cent neutrophils, 44 lymphocytes, 2 large monocytes, and 2 eosinophils.

He was pensioned and took good care of himself, so he said, but returned to the hospital in August, 1938, and remained until his death, a month later. His heart fibrillated all this time, and there was a decompensation and a pleurisy with effusion on the right side. He ran a fever to 100. His pulse rate at the wrist was recorded between 90 and 120. He refused to have fluid withdrawn from the chest and refused a sternal puncture in order that we might make some study of the hemopoietic system.

He entered with a slight anemia, which improved with iron. The significant thing, however, was his marked leukopenia with relative lymphocytosis. The counts were as follows:

1938	White Blood Cells	Neutrophils	Lymphocytes	Large Monocytes	Eosinophils
August 23	750	48	52	....	....
August 24	800	64	24	12	....
August 30	1,150	56	42	....	2
September 1	500	72	28	....	....
September 6	600	28	72	....	....
September 9	750	36	60	4	....
September 13	350	40	56	4	....
September 16	250	40	60	....	....
September 19	1,500	64	28	8	....

The patient was followed in the out-patient department on several occasions when not in the hospital, and various remedies were used which we thought might increase his leukocyte count. It is interesting to note that, on several occasions, the blood pressure was found to vary between 138/78 and 170/110.

The tendency to an anemia was treated constantly with iron, and various methods of stimulating the white cells were tried—sterile milk among them. The white count in October, 1936, was 1,600 with 60 per cent lymphocytes, and this occurred one year after he had had a pneumonia, presumably influenza. The neutrophils got up to 56 on one occasion and 64 on another, but the total whites did not rise above 1,400. At a later period, when he seemed quite well, his total whites were 1,750 with 76 per cent neutrophils; but on the last out-patient visit before his final entry to the hospital he had only 750 cells with 30 per cent neutrophils.

Autopsy No. 975A. September 20, 1938. A. M. Moody, M. D., Pathologist.

Cause of Death.—Tuberculous pleuritis with effusion, compression atelectasis and pulmonary thrombosis with infarction, and terminal lobular pneumonia.

Gross Anatomy.—The spleen is 15 by 11 by 4 centimeters and weighs 335 grams. It is hyperplastic in type and its capsule is irregularly thickened.

The gall-bladder contains thick bile and seven gallstones, the largest of which is 1.2 centimeter in its greatest diameter.

The external surface of the right lung is covered with a fibrinopurulent exudate over the inferior portion of the upper lobe, and the entire surface of the middle and lower lobe. There is a compression atelectasis and some consolidation of the lower lobe. There is an embolic-like occlusion of the pulmonary artery to the lower lobe.

Histologic Examination.—Lungs: Fibrinocaseous pleuritis (tuberculous), compression atelectasis, edema, pulmonary thrombosis and infarction with terminal lobular pneumonia.

Heart: Moderate coronary arteriosclerosis, myocardial hypertrophy, and edema.

Liver: Cloudy swelling and slight fatty changes.

Gall-bladder: Chronic cholecystitis and cholelithiasis.

Adrenals and pancreas: Unaltered.

Spleen: Hyperplastic splenitis with chronic (perisplenitis) thickened capsule.

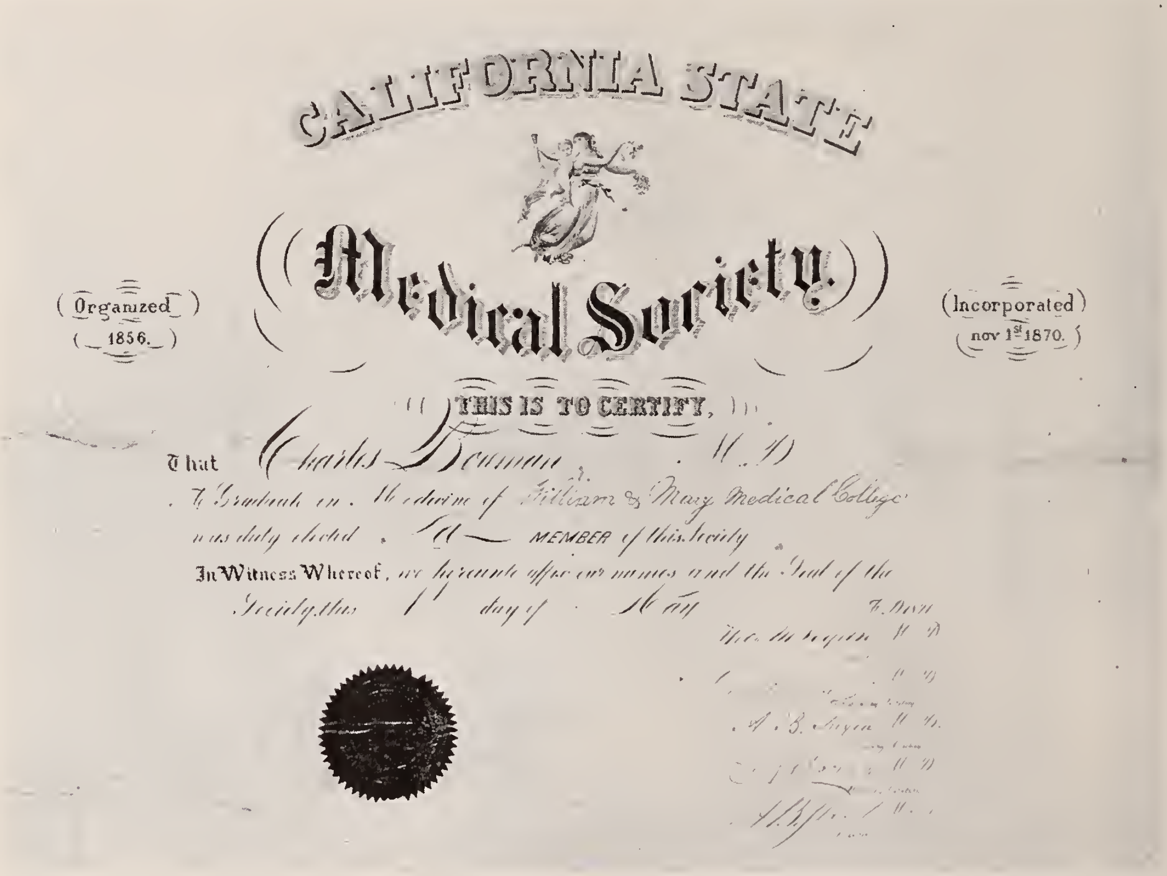
Kidney: Scattered regions of interstitial nephritis, moderate edema and cloudy swelling.

Urinary bladder: Unaltered.

Bone marrow: Devoid of noteworthy alterations.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.



CALIFORNIA STATE

Medical Society

(Organized) (1856.)

(Incorporated) (nov 1st 1870.)

THIS IS TO CERTIFY,

That Charles Boreman, M.D.

A Graduate in Medicine of William & Mary Medical College

was duly elected a MEMBER of this Society

In Witness Whereof, we hereunto affix our names and the Seal of the Society this 1st day of May

Tho. M. Logan M.D.

Certificate of Membership in California State Medical Society, dated May 1, 1871. Issued to Charles Boreman, M. D., and signed by Thomas M. Logan, M. D., President. (For editorial comment, see in this issue, on pages 2 and 6.) For other information concerning Charles Boreman, see letter below.

AN INTERESTING LETTER CONCERNING THE MEMBERSHIP CERTIFICATE ISSUED TO CHARLES BOREMAN, M. D.

(COPY)

San Francisco, March 29, 1939.

George H. Kress, M. D.
California Medical Association
450 Sutter Street
San Francisco, California

Dear Doctor Kress:

Your letter of March 28 received and contents noted. It occurred to me that perhaps I could give you a few highlights on Doctor Boreman.

It appears that I have been the only one for a long time to take an interest in our family history. While my curiosity began some years ago, the information I have is, of course, limited.

I do know from records that I have received that Doctor Boreman was graduated from Georgetown University, and that he was one of fourteen other Boremans that have graduated there. Among them, his father, Admiral Charles Boreman, who is especially mentioned in "Miniatures of Georgetown" by Father Coleman Nevils, S. J. He was also a graduate of William and Mary College, and I believe got a degree from the University of Maryland. He received his right to practice before he was twenty-one, and I understand, in getting his degree, that he had to advance his age erroneously a few months. He also won all of the honors, medals, and scholarships given to his class during this time.

Then he and his brother came to California (we think it was some time in the early fifties), and from the gold that he and his brother mined they made a ring for his father.

Doctor Boreman married my grandmother, a Mary Morse, who was a widow with two children, living at Lancha Plama. The place is now a ghost town. On August 15, 1858, his first child was born, a boy named George, who was the first of seven children (my mother being one of them). I know they stayed at Lancha Plama until after 1866, and then they moved to Jackson, Amador County.

While the membership certificate is dated 1871, I know that he practiced medicine previous to that, as he was County Physician; and was County Physician when the present County Hospital at Jackson was built. He died in 1879, so he must have been appointed County Physician in 1859, to have served twenty years.

Doctor Boreman was very well known throughout Northern California for his surgery, and was called to San Francisco by a number of the leading physicians to perform very difficult operations. I have been told a number of times that among these doctors whom he consulted with were Doctors Lane and Gibbons.

It is my belief that Doctor Boreman had been commissioned by the Government to stamp out a "smallpox epidemic" that had broken out among the Digger Indians, just above Jackson, and that he had been successful in this but had contracted smallpox himself and insisted on staying at the "pest house" rather than to go to his home or the hospital for care. The lack of care received probably resulted in pneumonia. He died as the result of the complications.

Thanking you again for the courtesy extended me, I am,

Very respectfully,

THOMAS B. SMITH.

Robert Dollar Building.

CALIFORNIA MEDICAL ASSOCIATION[†]

CHARLES A. DUKES	President
HARRY H. WILSON	President-Elect
LOWELL S. GOIN	Speaker
KARL L. SCHAUPP	Council Chairman
GEORGE H. KRESS	Secretary and Editor

INDEX

1. *Official Visits by President Charles A. Dukes and Party.*
2. *Committee on Public Health Education: Report.*
3. *C. M. A. Department of Public Relations: Committee Minutes.*
4. *Committee on Postgraduate Activities: Reports.*
5. *California Physicians' Service.*
6. *Pacific States Medical Executives' Conference.*
7. *County Societies: Reports.*
8. *Woman's Auxiliary to the California Medical Association.*

OFFICIAL VISITS BY PRESIDENT CHARLES A. DUKES AND PARTY

In November last, President Charles A. Dukes of Oakland started on a new round of official visits to component county societies north of the Tehachapi. In turn, visits were made to Humboldt County Medical Society at Eureka; to Siskiyou County Medical Society at Yreka; to Shasta County Medical Society at Redding; to Tehama County Medical Society at Red Bluff; to Butte County Medical Society at Chico; and to Yuba-Sutter County Medical Society at Marysville.

In these visits, President Dukes was accompanied throughout by Association Secretary George H. Kress; and in the several councilor districts by Councilors Henry S. Rogers of Petaluma, Frank A. MacDonald of Sacramento, and Frederick N. Scatena of Sacramento.

The general and councilor officers spoke on organization problems and the activities of the California Medical Association, inviting questions on all matters pertaining thereto. A guest speaker, who presented a scientific topic, also took part in each of the meetings. These guest speakers were Doctors Albert H. Rowe of Oakland, Dwight L. Wilbur of San Francisco, and Clifford D. Sweet of Oakland.

President Charles A. Dukes and Counsel on Public Relations, Mr. Ross Marshall, gave addresses at the annual meeting of the San Francisco County Medical Society on December 12, 1939.

The Yolo-Colusa-Glenn County Medical Society held a special meeting on Sunday, December 3, at Woodland, at which President Dukes, Association Secretary Kress, and Councilors MacDonald and Scatena took up organization problems, the scientific topic being discussed by Dr. Dwight L. Wilbur.

Plans are in the making for visits to other societies in the Bay region and the San Joaquin Valley, the following dates having been selected up to the time of this writing: Santa Cruz, San Benito and Monterey on January 4; Sacramento Society for Medical Improvement on January 16; San Joaquin County Medical Society on February 1; and Alameda County Medical Society on February 19. In these visits, District Councilors A. E. Anderson of Fresno, C. Kelly Canelo of San Jose, and Oliver D. Hamlin of Oakland will be present.

President-Elect Harry H. Wilson of Los Angeles, with Association Secretary Kress, District Councilors Calvert L. Emmons of San Bernardino, George D. Maner of Los Angeles, Louis A. Packard of Bakersfield, and Councilors-at-Large C. O. Tanner of San Diego and William H. Kiger of Los Angeles will probably begin a series of visits to county medical societies located south of the Tehachapi early in March. Due notice of the proposed visits will be given.

COMMITTEE ON PUBLIC HEALTH EDUCATION[†]

The Committee on Public Health Education met in San Francisco in mid-December for consideration of its general program and recapitulation of the campaign against the chiropractic initiative at the special election November 7.

It was found that a total of more than three hundred editorials had been run in California newspapers against the chiropractic initiative and several hundred publicity stories provided by your committee had been printed in opposition to that initiative. Final reports showed that a most effective campaign had been waged successfully, at a cost of more than $1,600 *less* than the budget approved at the start of the campaign. The unexpended balance was returned to the committee funds.

Following the campaign, the public relations counsel, Mr. Ross Marshall, started visits to newspaper publishers. He found that many doctors have been giving their printing business to local newspapers that operate job-printing plants and that this business is much appreciated by the newspaper publishers. As a practical means of cultivating the good will of the publishers, your Committee advocates a continuance and extension of this practice, pointing out to you that the newspapers of California, almost without exception, staunchly supported the medical profession in the recent campaign.

The public relations counsel spoke before the San Gabriel Valley Unit of the California Newspaper Publishers' Association. He also spoke before the Yolo-Colusa-Glenn County Medical Society and before the San Francisco County Medical Society. A state-wide speaking itinerary is being arranged with the county medical societies for the purpose of explaining in detail the Committee on Public Health Education program.

[†] For complete roster of officers, see advertising pages 2, 4, and 6.

[†] The Committee on Public Health Education was established through Substitute Resolution No. 6 at the Del Monte annual session, May 3, 1939.

The general program of newspaper publicity has been launched, and stories beneficial to the medical profession will be sent regularly to the newspapers in the state for publication.

Thirty-eight of the forty county medical societies have so far designated one of their members to act as secretary in his district for a speakers' bureau, all bureaus to be coördinated in a state-wide organization.

A valuable program of public health education of the public, through speaking appearances before men's and women's organizations of all kinds is possible through development of these speakers' bureaus. To aid in this part of our program, your Committee will forward about the first of the year a set of approved American Medical Association speeches to each county society speakers' bureau. These speeches are on various medical subjects.

Speeches pointing out the dangers inherent in compulsory, state medical care schemes will be forwarded. Your Committee urges that these speeches be used and that members prepare themselves to make speeches, in view of the virtual certainty that within the next year we shall be obliged to appeal to the public to help us protect them from the disastrous effects of a compulsory health system should national or state legislation be proposed for such a purpose. We may say that informed opinion is that such legislation will be proposed. R. M.

C. M. A. DEPARTMENT OF PUBLIC RELATIONS†

COMMITTEE ON PUBLIC RELATIONS

A Digest of the Minutes of the Meeting held on November 25, 1939

The meeting was held in the offices of the Association, Room 2004, 450 Sutter Street, San Francisco, on Saturday, November 25, 1939, at 9:30 a. m.

1. Call to Order.

The meeting was called to order by Chairman George G. Reinle.

Present: President Charles A. Dukes; J. Norman O'Neill, Committee on Hospitals, Dispensaries, and Clinics; George G. Reinle, Committee on Medical Defense; Dwight L. Wilbur, Committee on Postgraduate Instruction; Roy Thomas, Committee on Health and Public Instruction; George H. Kress, Association Secretary; Mr. Hartley F. Peart, Counsel.

Absent: Harry H. Wilson, President-Elect; Alson Kilgore, Cancer Commission; Donald Cass, Committee on Industrial Practice; John H. Graves, Medical Economics; George D. Maner, Committee on Membership and Organization; Junius B. Harris, Committee on Public Policy and Legislation.

2. Minutes of Last Meeting.

The minutes of the meeting of the Committee on Public Relations held on October 28, 1939, were presented and, there being no objection, were approved.

3. Basic Science Act—Consideration of Third Draft.

A letter from William C. Woodward, M. D., Director of the American Medical Association Bureau of Legal Medicine and Legislation of the American Medical Association, relative to the third draft of the Basic Science Act, was presented for discussion and read, the suggestions being separately considered and acted upon:

Section 2 (a) page 2. Subjects selected are to stand as in draft.

Section 3 and Section 22. Include chiropodists, by the insertion of the word "chiropody."

Section 4. Delete and substitute, as suggested in Doctor Woodward's letter of November 10.

Section 6. Add "s" to the word "assistant" in the second line.

Find out from the Attorney-General whether or not a bond is required for persons having charge of state funds, as provided in the Act. If so, include in Act.

Section 13. Clarify incongruity as to 70 per cent passing grade, as noted in Doctor Woodward's letter.

It was moved by Charles Dukes, seconded by Norman O'Neill, that the Chairman and Doctor Wilbur take up the revision of Section 13 to clarify the percentage of passing grade and change the time for reëxamination to one year. Carried.

A letter from Mr. Elwood of the National Board of Diplomates was presented and discussed.

It was moved by Charles A. Dukes, seconded by Roy Thomas, that Doctor Wilbur consider the matter of exemptions as related to those holding Basic Science certificates from boards of equal rank in other states, the Committee giving its approval in principle. Carried.

Discussion was had of the enactment of the Act, and it was stated that if financial conditions did not permit its enactment by initiative measure, legislative enactment might be desirable in 1941.

It was moved by Charles Dukes, seconded by Norman O'Neill, that the revised draft of the Basic Science Act be presented to the Council with the recommendation of the Public Relations Committee that, at the earliest possible time, this matter be taken up by the Association, with the purpose of having the proposed law put upon the statutes of the state. Carried.

4. Pacific States Medical Executives' Conference.

Correspondence from the officers of the Pacific States Medical Executives' Conference, urging the attendance of California representatives at the Conference on December 10, 1939, was presented. The program of the meeting, on which California was scheduled to participate in topics of economics as related to the Pacific Coast States, was read.

After full consideration of the urgency of the requests for representatives from California, it was moved by Dwight Wilbur, seconded by Roy Thomas, that the Committee on Public Relations send two representatives to the Conference of the Pacific Coast Medical Executives on December 10, 1939, and that the expenses of the representatives be paid from the budget of the Committee. Carried. It was agreed that expenses are to include round-trip fare and lower berth.*

5. Federal Legislation.

The Secretary reported on the present status of federal legislation as contemplated by the Wagner Bill.

6. Malpractice Defense.

A tentative draft of a primer to be sent to members on malpractice insurance, and the manner in which the incidence of suits may be reduced, as prepared by the Association Secretary, was presented for discussion.

It was moved by Charles Dukes, seconded by Norman O'Neill, that Doctors Maner and Reinle and Mr. Peart place the draft in its final form so that the primer may be issued to members of the Association. Carried.

---

† The complete roster of the Committee on Public Relations is printed on page 2 of the front advertising section of each issue. Dr. George G. Reinle of Oakland is the chairman, and Dr. George H. Kress is the secretary. Component county societies and California Medical Association members are invited to present their problems to the committee. All communications should be sent to the director of the department, Dr. George H. Kress, Room 2004, Four Fifty Sutter Street, San Francisco.

* President Charles A. Dukes attended the meeting. For report thereon, see page 36.

The Secretary was instructed to send a copy of the draft to all members of the Committee that suggestions might be made for inclusion in the final draft.

Copy of the revised draft to be submitted to the Council for approval at its January meeting.

7. Exhibits.

The Secretary reported that the Cancer Exhibit of the California Medical Association was now stored without cost in the Library Building of the University of California. The Secretary then outlined the movement for the establishment of a permanent health museum in California, under the auspices of the Western Section of the United States Public Health Service. It was stated that plans at present contemplated the erection of a permanent building in Golden Gate Park and that the museum would be used for display purposes, and also as a radiating center for the Pacific Coast States in the furnishing of public health material for exhibition in various sections.

The value of exhibits at state and county fairs was stressed. It was pointed out that the Department of Public Relations would have an unexpended balance under the 1939 budget allotment.

It was moved by Norman O'Neill, seconded by Roy Thomas, that the Council be requested to hold over $1,000 in the budget allowance for 1940, earmarking such fund for public health exhibit for state and county fairs, subject to the approval of the Committee on Public Relations, the Executive Committee, or the Council. Carried.

Doctor O'Neill reported on films and exhibits obtainable for exhibit purposes. The value of movie films was discussed.

It was agreed that a complete exhibit should be presented at Coronado, in connection with the scientific exhibits relating to films, exhibits, etc., and that any necessary expense be paid from the budget of the Department of Public Relations. It was also stated that no films would be purchased outright at this time, but that they should be loaned from among the profession or rented from commercial sources.

8. Health Survey.

The Secretary submitted a progress report on the proposed health survey of the facilities in San Francisco, as contemplated by the Public Health Section of the Commonwealth Club.

9. National Physicians' Committee.

Association Secretary Kress reported on the newly organized "National Physicians' Committee for the Extension of Medical Service."

10. Mineral Springs.

President Dukes stated that he had received a request for information from the San Francisco Chamber of Commerce relative to the curative and therapeutic values of mineral springs in California, for use at a meeting to be held on Thursday, November 30, at the Palace Hotel, in an effort to publicize the mineral springs of California. Doctor Dukes stated Doctor Kress would make the address.

11. Date of Next Meeting.

The date of the next meeting of the Committee was tentatively set for 8:30 p. m. of the day in January on which the Council meets.

12. Adjournment.

There being no further business, the meeting adjourned.

George H. Kress, *Secretary.*

Approved:

George G. Reinle, *Chairman.*

COMMITTEE ON POSTGRADUATE ACTIVITIES†

Butte County Clinical Conference: At Oroville.

On Saturday, December 2, 1939, the Butte County Medical Society was the host unit for a clinical conference held at Oroville. Guest speakers were Doctors Dudley Smith and Carol McKenney of San Francisco.

Doctor McKenney spoke on "Essential Hypertension: Modern Concepts," and Doctor Smith presented a film, "Fistulectomy and Hemorrhoidectomy," and also gave a talk on "Examination of Patients for Rectal Lesions."

The conference began at 3 p. m., with recess for dinner, after which the evening meeting was held.

* * *

Humboldt County Clinical Conference: At Eureka.

A postgraduate conference arranged by the California Medical Association was held at the Humboldt County Hospital on December 7, 1939. Dr. Laurence Taussig and Dr. William Reilly held clinics at the Humboldt County Hospital on Dermatology and Pediatrics. About thirty doctors attended the clinics.

Lunch was served at the County Hospital, and following this a lecture was given by Doctor Taussig, his talk being illustrated by lantern slides in which he covered some types of skin cases that were not presented in the clinics. Conferences with the physicians at the Hospital and at their offices continued during the afternoon. Dinner was served at the Eureka Inn at 6 p. m. This was followed by a question and answer hour in which Doctors Taussig and Reilly discussed the various phases of pediatrics and dermatology, in response to questions from the members present.

A business session followed and the officers for the ensuing year were elected as follows: John N. Chain, president; John S. Chain, vice-president; J. S. Woolford, secretary; Walter Dolfini, treasurer; C. C. Falk, Sr., delegate; and John N. Chain, alternate.

J. S. Woolford, *Secretary.*

* * *

Shasta County Clinical Conference: At Redding.

Under the sponsorship of the Shasta County Medical Society a clinical conference was held on Sunday, December 10, 1939, in the city of Redding.

The guest speakers were Doctors John M. Cline and Chester L. Cooley of San Francisco. Doctor Cline discussed "Preoperative Preparation and Postoperative Care" in one session, and spoke on "The Use of X-Rays in Diagnosis of Acute Abdominal Conditions." Doctor Cooley's topics were: "Obstetrical Analgesia" and "Obstetrical Bleeding."

A heavy rain and inclement weather prevented the attendance of a number of physicians, but those who were present were much interested, as was evidenced by the questions presented to the speakers.

* * *

Fresno County Medical Society Planning a Series of Clinical Conferences.

Under the chairmanship of Dr. J. E. Young of Fresno, a tentative program is under consideration for a series of three conferences, one to be held each week, as follows:

Friday, February 2

Course No. 43—Peptic Ulcers. Afternoon.
Course No. 10—Pneumonia. Evening.

---

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary.

Friday, February 9

Courses 8 and 9—Gynecology and Obstetrics. Afternoon and evening.

Friday, February 16

Course No. 17—Genito-Urinary and Venereal. Afternoon.
Course No. 10—Disorders of Nutrition. Evening.

The course numbers referred to above are those listed for the respective topics in the last Postgraduate Supplement, a copy of which will be sent on request.

Notices of the completed program of the courses will be sent out in due course.

* * *

Clinical Conference: College of Medical Evangelists, Los Angeles.

The Sixth Annual Postgraduate Assembly, presented under the auspices of the Alumni Association of the College of Medical Evangelists, was held in Paulson Hall of the White Memorial Hospital on Sunday, December 17, 1939. The program follows:

Morning Session

9 :00 a. m.—Appraisal of New Drugs. Dr. Chauncey D. Leake, Professor of Pharmacology, University of California School of Medicine, San Francisco.

10 :00 a. m.—Some Etiological Considerations of Carcinoma of the Colon and Rectum. Dr. Vernon C. David, Chairman, Department of Surgery, Rush Medical College, Chicago, Illinois.

10 :30 a. m.—Consideration and Surgical Treatment of Uterine Prolapse. Dr. Lester D. Powell, Des Moines, Iowa.

Recess

11 :15 a. m.—Surgical Prognosis. Dr. Willis D. Gatch, Dean, Indiana University School of Medicine, Indianapolis, Indiana.

11 :45 a. m.—Open Reduction Treatment of Fractures. Dr. James A. Jackson, Surgical Section, Jackson Clinic, Madison, Wisconsin.

12 :15 p. m.—Common Mistakes in the Handling of Simple Fractures. Dr. Donald E. King, Associate Professor of Surgery (Orthopedics), Stanford University School of Medicine, San Francisco.

Afternoon Session

2 :00 p. m.—Management of Warts. Dr. Harry J. Templeton, Dermatologist, University of California Student Health Service, San Francisco.

2 :30 p. m.—Biliary Tract Disease and the Indications for Pharmaco-Dynamic Biliary Flush. Dr. R. Russell Best, Associate Professor of Surgery, University of Nebraska School of Medicine, Omaha, Nebraska.

3 :00 p. m.—The Gonococcus Complement-Fixation Reaction in General Medical Practice. Dr. Garnett Cheney, Associate Professor of Medicine, Stanford University School of Medicine, San Francisco.

3 :30 p. m.—Medical and Surgical Management of Certain Colonic Lesions. Dr. Claude F. Dixon, Surgical Section, Mayo Clinic, Rochester, Minnesota.

Recess

4 :15 p. m.—Transurethral Prostatic Surgery," with motion picture demonstration. Dr. Clyde W. Collings, formerly Chief of Urologic Clinic, New York University School of Medicine, New York City, New York.

4 :45 p.m.—Significance of Cardiac Arrhythmias in Hypertensive Heart Disease. Dr. Ralph M. Tandowsky, Assistant Professor of Medicine, College of Medical Evangelists School of Medicine, Los Angeles.

5 :15 p. m.—The Advantages of Superficial and Deep Intermediate Skin Grafts as Cut by the Dermatome. Dr. Earl C. Padgett, Associate Professor of Clinical Surgery, University of Kansas School of Medicine, Kansas City, Missouri.

* * *

Clinical Conference: University of California Medical School.

A course for general practitioners, stressing recently acquired knowledge applicable in practice, was held on January 3 to 6, 1940, in the University of California Hospital, San Francisco. Tuition fee was $20.

Outline of course follows:

WEDNESDAY, JANUARY 3

9 :00 a. m.—Pneumonia. Dr. J. W. Brown, Instructor in Medicine.

9 :30 a. m.—Meningococcus Meningitis. Dr. E. B. Shaw, Associate Clinical Professor of Pediatrics.

10 :00 a. m.—Gonococcus Septicemia. Dr. L. H. Briggs, Clinical Professor of Medicine, and Dr. A. Haim, Surgical Bacteriologist.

10 :30 a. m.—Urinary Tract Infections. Dr. C. M. Johnson, Associate Clinical Professor of Urology.

11 :00 a. m.—Syphilis. Dr. H. E. Miller, Clinical Professor of Dermatology.

2 :00 p. m.—History and General Summary of Vitamins. Dr. J. L. Carr, Assistant Professor of Pathology.

2 :30 p. m.—Vitamins A and D. Dr. W. C. Deamer, Associate Professor of Pediatrics.

3 :00 p. m.—Vitamin B. Dr. H. J. Borson, Research Assistant in Medicine and Pathology.

3 :00 p. m.—Vitamin C. Dr. J. F. Rinehart, Associate Professor of Pathology.

4 :00 p. m.—Vitamins E and K. Dr. S. P. Lucia, Assistant Professor of Medicine.

THURSDAY JANUARY 4

9 :00 a. m.—Advances in Treatment of Endocrine Lesions. Dr. H. C. Shepardson, Associate Clinical Professor of Medicine.

9 :30 a. m.—Gout. Dr. W. J. Kerr, Professor of Medicine.

10 :00 a. m.—Peptic Ulcer. Dr. F. H. Kruse, Clinical Professor of Medicine.

10 :30 a. m.—Mucous Colitis. Dr. T. L. Althausen, Associate Professor of Medicine.

11 :00 a.m.—Anemias. Dr. S. R. Mettier, Associate Professor of Medicine.

11 :30 a. m.—Equine Encephalitis. Dr. K. F. Meyer, Professor of Bacteriology.

2 :00 p. m.—Tuberculosis. Dr. L. V. Ackerman, Instructor in Medicine.

2 :30 p. m.—Pneumothorax. Dr. S. J. Shipman, Associate Clinical Professor of Medicine.

3 :00 p. m.—Lung Tumors. Dr. A. Goldman, Assistant in Surgery.

3 :30 p. m.—Poisoning by Drugs Used for Therapy. Dr. C. D. Leake, Professor of Pharmacology.

FRIDAY, JANUARY 5

A symposium on common fractures met in private practice, an all-day clinic, with practical demonstrations, was given at the San Francisco Hospital, Twenty-second Street and Potrero Avenue, San Francisco, under the direction of Dr. F. C. Bost, Assistant Clinical Professor of Orthopedic Surgery, and Drs. W. J. Cox and R. Soto-Hall, Instructors in Orthopedic Surgery.

6 :00 p. m.—Dinner, Faculty Club, University of California Hospital.

Practical Demonstration of Applied Dietetics—How a Normal Diet May Be Altered to Meet Disease Conditions. Dr. Nina Simmonds, Lecturer in Medicine; Miss Ann T. Lamb, Dietitian, University of California Hospital; and Dr. S. P. Lucia, Assistant Professor of Medicine.

* * *

American College of Surgeons Clinical Meeting in Los Angeles, January 29 to 31, 1940.

The Western Section of the American College of Surgeons, consisting of California, Arizona, New Mexico, Utah, Nevada, Colorado, Oregon, Washington, Montana, Idaho, Wyoming, British Columbia and, by invitation, Hawaii and Mexico, will convene in Los Angeles commencing Monday, January 29, 1940. Headquarters will be at the Biltmore Hotel. The program of medical films, hospital conferences, papers, and discussions are of wide scope and interest. Members of the California Medical Association are most cordially invited to attend. There will be no registration charge. For additional information address American College of Surgeons, 40 East Erie Street, Chicago, Illinois; or Emile Holman, M. D., Stanford University Hospital, Clay and Webster streets, San Francisco; or Edward M. Pallette, M. D., 1930 Wilshire Boulevard, Los Angeles. Other California members of the Executive Committee of the College include George G. Reinle, M. D., 532 Fifteenth Street, Oakland; George Thomason, M. D., 317 Hollingsworth Building, Los Angeles, and John Homer Woolsey, M. D., Woodland Clinic, Woodland.

CALIFORNIA PHYSICIANS' SERVICE[†]

Between November 15 and December 15, sixty-eight new group contracts were signed (approximately 2,100 new beneficiary members). We are beginning to complete contracts with some groups of larger size: One group of 330 in Los Angeles, one of 100 in Oakland, one of 120 in San Francisco.

Checks are now being written for October professional services at $1.60 per unit.

Suggestions:

1. Please send initial reports (Form 7) *to your Deputy Medical Director* as soon as you have seen a new patient for California Physicians' Service. We would like to check the record and be sure he really is a beneficiary member with dues paid.
2. Do not order x-rays and extensive laboratory tests or start a course of treatment until you are sure the patient is entitled to it.
3. Send your monthly bill for services to California Physicians' Service office at San Francisco or Los Angeles *promptly at the end of each month. If bills are not received before the unit value for the month is computed, there is no way the bill can be paid.*

Effective January 1, 1940, the new address of the San Francisco office of California Physicians' Service will be 333 Pine Street. The telephone number will remain the same, EXbrook 3211.

* * *

I Just Found Out About Installment Plan of Medical Care

By Dick Bergholz

It isn't "socialized" medicine, yet it's a definite attempt to bring sound, complete medical and hospital service to men and women in the lower income brackets who ordinarily find themselves unable to budget for medical emergencies.

That's the new California Physicians' Service, a coöperative nonprofit effort by some five thousand California doctors and medical specialists to bring budgeted medical service to the middle and lower classes.

Bringing the plan to Ventura County men and women are thirty-two doctors and specialists as well as Foster Memorial Hospital in Ventura and St. John's Hospital of Oxnard.

* * *

Basic idea of the plan is that of small monthly payments, similar to insurance payments, so that when medical emergencies arise, no big outlay is needed.

Naturally, the patient doesn't get something for nothing. The plan has been figured out on an actuary basis just like insurance policies. The average risk has been figured in terms of medical needs, and rates have been fixed accordingly.

There are two classes of service. One, for which the monthly fee is $2.50, includes full coverage for an individual. The other, for which the monthly fee is $2, includes the same service except that the patient must pay for the first two doctor's visits in any case of sickness or injury. Those calls, however, are generally meant to infer routine calls, not emergency service.

* * *

The California Physicians' Service is open to employee groups—five persons or more constitute a group—whose individual incomes don't exceed $3,000 annually, and whose individual ages do not exceed sixty-five.

Why employee groups? Local officials of the plan say it has been found that those men and women who work are anxious to preserve their health and have a more vital need for their health than any other class. Thus, they are a broadly superior risk.

* * *

Why income restrictions? Officials say there are two reasons: (1) it brings far better medical and hospital care to people in the middle and lower classes because it forces budgeting for emergencies and stimulates frequent medical checkups; (2) it tends to reduce the doctor's losses through uncollectible medical fees and tends to effect a more or less steady income.

As yet, the plan hasn't been so arranged so a man can include his wife or family or dependents in his contract services, but it is reported that such a family or relation group plan is being devised and will soon be offered to the public. Reason why a husband can't bring his wife and children in with him on the plan, except at the regular monthly rate, is that actuarily sound figures haven't been reached as to the relative risks and just payments.

The medical services include all emergency accident cases, diseases of either sex, eye, ear, nose and throat ailments, but not dental care or the actual cost of glasses. Excluded from service are mental disorders other than simple diagnosis, drug addiction, alcoholism, injuries sustained in lawless acts or self-inflicted, injuries already covered by workmen's compensation laws and conditions already existing at the time of becoming a plan member.

There are two services included under the plan—medical and hospital. Medical care includes medical, surgical, and specialist services for diagnosis and treatment, regardless of amount needed, up to one year for each disease or injury as long as the patient is in the state.

* * *

More specifically, medical service includes treatment at the doctor's office or at the patient's home if office treatment is impossible, hospital treatment, laboratory examinations, x-ray diagnosis, x-ray and radium treatment, and the services of a physician-anesthetist.

The hospital treatment includes hospital care up to twenty-one days for each particular illness or injury during a contract year, thus meaning several different stays per year.

More specifically, hospital service includes care in a room of three or more beds (a private room may be had at a small additional cost), meals and the services of dietitian, general nursing care, use of the operating rooms, including surgical and anesthetic supplies, use of cystoscopic rooms and supplies and such splints, casts, dressings, and drugs ordinarily furnished when a patient is hospitalized.

* * *

Actually, the hospital service section of the California Physicians' Service is simply an adaptation of the current system of hospital insurance, carried in California by three recognized groups, the Associated Hospital Service of Southern California, the Intercoast Hospitalization Insurance Association, and the Insurance Association of Approved Hospitals.

Under the California Physicians' Service, the medical service does not hold outside the state, but hospital service is open to any contract patient anywhere in the world at accredited hospitals.

You must be a member for twelve months or more before full hospital and medical care is provided on hernia, tonsil, adenoid, nasal or septum operations, and you must have been a member for twenty-four months before medical service is furnished in maternity cases. Hospital care in maternity cases is excluded.

In tuberculosis cases, hospital care is excluded after diagnosis has been established, but medical care is furnished for one year.—Ventura *Star-Free Press*, December 7, 1939.

* * *

Your Health Service

The big adventure in California health is under way.

Our health is already 11 per cent better than the average of the United States, but we want it to be even better.

Farm leaders have pioneered in demanding group medical, surgical and hospital service, and now they have it.

The physicians and surgeons of California have accepted the challenge. They have set up the California Physicians' Service, with 80 per cent of the active doctors and 80 per cent of the hospitals of the state coöperating.

Membership is always by groups. The Service does not want to have the bookkeeping expense of collecting dues from individuals. Your farm group can join and put you in.

The limitations are very few. You cannot join if you are sixty-five years old, or if your net income is above $3,000 a year.

You have complete choice of doctors, surgeons, and hospitals.

You know what it is going to cost. The cost is $1 membership fee, and $2.50 per month.

[†] Address: California Physicians' Service, 333 Pine Street, San Francisco. Telephone EXbrook 3211. Manager, Mr. Allen Widenham.

Other members of your family can join for hospital service for dues ranging from 40 to 90 cents per month, but no price for medical service for them has been set up as yet.

The United States Department of Agriculture made a study in California in 1935-1936, which indicated that California farmers spend each year for medical care $18,461,940. This new plan is designed to offer more service for a lesser cost.

You may get details by addressing the California Physicians' Service at 333 Pine Street, San Francisco, or 448 South Hill Street, Los Angeles.—*Pacific Rural Press.*

PACIFIC STATES MEDICAL EXECUTIVES' CONFERENCE

The third annual meeting was held in the Olympic Hotel, Seattle, Washington, on Sunday, December 10, 1939. Officially affiliated associations: California, Idaho, Montana, Oregon, and Washington State Medical Associations.

Other associations invited to participate: Arizona, Nevada, Utah, Wyoming, and British Columbia Medical Associations.

More than forty representatives were present, the program being carried out under the chairmanship of President H. E. Rhodehamel, Spokane, Washington, retiring president of the Washington State Medical Association. The program of the general meetings follows:

Morning Session

10:00 a.m.—Federation of Professional Societies (Oregon Plan).
    Discussion to be opened by Representative of the Oregon State Medical Society.
  Medical Service Plans.
    (a) For the Low-Wage Group.
    (b) For the Indigent.
    (c) For the Farm Security Administration and Migrant Families.
    Discussion to be opened by Representative of the California Medical Association.
12:30 p. m.—Luncheon.

Afternoon Session

2:00 p. m.—Malpractice Defense Problems.
    Discussion to be opened by Representative of Washington State Medical Association.
  Prospective Health Legislation.
    (a) National.
    (b) State.
    Discussion to be opened by Representative of Oregon State Medical Society.
  Public Relations.
    Discussion to be opened by Representative of California Medical Association.
  Prospective Public Health and Practice Laws of the Pacific States. Basic Science Laws.
    Discussion to be opened by Representative of Washington State Medical Association.
  Postgraduate Medical Education.
    Discussion to be opened by Representative of Oregon State Medical Society.

* * *

The agenda for the business meeting of the Executive Board included:

1. Call to Order by the President, Dr. H. E. Rhodehamel.
2. Report of Secretary-Treasurer.
3. Consideration of National Conference on Medical Service.
    (a) Possible certification of delegates to the Conference.
    (b) Possible resolutions to the Conference.
4. Discussion of Financing the Activities of the Pacific States Medical Executives' Conference.
5. Announcement Regarding Program of National Physicians' Committee for the Extension of Medical Service.
6. Possible Invitation of Other State Medical Associations to Become Officially Affiliated with the Conference.
7. Announcement of Meeting Place for 1940.
8. Report of Nominating Committee, and Election of Officers for 1940.

* * *

President Charles A. Dukes officially represented the California Medical Association, many questions on the various activities of the California Medical Association being put to him, as may be inferred from a letter sent to him by Homer D. Dudley, President-Elect of the Washington State Medical Association, from which the following is quoted:

> I want you to know how much I appreciate your attendance at the meeting of the Pacific States Medical Executives' Conference in Seattle last Sunday. Your experience and your breadth of general knowledge of the mutual problems under discussion were of inestimable value to the other delegates in their consideration of the matters before the Conference.
>
> It was nice to see you again, and I want you to know how appreciative all our members are for your personal contributions.

And from a letter received from Dr. H. E. Rhodehamel, who was reëlected president of the Conference, a similar note of appreciation:

> I desire to thank you for taking the time to come to our Pacific States Medical Executives' Conference last Sunday and for your assistance in making this meeting a success. The men from all sections of the Pacific Coast complimented you on your broad grasp in the many problems that are confronting the medical profession in the economic field. I believe that the enthusiasm shown and the benefit derived by the men who were present speak well for the permanence of our organization.
>
> I would appreciate it if in your spare moments, if you have any, you would give some thought to the subjects that should be presented next year. Of course I appreciate the fact that many changes may be necessary before the next meeting, but if a thought should occur to you for some topic of importance or a suggestion made by another member of the group, these ideas could be sent to the various delegates and studied in minute detail. This would shorten the discussion time on each subject and give us a broader field to present.

The Pacific States Medical Executives' Conference held its first meeting in San Francisco in 1937, its second in Portland, Oregon, in 1938, and its third in Seattle in 1939. After discussion of the best means of laying the foundation of permanency for this organization, it was voted to be the sense of the meeting, owing to travel expense and other reasons, the wisest plan would be to make the city of Portland the regular annual place of meeting.

Each year's experience has only emphasized the value of an organization such as the Pacific States Medical Executives' Conference, which makes it possible for the executive officers of the state medical associations of the Pacific Coast, and comprising not only the Pacific Slope commonwealths but the Pacific States, to meet, and through exchange of views in discussion, profit from the experiences of their respective organizations. In carrying through such a plan, medical societies are only getting in line with procedures that have long been in active operation in successful industrial and agricultural groups, and in bodies such as Chambers of Commerce. Attendance at these meetings is not necessarily limited to officers of state medical associations. Officers of component county medical societies and other physicians who are interested in medical-economic problems are cordially invited to attend the meetings. K.

COUNTY SOCIETIES

MENDOCINO-LAKE COUNTY

The meeting of the Mendocino-Lake County Medical Society was called to order by President Robert B. Smalley on December 9 at the Mendocino State Hospital in Talmage.

The following members were present: Doctors Cleland Van Allen, Smalley, Wagner, Rea, LeBaron, Porter, Hill, Kirwin, Rapaport, Gericke, Bramkamp, and Gardner.

Guests present were: Doctor Pettie, Judge Held of Ukiah, Judge Falk of Eureka, District Attorney J. Busch of Ukiah, District Attorney B. Busch of Lakeport, and Mr. Thomas Coakley of the Attorney-General's office.

The application of Dr. Stanley Rea was accepted for membership. The transfer of membership of Dr. Walter Rapaport from Napa County Society was accepted. . . .

The formation of a Woman's Auxiliary was discussed, and it was decided that it was not feasible due to the extent of this area.

The program of the evening was a round-table discussion directed by Doctor Rapaport of new legislation pertaining to the commitment laws of sexual psychopaths. The burden of the discussion was carried by Judges Held and Falk, and Attorneys James Busch, Bert Busch, and Thomas Coakley.

President Smalley appointed Doctors Hill and Kirwin as members of the Nominations Committee. The following nominations were presented as candidates for office for 1940: Dallas L. Wagner, president; Royal Scudder, secretary-treasurer; Walter Rapaport, delegate; Lew K. Van Allen, alternate. No other nominations being made, these candidates were unanimously elected.

The Society learned with pleasure of the action of the Council of the California Medical Association granting a retired membership to Dr. Ruggles A. Cushman. The members of this Society are indebted to Doctor Cushman for his invaluable service in the county and state societies in these past many years.

The Society welcomed as a new member, Dr. J. E. Gardner of Ukiah.

It was determined that the next meeting be held in Ukiah in February, 1940.

A vote of thanks was extended to Doctor Rapaport and staff for their hospitality.

The meeting then adjourned, to partake of refreshments served by members of the hospital staff.

Dallas L. Wagner, *Secretary.*

⁂

RIVERSIDE COUNTY

The Riverside County Medical Association members were invited to meet with the March Field Post Hospital staff on December 4 as their guests.

An attempt was made to have this program fall on the regular meeting night during the spring months, but it was necessary for them to have our Society during December or not at all. We have met with the March Field staff in past years and always had a worth-while program, and we have every reason to believe this will be no exception. We are honored by this invitation to March Field.

It is the hope of the Council that every member will make a special effort to attend.

The regular meeting on December 11 was a dinner meeting with the Woman's Auxiliary, and entertainment was provided by them. Thomas A. Card, *Secretary.*

⁂

SAN BERNARDINO COUNTY

The regular meeting of the San Bernardino County Medical Society was held at the San Bernardino County Charity Hospital on Tuesday, November 7. There were about sixty members and guests present.

This being the first meeting in the new assembly room, Doctor Cherry called upon Dr. V. M. Pinkley, Superintendent of the Hospital, to make a formal presentation.

Doctor Pinkley then presented the new assembly room to the Society, stating that he hoped that both the hospital staff and the Society would enjoy the new meeting place.

Dr. F. E. Clough, Chairman of the Postgraduate Committee, spoke briefly on postgraduate programs, and asked the members to hand in suggestions for programs.

There being no further business, the program was presented as follows: *Relationship of Endocrinology to the Menstrual Function and Menstrual Irregularities,* by Dr. Clifford A. Wright of Los Angeles.

Discussion was opened by Dr. Delbert B. Williams and Dr. W. L. Cover of San Bernardino.

Refreshments were then served, after which the meeting was adjourned. Arthur E. Varden, *Secretary.*

⁂

SAN JOAQUIN COUNTY

The regular meeting of the San Joaquin County Medical Society was called to order at 8:40 p. m. at the Hotel Wolf in Stockton. The meeting was preceded by the customary annual dinner, at which thirty-eight members were present.

The application of Dr. Julius Zelman having been approved by the Admissions Committee, and there being no objections from the floor, he was declared a member. The application of James O. Greenwell was read and referred to the Admissions Committee.

Dr. Dewey Powell made a report of the activities of the Public Relations Committee and also the activities of the California Physicians' Service. He told the members of the difficulties being experienced by the Intercoast Hospital Association of Sacramento and stated that hospitalization would be written for the San Joaquin and Sacramento valleys by the Hospital Associations of Southern California and the Association of Approved Hospitals at Alameda, and told that the Board had passed a motion inviting the Association of Approved Hospitals to extend their services to this county. Doctor Powell made a motion that this action be approved by the members as a whole. This motion was seconded by Doctor Doughty and unanimously passed.

The election report was then read by the Secretary and the following named men were declared elected for the year 1940: Hugh J. Bolinger, president; R. L. Owens, first vice-president; T. W. Kyddson, second vice-president; and George H. Rohrbacher, secretary. Directors—Charles Martin, Verne Ross, Edward Faulkner, P. B. Gallegos, A. K. Merchant, N. P. Johnson, and Dewey Powell. Delegates—Frank Doughty, George Sanderson, and George Rohrbacher. Alternates—C. A. Broaddus, C. V. Thompson, and Verne Ross.

The paper of the evening was presented by Dr. E. Gilcreest of San Francisco, who read a paper on the *Life of Sir William Osler.* This paper was extremely interesting and had many personal reminiscences, as Doctor Gilcreest had served in the British Forces prior to the entrance of the United States and during the World War, and had met Sir William Osler many times. The paper was profusely illustrated and was greatly enjoyed by the members.

There being no further business to come before the Society, the meeting was declared adjourned at 10:10 p. m.

G. H. Rohrbacher, *Secretary.*

CHANGES IN MEMBERSHIP

New Members (26)

Alameda County

Elwin L. Armstrong

Kern County

Thadeus M. McNamara
Agnes DeLawder Tarr
Juliet E. Thorner

Orange County

L. H. Slocumb

San Diego County

Milton A. Dexter

San Francisco County

Arthur C. Armstrong
Jean-Louis E. Brindamour
John Welch Brown
Francis L. Chamberlain
David D. Charnak
William T. Duggan
Harold M. Gilfillan
Leon Goldman
Richard A. Koch
Emilio Donald Lastreto
Kathleen M. Mahoney
Michael Thomas Michael
William B. Neff
Charles A. Rethers
Eldor Christ Sailer
Francis J. Stanghellini

Santa Barbara County

Lucian N. Lano

Yolo-Colusa-Glenn County

F. H. Gambell   Mary B. E. Poket

Ventura County

Emil F. Tonn

Transfers (1)

Paul W. Schriber, from Merced County to Alameda County.

Resigned (2)

Franklin C. Cassidy, from Alameda County.
G. O. Whitecotton, from San Francisco County.

In Memoriam

Baker, Morgan Dillon. Died at San Jose, November 13, 1939, age 59. Graduate of the University of California Medical School, San Francisco, 1904, and licensed in California the same year. Doctor Baker was a member of the Santa Clara County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✠

Gay, Henry Milus. Died at Pasadena, November 6, 1939, age 66. Graduate of Hahnemann Medical College and Hospital of Philadelphia, 1899, and licensed in California the same year. Doctor Gay was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✠

King, Cora Smith. Died at Hollywood, November 21, 1939. age 72. Graduate of the Boston University School of Medicine, 1892. Licensed in California in 1922. Doctor King was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✠

Myers, Cortland. Died at Los Angeles, November 27, 1939, age 47. Graduate of Columbia University College of Physicians and Surgeons, New York, 1919. Licensed in California in 1921. Doctor Myers was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✠

Penzotti, Richard Benjamin. Died at Oakland, November 6, 1939, age 48. Graduate of the University of Michigan Homeopathic Medical School, Ann Arbor, 1921. Licensed in California in 1925. Doctor Penzotti was a member of the Alameda County Medical Association, the California Medical Association, and the American Medical Association.

✠

Rood, Vernon Voorhees. Died at Grass Valley, November 16, 1939, age 60. Graduate of the College of Physicians and Surgeons, Los Angeles, 1916. Licensed in California in 1925. Doctor Rood was a member of the Placer County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✠

Waller, Julian Lloyd. Died at Woodland, November 15, 1939, age 70. Graduate of the College of Physicians and Surgeons, San Francisco, 1904. Licensed in California in 1906. Doctor Waller was a retired member of the San Francisco County Medical Society, the California Medical Association, and the American Medical Association.

OBITUARIES

Walter LeRroy Blodgett

1870–1939

In the death of its vice-president, Dr. Walter LeRoy Blodgett, who passed away at Calistoga on October 25, 1939, the Napa County Medical Society has lost a leader of untiring devotion and exceptional ability and merit, widely esteemed and widely influential, and long and affectionately to be remembered and mourned. He was born in Woodland, Yolo County, in September, 1870, and there happily passed his boyhood. Later, pushing into the cosmopolitan city of San Francisco, he attended the Cooper Medical College, known today as the Stanford University Hospital, from which he was graduated with honors in 1895. Returning to country life, he settled for a couple of years at Monticello and Oat Hill, where he started his professional practice; after which he removed to Willetts, in Mendocino County, to join Doctor Gunn, a particular friend, in partnership. The arrangement lasted for eight years, and it is a high tribute to the two gentlemen that their only agreement was verbal, both contracting parties being perfectly satisfied with each other's integrity and sincerity. The result was, what none too often nowadays witnesses, that when the partnership was dissolved, Doctor Gunn and Doctor Blodgett separated as bosom friends. It was at Willetts that Doctor Blodgett fortunately met Miss Mitto Blevins, to whom he was soon married; and having reached the milestone where he was ready to set up his household gods, the more experienced doctor, in 1913, again moved, this time to Calistoga, where he practiced continuously until last August, when he was seized with illness that proved fatal. There such was his fidelity to duty, as he saw it, toward his patients, that, although troubled with a slight attack the night before, he made his round of calls, as usual, the very morning he was stricken!

Doctor Blodgett was an active member of the Grange, the Masonic Blue Lodge of Calistoga, the Eastern Star, the Native Sons of the Golden West, the Elks, and the Knights Templar of Napa, and also the Odd Fellows, and he was equally dependable in work of the Rotary Club and the local Chamber of Commerce. He was devoted to the church, attending services as often as his practice permitted, and he was second to none in his interest in Boy Scout and other movements, meriting a rich reward from the Great Physician, whose precepts all his life he sought to follow. No wonder, then, that having been a man of retiring, modest disposition, yet with a heart sympathetically attuned to the suffering and wants of others, and disposed freely to give of time and from open purse, when he himself at last succumbed, there should be a public demonstration, in the closing of all business and otherwise, at the time of those rites through which society seeks to pay its respects to the honored dead. In life, a man of culture still cultivating talent and improving opportunity, he had supported all movements for more and better music, going, when opportunity afforded, to San Francisco to enjoy the best that that cosmopolitan center offered; and, as naturally, in other ways endorsing educational endeavors such as best build up a community. A loyal member of the California Medical Association, and also of the American Medical Association, he is affectionately recalled by Dr. W. W. Roblee and Dr. Charles A. Dukes as, until recently, one of the three surviving members of his graduating class—a body of enthusiastic, promising young men, of whom not a few in later life made enviable records in the field of scientific medicine. At his passing, Doctor Blodgett left a wife, whose love and devotion had for years sustained him in his arduous, wearying work; a sister, Mrs. Ida Palmer of Oakland, and several nephews and nieces, to all of whom the most heartfelt sympathy will by many be afforded.

Morgan Dillon Baker

1880–1939

A distinguished career as a physician and a citizen was ended when Dr. M. D. Baker, a member for thirty-four years of the Santa Clara County Medical Society, died on November 11, 1939. Known to his colleagues for his fierce independence as a champion of ethical medicine and as a foe to compromise that endangered the time-honored stature of the profession, Doctor Baker was respected and admired by his brother practitioners. A kind and loyal friend, he will be sorely missed by the many physicians with whom he worked. A skilled roentgenologist and, more than that, a sound clinician, Doctor Baker's advice was often invaluable to those who sought his help.

Morgan Dillon Baker was born on October 15, 1880, in Stockton, California. He attended the San Jose schools and took both his academic and medical degrees at the University of California. He interned at Mercy Hospital in Sacramento and, in 1905, established himself in general practice at Almaden. Three years later Doctor Baker moved his offices to San Jose, where he practiced continuously to his death. He restricted his work to roentgenology shortly after he became established in San Jose. From 1913 to 1917, he was associated with Dr. J. U. Hall. During the World War he was instructor in roentgenology at Camp Greenleaf, Georgia.

Doctor Baker is survived by his widow, Mrs. Juanita Burke Baker; three daughters, Kathryn, Elizabeth, and Marjorie; and two sons, Morgan, Jr., and Burke.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION[†]

MRS. FREDERICK N. SCATENA	President
MRS. WILLIAM C. BOECK	Chairman on Publicity
MRS. KARL O. VON HAGEN	Asst. Chairman on Publicity

Component County Auxiliaries

Alameda County

The regular meeting of the Woman's Auxiliary to the Alameda County Medical Association was held on Friday, October 20, at the Claremont Country Club. The president, Mrs. George Calvin, and Mrs. Frank Baxter, hostess of the day, welcomed over one hundred members and guests at a reception preceding luncheon.

Thirty-nine new members were welcomed. Each was presented with a gardenia and seated at a special table which was arranged in their honor.

Mrs. Ira Church assisted Mrs. Roy Nelson in planning the program, which included songs, with piano accompaniment by Nancy Pauline Turner. Mrs. William Sargent's repartee was enjoyed by all.

Mrs. Rene Van de Carr, *Publicity Chairman.*

⁂

Los Angeles County

The Woman's Auxiliary to the Los Angeles County Medical Association met in regular session on November 28 at the Los Angeles Athletic Club, Mrs. E. Eric Larson, President, presiding. A very interesting program was as follows:

Dr. William H. Daniel, President of the Los Angeles County Medical Association, gave a splendid talk on *Working Together.*

Dr. Elizabeth M. Hohl spoke on *Relief and Fraternal Relations.*

Mr. Rex Thompson, Superintendent of the Department of Charities for the county of Los Angeles, discussed the *Care of the Needy.*

Dr. Katherine Close was introduced and extended a cordial invitation to attend the art exhibit in the County Medical Building from January 8 to January 30, inclusive.

The Auxiliary had as guests of honor the Board of Trustees of the County Medical Association.

A silver offering was taken for Christmas philanthropy.

Ruth Locke Thompson, *Publicity Chairman.*

⁂

Marin County

Twenty members of the Woman's Auxiliary to the Marin County Medical Society met for dinner at Deer Park Villa, in Fairfax, on Thursday evening, November 30. Mrs. De Lancey presided.

Mrs. Thomas Gocher, Public Relations Chairman, read a letter from the Marin County Shut-In Society, expressing the Society's thanks for taking a group of their members to Treasure Island in October.

It was decided to have the annual bridge tea in February, for which Mrs. George Landrock was appointed chairman.

Mrs. De Lancey's play, "Charity Begins at Home," is to be produced at the San Rafael Women's Club on December 5. The cast, with one exception, is composed of members of the Marin Auxiliary.

The guest speaker of the evening was Ninon, fashion editor of the San Francisco *Chronicle*, whose subject, *Style, Rather Than Fashion*, was both fascinating and instructive.

Agnes Campion Taylor, *Publicity Chairman.*

⁂

San Diego County

On November 14, 1939, the Woman's Auxiliary to the San Diego County Medical Society, and their friends met at the Sequoia Club for the annual dessert-bridge party. Mrs. Edwin Kelley presided.

A sixteen-pound turkey was raffled off, Chinese fashion, adding much hilarity to the occasion.

The Auxiliary was elated, too, over the fact that $125 was realized for the medical scholarship fund.

Iva O'Hara, *Secretary.*

⁂

San Francisco County

Training the Child for Adjustment and Mental Health was the subject interestingly discussed by Ruth T. Storey, Ph. D., psychologist of the Juvenile Court, at the regular meeting of the San Francisco Auxiliary held on November 21 at the San Francisco County Medical Building. Everyone present expressed a desire to hear Dr. Storey again at another meeting.

Mrs. Frederick N. Scatena, President of the California Auxiliary, also spoke, giving an inspiring account of the beginnings and history of the development of medical auxiliaries. She urged an increase of membership in the established branch organizations and the formation of new groups throughout the state.

The principal philanthropic work of San Francisco's Auxiliary is raising money to maintain a revolving scholarship loan fund for senior medical students of the University of California and Stanford University Medical Schools. The Auxiliary having, however, additional money which could be spared in excess of the $400 given last spring for the above purpose, decided to assist a deserving blind woman to independence and greater joy in living by giving her the necessary $75 balance above the amount she could earn or raise to buy a trained dog guide.

[†] As county auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Karl O. Von Hagen, Assistant Chairman on Publicity, 5867 Whitworth Drive, Los Angeles. Brief reports of county auxiliary meetings will be welcomed by Mrs. Von Hagen and must be sent to her before publication takes place in this column. For lists of state and county officers, see advertising page 6. The Council of the California Medical Association has instructed the Editor to allocate two pages in every issue to Woman's Auxiliary notes.

Due to the sudden, though fortunately brief illness of Mrs. Edmund J. Morrissey, President, Mrs. A. L. Brown, First Vice-President, presided at the meeting of about eighty members.

Mrs. Wilber F. Swett, *Publicity Chairman.*

⁂

San Mateo County

The Woman's Auxiliary to the San Mateo County Medical Society held its first meeting of the season on October 25 at 7 p. m., attended by about twenty ladies. All the wives of doctors, whether members or not, were invited.

Mrs. Kirk Prindle of 865 Culebra Road, Hillsborough, opened her lovely home to the Auxiliary on this evening and served a delicious buffet supper.

Afterward Mrs. G. W. Sevenman, President, called a short business meeting, and later she gave a delightfully amusing talk on her experiences as the wife of a horse-and-buggy doctor.

* * *

The second monthly meeting was held at the Benjamin Franklin Hotel at seven o'clock in the evening of November 29, and brought out twenty-five members. The president, Mrs. Sevenman, presided. Following dinner, Mr. F. M. Stanger, an instructor at the San Mateo Junior College, spoke on Mexico.

⁂

Santa Barbara County

On Monday afternoon, November 13, Mrs. Henry Johnson Ullmann opened her lovely home to the members of the County Auxiliary and their guests. A delightful tea was served, with Mrs. Frederick Scatena, State President, guest of honor, who discussed the objects and aims of the organization. Other guests were Mrs. Clifford Wright, past president, and Mrs. E. Eric Larson, President of the Los Angeles Auxiliary.

Mrs. C. T. Roome, *Publicity Chairman.*

⁂

Tulare County

The monthly meeting of the Woman's Auxiliary to the Tulare County Medical Society was held on December 3 at the Johnson Hotel, in Visalia. After dinner, Dr. Ellis D. Sox, Tulare County Health Officer, gave an interesting and instructive talk on *Child Welfare.* Mrs. W. L. Chittom, probation officer, held the attention of all with a talk on her professional work.

Approximately fourteen members were present.

Agnes L. Parkinson, *Corresponding Secretary.*

In a democracy, society must recognize that the individual has rights which are guaranteed, and the individual must recognize that he has responsibilities which are not to be evaded.—Dr. Harry Woodburn Chase, Chancellor of New York University.

Early Diagnosis of Tuberculosis Is Good Economy.—To keep an early case in a sanatorium for a few months may cost a few dollars. To keep an advanced case for several years may cost many thousands of dollars.—*Ohio Public Health,* June 1939.

BENJAMIN FRANKLIN KEENE

(Continued from Page 28)

activity and inverted the natural order of things by subjecting the higher to the lower, was degrading medicine into a mere business, leading men of real ability, who might have been remembered as benefactors of their race, to spend their noble energies in building up an extensive practice, irrespective of the means, by which alone the much-coveted prize could be won.

Because of Doctor Keene's peculiar fitness as a coördinating officer, it is not unfair to presume that, had he lived, the early history of medicine in California would have been vastly different and that the Medical Society of the State of California would have enjoyed an uninterrupted existence from March 13, 1856, to the present time. Credit for its revival upon a sound basis, however, enabling its uninterrupted existence for almost seventy years, is due to that other Southern gentleman—Doctor Logan,[†] a physician and an advocate of public health.

ADDENDUM[*]

Doctor Keene was not a Southerner by birth, but most of his mature life was spent in Georgia, where he married and practiced his profession for many years. He was born of old New England stock, and could trace his ancestry to Thomas Prence, twice Governor of Plymouth Colony, 1634-1638 and 1657-1673. His mother, a Quaker, was a close friend of John Greenleaf Whittier, who dedicated several poems to her and preached her funeral sermon in the little Quaker meeting house at Lynn, Massachusetts, in front of which she is buried.

Doctor Keene was born in 1813 at Lynn, where he attended high school and later the Friends' School, now known as the Moses Brown School, in Providence, Rhode Island. He read medicine under his uncle, Dr. Paul Swift, at Nantucket, Massachusetts, 1828 to 1830. Doctor Swift afterward became a member of the faculty of Haverford College, Pennsylvania. In 1832 Doctor Keene was admitted to the practice of medicine in Georgia upon submitting a thesis on cholera infantum. He practiced at Hillsboro, in that state, until 1847, when he enlisted in the Mexican War as private in the Texas Mounted Volunteers. He mustered out with his company on April 30, 1848, at Camp Washington, Vera Cruz, Mexico. For services rendered in that war, he received a grant of 160 acres of land located in Louisiana, which he sold in 1849 upon his departure for California. During the years 1847 to 1849 he was a member of the Georgia Board of Physicians (Examiners). His services as State Senator from Eldorado County covered the third, fourth, and fifth sessions of the Legislature, 1852 to 1853, 1854, and 1855 at Vallejo, Benicia, and Sacramento. He was president pro tem. of the Senate in the third and fourth sessions. Defeated for the office of lieutenant-governor in the State Democratic Convention, he was nominated for state treasurer; but his untimely death occurred before the election.

[†] For references to Doctor Logan in this issue, see pages 2 and 6.

[*] This addendum, giving additional information concerning Doctor Keene, was received at a later date than the other copy.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings.

American Medical Association, New York, June 10–14, 1940. Olin West, M. D., Secretary, 535 North Dearborn Street, Chicago, Illinois.

California Medical Association, Hotel Del Coronado, Coronado, May 6–9, 1940. George H. Kress, M. D., Secretary, 450 Sutter Street, San Francisco.

Association of Western Hospitals, Hotel Biltmore, Los Angeles, April 8–11, 1940. Thomas F. Clark, Executive Secretary, 1182 Market Street, San Francisco.

Medical Broadcasts.*

American Medical Association Broadcasts: "Medicine in the News."—The American Medical Association and the National Broadcasting Company have announced "Medicine in the News," on timely topics from medical news of the week. Thursdays, 4:30 p. m., Eastern standard time (1:30 p. m., Pacific standard time), Blue Network—Coast to coast; thirty weeks, opening on November 2, 1939; facts, drama, entertainment, music.

⁂

Los Angeles County Medical Association.

The radio broadcast program for the Los Angeles County Medical Association for the month of January is as follows:

Wednesday, January 3—KECA, 11:15 a. m., The Road of Health.

Saturday, January 6—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, January 10—KECA, 11:15 a. m., The Road of Health.

Saturday, January 13—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, January 17—KECA, 11:15 a. m., The Road of Health.

Saturday, January 20—KFI, 9:45 a. m. The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, January 24—KECA, 11:15 a. m., The Road of Health.

Saturday, January 27—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, January 31—KECA, 11:15 a. m., The Road of Health.

Placer Board Checks on County Insurance.—Auburn (Placer County), November 9.—County Purchasing Agent Thomas Wilson has been instructed by the Placer County Board of Supervisors to report on insurance carried by the county against malpractice by the county physicians.

The action was taken following a discussion of the increase in cases treated by the physicians.

Chairman William Haines said the county desires to be protected against possible suits that may be brought by indigents.—Sacramento *Bee*, November 9.

Annual Registration Due January 1.—Every practitioner of medicine and surgery holding a license to practice in California is required by law to register annually, on or before January 1, with the secretary-treasurer of the Board of Medical Examiners, and at that time to pay a fee of $2. Failure to pay the required fee within sixty days after January 1 works a revocation of a license, and thereafter a license may be reissued only after application and the payment of a $10 penalty.

All Herds of Cattle in the United States Tested for Tuberculosis: Last Herd in California.—Every herd of cattle in the United States has now been tested for tuberculosis at least once. This announcement by the Bureau of Animal Industry, United States Department of Agriculture, assures the successful completion of eradicating bovine tuberculosis from the United States.

Testing the last herd signifies that all serious opposition which has hampered official tuberculin testing in various parts of the country has been overcome. Much retesting still remains to be done, but the most difficult obstacles in the campaign, which has been in progress since 1917, have now been surmounted.

The last herd to receive its initial test was in Stanislaus County, California. Among other progressive dairymen and cattle men, the owner has coöperated with officials in combating the disease. Of 123 cattle in his herd, ninety-five proved to be free of the disease. The first herd of cattle to be officially accredited in the coöperative federal-state campaign against the disease was the United States Soldiers' Home herd in Washington, D. C.

In recent months the principal zone of activity against bovine tuberculosis has been in a group of six counties in central California. All other counties in the state and in the United States have already qualified as "modified accredited areas," which signifies that the extent of the disease in all cattle in the area has been reduced to less than one-half of one per cent and that all reactors have been removed and slaughtered.

Although every herd in California and in the United States has now been tested, six counties in California have not yet qualified for official designation as modified accredited areas. However, the work is proceeding rapidly. Since July 1, 1939, a total of 472,599 cattle in California have been tested, of which 8,101 were classed as tuberculous.

During the progress of the nation-wide campaign a total of more than 220,000,000 tuberculin tests have been applied. This number, greatly exceeding the number of cattle in the United States at any one time, represents numerous retests and, of course, changes in the herds resulting from births, deaths, and sales of animals for various purposes. During the steady reduction of the disease through systematic testing and removal of reactors, a total of approximately 3,750,000 cattle have been sent to slaughter.

The tuberculosis-eradication campaign in the United States has been watched with interest by veterinary and livestock officials in the principal countries of the world, since it is the largest undertaking of its kind in the annals of agriculture and the veterinary profession. The continued activity will consist in periodic retesting in order to detect promptly any cases of the disease, thus providing a safeguard against any material reinfection.

---

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

"Communicable Diseases" Booklet.—In order to secure greater public coöperation for the control of "catching" diseases, the Public Health Service issued recently a 25-cent booklet, entitled "Communicable Diseases."

"If people understand the nature of disease, if they understand why certain control measures are necessary, they will coöperate," Dr. A. M. Stimson, Medical Director, United States Public Health Service and author of the book, states in his introduction to this illustrated government publication.

"If people understand, they will obey reasonable rules and regulations. They will go to their doctors when symptoms appear and shun the quack and the patent medicine vendor," Doctor Stimson concludes.

This 124-page booklet, distributed by the Government Printing Office, is intended as a source of dependable information primarily for students in high schools and junior colleges, and discusses about forty infectious diseases which are considered "the most important for people living in America at the present time to know something about." . . .

The Mississippi Valley Medical Society 1940 Essay Contest.—The Mississippi Valley Medical Society offers annually a cash prize of $100, a gold medal, and a certificate of award for the best unpublished essay on any subject of general medical interest (including medical economics) and practical value to the general practitioner of medicine. Certificates of merit may also be granted to the physicians whose essays are rated second and third best. Contestants must be members of the American Medical Association who are residents of the United States. The winner will be invited to present his contribution before the next annual meeting of the Mississippi Valley Medical Society at Rock Island, Illinois, September 25-27, 1940, the Society reserving the exclusive right to first publish the essay in its official publication. All contributions shall not exceed five thousand words, be typewritten in English in manuscript form, submitted in five copies, and must be received not later than May 1, 1940. Further details may be secured from Harold Swanberg, M. D., Secretary, Mississippi Valley Medical Society, 209-224 W. C. U. Building, Quincy, Illinois.

Comment Concerning Pyrethrum Dermatitis.—CALIFORNIA AND WESTERN MEDICINE, in its issue of April, 1939, on page 265, printed a paper on "Scabies: Its Treatment with Benzoyl Benzoate, as Compared with Sodium Thiosulphate Plus Hydrochloric Acid." Dr. Arne E. Ingels was the author of the article, which was discussed by Dr. C. Russell Anderson of Los Angeles.

In order to clear a possible misunderstanding of his discussion, Doctor Anderson has sent us a letter, from which the following is quoted:

"1. A contact pyrethrum dermatitis is due to an acquired specific sensitivity, and such sensitivity is usually permanent. It is known that patients who have this sensitivity are sometimes subject to episodes of dermatitis on exposure to pyrethrum in any form, and that these same individuals are predisposed to develop a polyvalent sensitivity to other plant oils, etc. I am sure that these facts are in the minds of all dermatologists.

"2. However, Doctors Sweitzer and Tedder treated 1,213 cases of scabies with pyrethrum ointment, and only two of the cases developed a specific sensitivity as proved by patch tests.

"3. Therefore, I agree with Mr. James Upsher Smith that the question of the possibility of a pyrethrum dermatitis is so far of little practical importance, and that many practitioners might become unduly alarmed after reading my discussion of Doctor Ingel's paper. I wish to emphasize that pyrethrum ointment has been used with a great deal of satisfaction by many physicians."

University of California Cyclotron and Cancer.—The dark regions beyond the present frontiers of cancer therapy are being explored for the first time by a new and somewhat spectacular mechanical creation of the physical sciences, the 225-ton medical or "atom-smashing" cyclotron of the University of California.

It was the development of this new cyclotron which brought the Nobel Prize in Physics to Dr. Ernest Orlando Lawrence of Berkeley a few weeks ago.

Announcement has been made that human cancer patients are now being treated with neutron rays produced by the cyclotron. It is hoped that these rays may break down the wild, self-reproducing cancer cells, and effect, at least temporarily, some definite remission of disease progress.

Actually, two cyclotrons now figure in this new picture of scientific endeavor. One is the older 37-inch cyclotron, an 85-ton affair, with which the neutron ray was first developed and the first clinical tests made. Results with this machine justified the building of the new 60-inch cyclotron with a neutron intensity ten times that of the old. This new engine now dominates its own fine laboratory, the newest building on the University of California campus and the best known.

The Washington announcement was occasioned by the fact that Doctor Lawrence, together with his medical colleagues, was reporting the first clinical work with the new cyclotron to Dr. Ludvig Hektoen, Director of the National Advisory Cancer Council, which has been at the forefront with financial and technical assistance for the Berkeley physicist.—*United States Public Health Service Bulletin.*

Common Salt Found to Restore Full Adrenal Function.—Through tests made possible by use of radio-active sodium and radio-active potassium it had been found, experimentally, that ordinary sodium, or the table salt of commerce, restores complete function when the cortex of the adrenal gland has been damaged or removed. The adrenal cortex supplies the bodily factors which control sodium and potassium in the body and also has some influence on the functions of sex. The test substances were made radio-active in the University's famed cyclotron or "atom-smashing" machine. No human tests have been made as yet.

It has been known for some time that sodium and potassium were effective in counteracting adrenal cortex damage, but, up to the time of the present experiments, it had been known that they completely take the place of the cortical function, at least temporarily. It had been presumed, as the result of past experimentation, that these substances when administered, merely made up their deficiency as caused by the damaged or destroyed gland. Now it has been determined that they make up for all of the collateral factors of the gland's activity as well.

While the experiments promise no immediate change in the prognosis of adrenal cortical damage, they furnish a new method of study of the physiology of the adrenal cortex. Perhaps the best known ailment resulting from this damage is Addison's disease, the progress of which is definitely halted by the administration of table salt. It is presumed that the new findings will be helpful in the effort to determine the proper dosage of sodium or potassium in adrenal cortex damage.

Damage to the adrenal cortex is a fairly frequent complication of tuberculosis, although it may also occur in other ways.

The tests were made by Dr. Evelyn A. Haymaker, assistant professor of medicine in the University of California Medical School and also a research associate in the University's Institute of Experimental Biology.

Tomb of Ancient Medicine Man Unearthed in Arizona.—Flagstaff, Arizona, November 23.—Bones of an Indian medicine man, entombed in the most elaborate vault and accompanied by the richest burial offerings ever found in the Southwest, have been discovered in the hills east of here by archeologists of the Museum of Northern Arizona.

Dr. Harold Colton, director of the museum, said the discovery was made during test excavations of the famous ridge ruins, a thirty-room pueblo believed to have been built and inhabited as early as the twelfth or thirteenth century.

Vault in Crumbling Pueblo

The vault itself was found under the heavy flooring in a remote corner of the crumbling pueblo.

Besides the bones, Doctor Colton said, were more than one hundred pieces of jewelry, statuary, pottery and other artifacts, indicating by their great number that the Indian was of great importance in the prehistoric community, probably a medicine man of "great magic."

It was believed the tribesmen, fearing the power of the deceased witch doctor, showered great numbers of gifts upon him to "court" his good will in the world in which he had departed and into which they, too, were destined to go. . . . —San Francisco *News*.

National Conference on Medical Service.—The National Conference on Medical Service (formerly the Northwest Regional Conference), will hold its fourteenth annual meeting at the Palmer House, Chicago, Sunday, February 11, 1940. All state medical societies have been invited to send representatives to the Conference, designed to provide a medium for the verbal exchange of information on progressive medical service activities being conducted throughout the United States, and to discuss the solution of problems arising from the distribution of medical service to all classes. The Conference is not official nor political, is not connected with any other organization or committee, and its deliberations result in no resolutions or motions. It is informal, has no dues, by-laws, or formal organizational structure.

The Conference has been successful because it affords an opportunity for physicians who are officially associated with or personally interested in medical economics, to exchange ideas for the good of the profession and the public.

The 1940 program, designed to give sound practical information, includes symposia on group medical care and group hospitalization programs, the allocation of federal funds to the states, the Washington scene, effective public relations by physicians, and medical welfare programs (including the federal assistance groups, outdoor relief group, and medical and surgical care in hospitals).

Seventeen men, representing as many states in the Union, will be on the program of this one-day meeting. It is anticipated that some thirty-five states will send representatives to the Conference.

All talks will be presented verbally—no manuscripts allowed—and will begin and end on time. The meeting will start at 10 a. m. and end at 4:15 p. m.

Dr. L. Fernald Foster, Bay City, Michigan, is president of the National Conference, and Dr. Forrest L. Loveland, Topeka, Kansas, is secretary.

Cell-by-Cell Test Made in Neutron Cancer Study.—What may be termed a cell-by-cell examination of the effects of the neutron ray on both normal and malignant animal tissue is being made by the Radiation Laboratory of the University of California. The neutron ray is perhaps the most spectacular product of the University's cyclotron or "atom-smashing" machine, and is being used in both animal and human tests for a determination of its effect on the composition of cancerous growths.

It has been determined that the neutron ray has certain advantages over the most powerful x-rays in the breaking down of malignant tissue cells, but this advantage is not maintained in the reaction of the ray on normal cells. It has been found necessary, therefore, to study in the most detailed manner possible the reaction of the neutron ray on both types of cells in order that this new therapeutic force may be developed to the best possible advantage.

The experiments are being conducted by Dr. Margaret Lewis, research fellow in the Radiation Laboratory. Dr. Warren Lewis of the Carnegie Institution, Washington, D. C., is assisting in the initiation of the work. The findings will be submitted to Dr. E. O. Lawrence, director of the laboratory. The cells being examined are all in the active stage, being grown outside the body in artificial media.

Simultaneous experiments on the action of the neutron ray on plant cells are also going on at another point in the Radiation Laboratory in the effort to round out the whole picture of neutron and x-ray radiation on cellular growth. As an aid to these experiments, more than ordinarily powerful x-ray apparatus has been installed in the laboratory in order that both types of radiation may be closely compared through these tests.

Sex Information for Youth.—Schools must accept their share of the responsibility for eliminating unreliable and undesirable sources of sex information for youth, according to Dr. John W. Studebaker, United States Commissioner of Education, and Dr. Thomas Parran, Surgeon-General of the United States Public Health Service.

Far too often, information about sex is largely obtained by chance or mischance and there seems to have been little objection to such haphazard learning. "Otherwise," stated Doctor Studebaker, in a foreword to "High Schools and Sex Education," a manual for teachers recently published by the United States Public Health Service, "long ago we would have done more about it in the programs of our schools."

According to Dr. Studebaker, "it cannot be said that young people do not need to know about sex and its manifold implications. Above all subjects, it is the one about which, at high school age, they most wish to learn."

It was his opinion also that "the students are often wiser in their demands than those who plan for their supply. A course in this field of sex education need not be 'required,' for it is desired."

Surgeon-General Parran, in his part of the foreword, deplored what he terms "the persistent feeling that blundering humans should not discuss sex lest they corrupt and spoil it." Doctor Parran pointed out that because discussion has been avoided "many people see sex dimly through a mist—dangerous, but mysteriously attractive. The effect of the taboo against discussion heightens the curiosity of many young people, and imagination is often substituted for sober facts."

The 130-page manual, published recently, was written by Dr. Benjamin C. Gruenberg with the assistance of J. L. Kaukonen of the United States Public Health Service and is designed primarily to aid teachers in meeting the problems of sex education as they are found in secondary schools.

Final Figures on Chiropractic Initiative.—Sacramento, December 4 (UP).—Secretary of State Frank C. Jordan announced today that 2,974,406 persons voted at the November 7 special election, the highest total of any California election.

The vote was 82.48 per cent of the state's total registration.

The previous high vote was 2,712,342 at the 1936 general election. The percentage of registration in 1936, however, was 83.35.

The official election returns showed that the Ham and Eggs Pension Plan was defeated by a majority of nearly a million votes.

Majorities for the two small loan regulation bills and against the chiropractors initiative exceeded a million each, while the Atkinson oil control bill was defeated by a margin of 645,000 votes.

The small loan measures go into effect December 9—five days after the official declaration of the vote.

The final figures are as follows:

No. 1, Retirement Warrants—yes, 993,204; no, 1,933,557.

No. 2, Chiropractors—yes, 801,173; no, 1,894,764.

No. 3, Personal Property Brokers—yes, 1,853,663; no, 753,480.

No. 4, Personal Property Brokers—yes, 1,850,811; no, 732,873.

No. 5, Oil and Gas Control—yes, 1,110,316; no, 1,755,625.—Los Angeles *Herald-Express*, December 1, 1939.

Farm Bureau Moves for Hospitalization.—Combining its efforts with those of the California Farm Bureau Federation, the Santa Clara County Farm Bureau continues to maintain that one of the greatest needs of agricultural and rural communities is adequate hospitalization and medical care, Frank E. Campbell, President, said today. This goal, which has long been the dream of every farmer and rancher in California, is fast becoming a reality as county committees continue to push forward this important program.

At the last annual meeting of the State Federation at Sacramento, representatives of the California State Medical Association expressed a willingness to aid in working out a hospitalization and medical care program to serve rural Californians.

"This is indeed a step forward in the right direction," said Mr. Campbell.

Asks Hospitals for All

A few of the points dealing with this program which are under consideration by the California Farm Bureau Federation are as follows:

1. County hospitals should be open to all on a pay or part-pay patient basis.

2. Pay patients should select a doctor of their own choice, the equipment of the county hospitals to be used by all doctors of the county.

3. All patients should be given the necessary care before investigating financial standing.

4. County ambulance should be provided to serve all parts of the county.

5. There should be no stigma of pauperism attached to or associated with hospitalization.

"It is such programs as this that go to make up the ever-increasing activities carried on by the Farm Bureau in behalf of its rural members and their families," said Mr. Campbell.

Santa Clara County extends an invitation to its members, families, and friends to attend the twenty-first annual meeting of the California Farm Bureau Federation to be held in San Diego, where those interested in rural hospitalization will have the opportunity of hearing Dr. Von T. Ellsworth, legislative and tax representative of the Farm Bureau, discuss the subject, "Adequate Hospital and Medical Care for Rural People."

This is only one of the many important topics which will be discussed at this annual meeting, and in accordance with Farm Bureau policy. All sessions are open to the public.—San Jose *News*.

Cotton Rat and Poliomyelitis.—Successful transmission of a strain of poliomyelitis (infantile paralysis) to the eastern cotton rat was reported by the National Institute of Health of the United States Public Health Service.

"The discovery is especially timely since the war will interfere with the importation of monkeys which to date have been the only susceptible experimental animals for poliomyelitis," Dr. Thomas Parran, Surgeon-General of the Public Health Service, stated in commenting on the investigations which will be summarized in the September 22 issue of the *Public Health Reports*.

The virus which causes poliomyelitis now has been carried through seven transfers in this rodent species, according to the report.

"The discovery of a cheap, easily handled experimental animal that can be readily reared in captivity may be expected to facilitate further studies of infantile paralysis, including the search for a possible cure," Surgeon-General Parran declared.

The symptoms produced in the rats are a counterpart of those observed in children in that one or more limbs or even the respiratory muscles may become paralyzed. Virus from the second and fifth rodent transfers produced typical experimental poliomyelitis when returned to monkeys. The results are a continuation of studies begun in 1937.

The Fight Against Syphilis.—Here are some gains to date against the pale spirochete, the causative organism of syphilis:

Public Opinion.

The Press.—Throwing off the old shackles of fear and prejudice, the press now accepts its vitally important rôle as a leading medium of public information about syphilis.

The Radio.—In 1936 the word "syphilis" was generally taboo on the air. In 1938 and 1939 nation-wide broadcasts and local programs carried the story of the ravages of the disease to millions of listeners.

Community Participation.—The American people have emerged from a fog of indifference and half-knowledge to a clear understanding of what the disease syphilis is and a firm resolve to do something about it. Evidence of public interest and concern were the 5,000 group and community meetings held to discuss the problem at the time of the third National Social Hygiene Day, February 1, 1939.

Legislation.

To put an end to the tragedy of syphilis of the new-born and the spread of syphilis in marriage, nineteen states have now adopted laws requiring examinations for syphilis, including a blood test, before marriage; seventeen states now require blood tests of all women during pregnancy.

In 1938–1939 the Federal Congress appropriated three million dollars for aid to the states and municipalities in their fight against syphilis and gonorrhea. Five million dollars have been made available for such federal aid during 1939–1940.

Law Enforcement.

Prostitution, a social evil and the principal means of the spread of syphilis and gonorrhea, has been minimized in those cities where a strong program of law enforcement has been maintained. Studies indicate that where public opinion and public officials are determined to reduce prostitution, they can do so.

Medical Advances.

Research has greatly improved methods and facilities for diagnosis, treatment, and control of syphilis. Science has also made great strides against gonorrhea. The medical profession and the public health agencies, federal, state, and local, are coöperating whole-heartedly in the nation-wide campaign against these diseases.

Education.

Thousands of youth groups are studying social hygiene, learning how to "guard against syphilis" and preparing to meet the problems of adult life. Parents, teachers, ministers, social workers, doctors, nurses—people of all walks of life—are taking part in the campaign for better public understanding of this major health hazard.

Organized Groups.

Now 140 state and local social hygiene societies and committees are forwarding the campaign against syphilis and the broad program of education for better family life and living which is the ultimate objective of the social hygiene movement. Coöperating with them are hundreds of national agencies, which have set up special social hygiene committees to help forward the nation-wide program: men's groups, women's clubs, parent and teacher associations, church groups, social agencies, and many more.

That it rests firmly on this broad base of support is the great strength of the social hygiene program.

Demand for Aviation Medicine Told by Doctor Reed. The rapid changes in climate, environment, and altitude achieved by the airplane have medical ramifications that are becoming increasingly important. Detailed information is necessary on the data of radiation, air pressures, dust carriage, and rapidity of physical changes in order that aviation medicine may expand sufficiently to cover its own field adequately.

This was stated in the presidential address of the thirty-fifth annual meeting of the American Society of Tropical Medicine recently by Dr. Alfred C. Reed, professor of tropical medicine of the University of California.

"Automobile traffic is bringing to light a number of health factors unrelated to actual injuries," Doctor Reed said. "Its problems are unsolved to a surprising degree. Since man began to move about on this earth, his forms of transportation have been changing constantly, and solutions always lag behind new problems of traffic."

Control of disease in passenger traffic of all kinds will depend upon the education of the traveler in a very simple way, such as plain printed rules for health protection, he said. Teaching the practicing physicians some of the essentials of tropical medicine and providing a few places for intensive graduate training in this medicine would be helpful.

Appended to his talk was a list of rules that Doctor Reed said travelers should follow. They cautioned against the use of unboiled water, vegetables, fruits and milk, urged moderation in the consumption of alcoholic liquors, and cautioned against too much exposure to the sun.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Chiropractic Election Cost Reported

Sacramento, November 27 (AP).—The California Medical Association of San Francisco, in a final statement on its November 7 election campaign against the chiropractic initiative, today reported receipts and expenditures of $11,369.—Los Angeles *Times*, November 28, 1939.

* * *

Ex-Felons on Hospital Payroll, Jury's Charge

A former bank robber and other felons have been employed at the Los Angeles General Hospital, and although nurses are paid higher wages than in other hospitals throughout the nation, beds are unmade and infants are not fed on time.

These were highlights of the scathing denunciation of conditions at the General Hospital contained in a report of the County Grand Jury to the Los Angeles County Board of Supervisors which was on file today without action by that body.

The report, over the signature of Grand Jury Auditor Eugene Berger, declared:

"The hospital has hired employees with known criminal records, including bank robbery, smuggling, and counterfeiting.

"The nursing staff has been curtailed for economy, which has left critically ill patients without care.

Infants Neglected

"Infants frequently are not fed on time and often their feeding is delayed one hour or more.

"Approximately 450 school children needing surgery cannot be admitted, but recently 400 patients were admitted to the hospital without first ascertaining whether they were eligible to receive free aid.

"Beds of postsurgical patients are left unmade and their night care omitted. Patients treated for burns have not had their beds made for four days, although some were critically ill.

"Children between 5 and 15, suffering from ear infections, were not treated as prescribed.

"Patients wait from three to seven days for surgical treatment which x-rays indicate as urgent.

Criminals Employed

"The hospital's social service is poorly organized and buried under a mass of red tape. Patients have to wait for hours for social service interviews.

"More than 400 cases requiring surgery are now on the waiting list." . . .

The report also declared that a closer coöperation between the General Hospital, Olive View Sanitarium, and the Rancho Los Amigos be effected with a view to elimination of unnecessary expense to the county of maintaining patients at the hospital who properly belong elsewhere. . . . —Los Angeles *Herald-Express*, December 15, 1939.

* * *

Action Aimed at Hospital

Supervisor McDonough Calls Meeting to Study Grand Jury's Report

Dissatisfied with the action of the Board of Supervisors in tabling the recommendations of the County Grand Jury relative to the Los Angeles County General Hospital, Supervisor Gordon L. McDonough has called a meeting for 10 a. m. today to further study the report with a view to making improvements at the institution.

Officials Invited

Among those invited to attend the meeting, to be held in the assembly room of the Hall of Records, are members of the Board of Supervisors, Mrs. Carrie P. Bryant, Chairman of the Health and Charities Committee of the Grand Jury; Sam Horton, Foreman of the Grand Jury; Eugene Berger, Grand Jury Auditor; J. C. MacFarland, Chairman of the Hospital Lay Advisory Committee; Dr. Walter Bayley, Chief of the Hospital Attending Staff; Drs. Paul S. McKibbon and Percy Magan, members of the Hospital Advisory Board; Rex Thomson, County Superintendent of Charities, and Col. Wayne R. Allen, County Manager.

Proposals Shelved

Recommendations of the Grand Jury, which included one favoring the creation of a board of regents to run the General Hospital and related institutions of the county government, were shelved on Thursday by the Supervisors.

"I do not believe that the Board has given sufficient consideration to the Jury's recommendations," McDonough said.

"I am informed by the secretary of the County Civil Service Commission that the nation-wide examination to select the director of the hospital cannot be completed and an eligible list compiled before March 1, next, at the earliest. In the meantime, I believe the Jury's recommendations should be put into effect to better conditions at the Hospital instead of assuming a 'do nothing attitude' until the director is appointed."

Demands Action

The Supervisor declared he will ask at the meeting today that the Grand Jury report be approved and that the County Superintendent of Charities and the chief administrative officer be ordered to make effective immediately the proposed adjustments as recommended by the jury report.—Los Angeles *Times*, December 18, 1939.

* * *

Adequate Medical Care by Ellsworth

Of especial interest to farm people will be the address by Von T. Ellsworth, tax and legislative representative of the California Farm Bureau Federation, who will speak on "Adequate Hospital and Medical Care for Rural People." The many counties which have set up county hospitalization committees will have opportunity to gain considerable information regarding future activities from Doctor Ellsworth's discussion. Of further interest to those concerned with hospitalization and medical care a presentation of the "Plan of California Physicians' Service" will be given by

A. W. Widenham for consideration by the California Farm Bureau Federation.—Santa Barbara County *Farm Bureau Monthly,* November, 1939.

* * *

Professional Men Hold Joint Dinner

First joint dinner of the San Francisco County Medical Society, San Francisco District Dental Society, and the Bar Association of San Francisco was held last night in the Palace Hotel.

Purpose of the event was to acquaint each group with the aims and problems of the others. Dr. Alson R. Kilgore spoke for the doctors; Dr. Chester N. Johnson for the dentists, and Harry S. Young for the lawyers. Dr. Edwin Bruck, chairman of the medical society, presided.—San Francisco *Chronicle,* December 8, 1939.

* * *

Santa Rosa Town Meeting Crowd Hears Health Debate

Health and money provided the vital topic on which two learned persons debated several hours last night at the Santa Rosa High School.

The debaters, appearing on a program sponsored by the Santa Rosa Town Meeting Association, agreed that health is the objective.

They disagreed on the monetary side in analyzing the most economical path to trod for its attainment.

The debate, heard by an audience nearly filling the auditorium, hinged on the proposition that California should adopt a compulsory health insurance plan.

The question has arisen since the California Physicians' Service proposition, sponsored by the medical associations of California and started two months ago, was first propounded.

Tells Medico View

"Doctors," pointed out Dr. Alson Kilgore of San Francisco and prominent in the California Medical Association, "realize even better than nonmedical people the fact that as medical science has discovered new ways of relieving pain, curing diseases and prolonging life, the cost of good medical care has increased and has become too great for people of low income in serious sickness."

The fact that doctors do realize this is evidenced by establishment of a $2.50 a head plan of health insurance, he explained. The state-wide plan is in operation.

"The doctors do object to compulsion by the state, to political control of the treatment of the sick, to the inevitable waste in bureaucratic administration of money contributed to the scheme which should go to the care of the sick," asserted Kilgore.

Medical men are not encouraged by the experience of government-controlled health insurance abroad, because apparently the standard of medical care has deteriorated, he added. . . . —Santa Rosa *Republican,* November 30, 1939.

* * *

March of Medical Science Revealed to Covina Forum

"He is the best physician who knows the worthlessness of most medicine." This quotation from Benjamin Franklin was used by Dr. Elmer Belt in his lecture before the Monday night forum of Covina night school as he spoke on the topic, "Recent Advances in the Fields of Medicine and Surgery." Doctor Belt inferred that there is far more to the practice of medicine than the prescription of drugs, and that the modern doctor should be well aware of the enormous responsibility that rests on his shoulders.

Origin of Science

In a scholarly address Doctor Belt reviewed briefly the development of medical science, starting with the early physician, Galen, and tracing medical history through the achievements of Jenner, Pasteur, Erlich, and others, to the present-day work of Banting and Best in the development of insulin, of Minot of Harvard and Whipple of Rochester, Nobel prize winners, for their work on pernicious anemia, and the most recent achievements of Stanley at the Rockefeller Institute for his identification and synthesis of viruses causing many common diseases.

The production and use of various vaccines and serums were described, notable among which is the control of diphtheria, that scourge of childhood of past generations. By the use of antitoxin this disease is no longer prevalent, by the fact that today, in Los Angeles, there are only five residences under diphtheria quarantine in a city of one million inhabitants. Doctor Belt stated that there are thirty-two types of pneumonia, all of which can be controlled by the use of serums.

Ceaseless Search

The research laboratories of the world are engaged in a continuous search for new drugs that will control disease. A recent achievement is the synthesis of sulfanilamide and its derivatives which, when injected into the blood stream, destroy the harmful bacteria of many diseases.

Relief from the ravages of the common cold is promised in the recent production of various types of serums. Doctor Belt described one of these which can be taken by mouth over a period of a few days. He stated that it had been used experimentally by the working force of several large Los Angeles corporations and had produced immunity for a period of six months in 99.9 per cent of the cases involved.

Slides Add Interest

The lecture of Doctor Belt was illustrated with slides which he had made especially for this occasion. They added much to the value of his program. An interesting period of discussion followed the lecture. The doctor stated that it was a very pleasant occasion for him, and the audience was equally interested.

The concluding lecture of the series, "Trends in the Administration of Medical Care," will be delivered by Dr. George Parrish, chief of the Los Angeles Department of Public Health, on Monday, December 4, at 7:30. He will discuss the topic, "The Administration of Public Health."—Covina *Argus,* November 30, 1939.

* * *

Doctors Take High Stand

Nearly unanimous refusal of the one thousand physicians of New Zealand to accept a state-guaranteed annual income of $7,500, provided they coöperate with the government's socialized medicine law, illustrates the attitude toward compulsory sickness insurance of many doctors in every country. The sum offered the New Zealanders is more than the average doctor there earns.

Motives of doctors in the United States who have opposed the compulsory insurance plan have been questioned by some skeptics, who appear to think the medical men are afraid their earnings will be reduced. Many thousands know of the philanthropy of the better class of physicians. Some estimates of the annual amount of free service given by American physicians place it at more than $300,000,000 a year.

Obviously, the current opposition of organized medicine to the interference of government is based on higher than mere monetary grounds. As the American Medical Association declares, compulsory sickness insurance may be harmful to patient, physician, and state.—From the *Christian Science Monitor,* in the Tulare *Times,* December 1, 1939.

* * *

Initiative Proposal Aimed at Doctors

San Francisco, December 2 (AP).—A proposed initiative measure which would make surgeons liable for unnecessary operations was submitted for titling to Ward Sullivan, Deputy Attorney-General, today by Dr. J. Theo Hollie, Salt Lake City and Los Angeles naturopathist.

The proposition includes the following:

Defines unnecessary operations as those in which no pathology is found to exist, those performed pursuant to a wrong diagnosis and those performed in which no relief could be obtained by the patient;

Provides that a written diagnosis must be submitted to the patient by the surgeon prior to the operation, and that all excised tissue must be sent by the surgeon to the State Department of Public Health, along with a copy of the surgeon's record of the case, within five days after the operation;

States that the health department must make tests of the tissue and give the patient a copy of the report, and that the department must retain the tissue for three hundred days;

Provides that all prescriptions written by doctors must bear English interpretation of the symbols or names in another language;

Would make hospitals liable for an unnecessary operation to the extent of $500 damages, and a surgeon convicted of violation of the act subject to a $500 fine, six months in jail, and suspension of license for from six months to two years.

Doctor Hollie last week submitted to the Attorney-General's office for titling another proposed initiative aimed at the separation of nonmedical practitioners from the State Board of Medical Examiners and the creation of a nonmedical board. — Fresno *Bee-Republican,* December 2, 1939.

* * *

Make Doctors Write While Patient Waits

An initiative intended to prevent unnecessary operations has been filed with the Attorney-General for titling. It would require a surgeon to make a written diagnosis before operating and to send all tissues removed to the State

Board of Health. Within twenty days the Board would report to the patient whether the operation had been necessary or was the right one to do.

This would make calling in a stenographer a first step to an operation. Dictating probably would be no novelty when so many doctors have turned author and have written, or are writing books. But the present way is to write doctor books afterward and not before.

If the doctor were to get absorbed in his task, forget a patient was waiting and think he was pursuing the royal road to royalties, it would be tough on the patient. But if the doctor could tear himself away from literary labors and get on with the operation, he eventually would get something to send the board of health. Imagine the patient's horror if twenty days later the Board wrote: "Dear Patient—The doctor made a mistake taking out your appendix. In our opinion, he should have cut off your head."

If the people, in their wisdom, should pass such an initiative, the next step would be to require barbers to send the Tonsorial Board all clippings, to decide whether the customer actually needed the haircut.—From the San Francisco *Chronicle*, in the Hanford *Journal*, December 10, 1939.

* * *

Oral Treatment for Syphilis Is Announced

Chicago, December 13 (AP).—A new drug for syphilis, which is the first of its kind to be effective when taken by mouth, has been released to doctors generally.

The drug, a powder that can be swallowed in capsule form, was discovered at Stanford University's Medical School and has been tested for almost four years in some of the nation's leading clinics.

Formal acceptance of the medicine was given today in *The Journal of the American Medical Association* by its Council on Pharmacy and Chemistry. It can be obtained only by prescription.

Heretofore the standard treatment for syphilis has been alternate injections of arsenic compounds into the vein and bismuth compounds into the hip muscles.

Injections Are Necessary

The new drug, also a compound of the metal bismuth and called sobisminol mass, permits elimination of bismuth injections; but it must be taken in conjunction with injections of one of the arsenical compounds.

Its discoverer, Dr. Paul J. Hanzlik, head of Stanford's Pharmacology Department, and his associates, found that it would do what other bismuth compounds apparently were unable to do when taken orally—resist digestion and penetrate the stomach and intestinal walls to be absorbed into the blood stream.

Such penetration is necessary to reach and help kill syphilis germs, which spread to all the body's organs and tissues.

Convenience Is Cited

Since taking sobisminol mass at home will eliminate some trips to the doctor's office, physicians hope that this added convenience and economy would encourage or permit a continuation of treatment by patients who might otherwise fail to return for injections at the proper time.—Fresno *Bee-Republican*, December 13, 1939.

* * *

Chamber Plans to Popularize Spas in State

A. E. Goddard of Sacramento, Chairman of the Travel Committee of the California State Chamber of Commerce, announced today that a project to revive interest in California mineral springs, which will benefit the people of the entire United States, will be undertaken by the Chamber.

"In the old days," said Goddard, "California's mineral springs were among the greatest tourist assets of the state. Then the advent of the automobile brought a change in vacation habits and the desire to see as much of the country as possible in the shortest possible time. Today, with the terrific pressure under which we work and live, we must have periods of rest and recreation of the kind we most enjoy. There are no more logical places for this purpose than our numerous spas, situated as they are in the mountains, on the seacoast, and in the desert.

"In addition, the popularizing of these springs offers a real economic opportunity. With the war in Europe, thousands of people who are sent to the spas of Europe must look to those of the United States. Others will find in our mineral springs an excellent reason for a trip to California."

The decision to undertake the program was made at the annual state-wide meeting of the State Chamber in San Francisco. Mrs. Alma Spreckels Awl pointed out California's opportunity to capitalize on her mineral spring attractions; Walter Bradley of the State Mining Bureau compared the springs of California with those of Europe; Ned Richardson of Richardson's Springs told of their popularity in the old days; Dr. George H. Kress of the California Medical Association gave the views of the medical profession; and John Cuddy of Californians Inc. discussed conditions to be met to publicize the springs nationally.—Sacramento *Bee*, December 13, 1939.

* * *

Ventura County Hospital to Charge Patients

The superintendent of the Ventura County Hospital hereafter will have the power to charge patients brought to the hospital for treatment in proportion to the patient's ability to pay.

This was the order of the Board of Supervisors today as it passed a resolution authorizing the superintendent to affix fees for medical treatment given to persons brought to the hospital, provided the persons are able to pay.

Under this resolution, therefore, a patient may be treated at the county hospital even though he is able to pay for treatment at some other hospital. The superintendent then will investigate his financial status, and charge him accordingly. If the patient refuses to pay, the superintendent was empowered to bring suit in the name of the county for the payment of the fee.

District Attorney M. Arthur Waite and his deputy, Julian Hathaway, brought the matter before the Board. Although no names were mentioned, a recent case growing out of the National Guard Armory fire brought embarrassment to the county when a patient assertedly was refused admittance to the hospital because he was able to pay for treatment elsewhere.

Hathaway explained that the purpose of the resolution was to empower the superintendent to charge a fee and to collect it for the county, thus relieving the county of a certain amount of expense in operating the hospital.

The resolution, passed unanimously, made no attempt to set fixed fees for patients, as supervisors agreed different situations would require different fees.—Oxnard *Press*, December 5, 1939.

* * *

State Health Insurance

Compulsory health insurance is now taking a prominent position, both politically and economically, throughout the country. A bill is now before the Congress which would appropriate funds to be used by individual states to establish health insurance in individual states.

Taxes on pay rolls and other forms would make a demand on employer and employee alike, a fact of which the average citizen today is unaware. A further pay-roll tax of a billion dollars a year is forecast. This is but one phase of the compulsory health insurance scheme.

Incidentally, it would mean the building up of another horde of individuals who would be "melded" into the project by civil service just as the sales tax and the liquor system of California have done. This welfare hysteria has gone far enough. It is high time that a moratorium on such bills should be declared in the Congress and in state legislatures.—Alameda *Times-Star*, December 14, 1939.

* * *

New Migrant Study Scheduled by United States

Report Ordered by President Roosevelt from Committee

Washington, December 15.—Another Federal study of the migrant problem was in prospect today.

Josephine Roche, chairman of the interdepartmental committee to coördinate health and welfare activities, intends to put a subcommittee on migrants to work writing a report on the subject.

The committee has just been revived by President Roosevelt after a six-month period of inactivity. Miss Roche submitted her resignation last summer and considered her work at an end after making recommendations on health legislation. A few days ago the President told her he wanted her to continue on other problems.

When the interdepartmental committee was first created several years ago a subcommittee on migrants was appointed, but never has reported.

A meeting will be held here next week to make plans for carrying on the new work.—San Francisco *News*, December 15, 1939.

* * *

Census Takers Ready to Count Los Angeles

Offices Opened and City Expected to Reach 1,500,000

Officials of the United States Department of Commerce today established Los Angeles County headquarters at 1206 South Santee Street for the 1940 census that is expected to disclose that the city has a population somewhere in the vicinity of 1,500,000; the county, 2,208,492, and the state, 7,100,000.

These figures were recently released by the California Taxpayers' Association after a careful survey, and are regarded as authentic.

Enumerating the population will not begin until April, however. The 1940 census includes a survey of business, manufacturing, and farming operations that will begin on January 2, next, and will include information on the occupation, industry, and employment status of every worker and potential worker in the county, as well as in the nation. . . . No information given a census worker can be revealed to a private source. The federal law provides heavy penalties for in any way disclosing trade secrets or other facts confided to a census worker.—Los Angeles *Herald-Express*, November 29, 1939.

* * *

Medical Aid for Unemployed

Two-Million-Dollar SRA Program Proposed

The need for a state-wide program of medical aid for the unemployed and migrants of California was emphasized today by Dr. A. E. Larsen, medical director of the SRA.

Doctor Larsen said the growth of unemployment and relief in the state since 1930 had created an entirely new health problem—medical care for indigents.

"Improve the health of indigents 50 per cent," he said, "and you will improve general health 100 per cent."

He urged a permanent indigent health program, operating on in independent basis, and giving complete medical care for the needy through a system of clinics located throughout the state.

Doctor Larsen said low standards of health among California's unemployed constitute a menace to general health.

The two-million dollars spent each year in California by state and federal agencies is not sufficient to meet the indigent problem, he said, and the $750,000 spent by the SRA each year on medical care for relief clients is limited primarily to emergency treatments with no provisions for hospital care or the correction of chronic physical disabilities.

Doctor Larsen advocated a two-million dollar SRA medical program, giving complete care for relief clients. He said the program would save millions of dollars in tax funds by preventing sickness and restoring working ability to those forced to go on relief through physical ailment.—San Francisco *News*, November 15.

LETTERS

Subject: A letter from the California Board of Nurse Examiners.

(COPY)

State of California
Department of
Professional and Vocational Standards
Dwight W. Stephenson, *Director*
Fred A. Taylor, *Assistant Director*
Board of Nurse Examiners

Sacramento, December 20, 1939.

George H. Kress, M. D.
Secretary, California Medical Association
450 Sutter Street
San Francisco, California.

Dear Doctor Kress:

The Board of Nurse Examiners, which, as you know, was recently appointed by his Excellency Culbert L. Olson, has begun its important work of putting the provisions of the Nursing Practice Act into effect.

The Board recognizes that the Act was made possible only through the whole-hearted support of hospital administrators, the medical profession, the nursing organizations and allied professional groups.

To bring every bit of care and wisdom possible to its task of administering the Act impartially and constructively is the earnest desire of the Board.

For the satisfactory accomplishment of this aim the continued understanding support and the actual assistance of the interested persons and groups in our State are needed.

The Board, therefore, respectfully invites your questions, your suggestions and your continued alert interest in its procedures, and will be happy to consider carefully any matter falling within its purview and which you may desire to bring to its attention. Your good will and confidence will prove a tremendous source of encouragement to the Board in facing the arduous tasks which lie ahead.

With the Season's greetings and with hopes of a successful year for you and your organization,

The Board of Nurse Examiners,
Gertrude R. Folendorf, R. N., *President.*
D. Lois Burnett, R. N., *Vice-President.*
Sister Mary Carmelita, R. N.
Dorothea E. Fiscus, R. N.
Ernestine Schwab, R. N.
By Helen F. Hansen, R. N.,
Executive Secretary.

Subject: Request for comment on certain cosmetics.

(COPY)

United States Department of Agriculture
Food and Drug Administration

Washington, D. C., November 8, 1939.

Dr. George H. Kress
2200 Leavenworth Street
San Francisco, California

Dear Doctor Kress:

The new Federal Food, Drug, and Cosmetic Act of 1938, enacted by Congress last year, was formulated to provide more adequate protection of the public health. Section 601(a) of this Act concerns cosmetics. It prohibits in interstate commerce any cosmetic which "bears or contains any poisonous or deleterious substance which may render it injurious to users under the conditions of use prescribed in the labeling thereof, or under such conditions of use as are customary or usual: Provided, That this provision shall not apply to coal-tar hair dye, the label of which bears the following legend conspicuously displayed thereon: 'Caution—This product contains ingredients which may cause skin irritation on certain individuals, and a preliminary test according to accompanying directions should first be made. This product must not be used for dyeing the eyelashes or eyebrows; to do so may cause blindness,' and the labeling of which bears adequate directions for such preliminary testing. For the purposes of this paragraph and paragraph (e) the term 'hair dye' shall not include eyelash dyes or eyebrow dyes."

The Food and Drug Administration is now giving consideration to the indiscriminate distribution of eyelash dyes and eyebrow dyes for use by beauticians or in the home, which contain silver nitrate, ammoniated silver nitrate, or ammoniated silver sulfate.

Experiments performed in our laboratories have shown that silver nitrate, ammoniated silver nitrate, and ammoniated silver sulfate are equally caustic.

One of the more prominent preparations now on the market requires the use of two dyeing solutions. A solution containing 2 per cent pyrogallol is applied to the eyelashes and eyebrows with a cotton applicator and let dry, followed in three minutes by a solution of ammoniated silver nitrate and ammoniated silver sulfate equivalent in silver content and caustic effect to 12 per cent silver nitrate. This is to be applied freely to the eyelashes and eyebrows on a home-made cotton swab either by the beautician or the home user.

It is our understanding that the meaning of the law, with respect to injury, is broad and should be interpreted liberally in the interest of the public. It is not, in our judgment, necessary for such injury to be lethal or permanent.

In connection with eyelash and eyebrow dyes of this type, we would very much appreciate your advice and help with respect to the following questions:

1. Do you consider that the preparations mentioned above contain any deleterious or poisonous substances which may render them injurious to users under the conditions of use above described?
2. If so, is the injurious character predicated upon:
   (*a*) Direct primary injury?
   (*b*) Idiosyncrasy or allergy?
3. What type of injury, if any, would you expect to occur?

We shall greatly appreciate any assistance which you may be able to render in this investigation.

Very truly yours,
Theodore G. Klumpp, M. D.,
Chief, Drug Division.

MEDICAL JURISPRUDENCE[†]

By Hartley F. Peart, Esq.
San Francisco

Operation Exceeding Scope of Patient's Written Consent.

On November 17, 1939, a California District Court of Appeal decided a case which is of great importance to all surgeons. The decision dealt with authorization of operations and the responsibility of physicians toward patients who are under a general anesthetic. (For prior discussion of the legal necessity for consent by the patient to an operation and the existence of emergency as an excuse for failure to obtain consent, see California and Western Medicine, March, 1939, at page 241.)

The recent decision of the District Court is entitled *Valdez* vs. *Percy, etc.*, 99 Cal. App. Dec. 406, and was an action based upon plaintiff's allegation that defendants had caused plaintiff to suffer the loss of her right breast, including the mammary gland, the pectoral muscle of the right side and all of the lymphatic glands of the axilla up to and within the clavicle bone of her body. In the early part of 1934, plaintiff was brought to the Los Angeles General Hospital and examined by one of the defendant doctors, who stated that he found a large gland the size of a small egg in the right axilla and that the lump should be examined to determine the nature of the tumor. The doctor advised removal of the gland, but stated that the case would first have to be referred to the Malignancy Board of the General Hospital. Upon examination of plaintiff and consideration of her ailment, the Malignancy Board apparently expressed a doubt as to the character of the growth and, therefore, recommended that plaintiff should have a biopsy. It was also recommended that if at the biopsy the growth was found to be malignant, the surgeon should go ahead with the removal of the breast.

Prior to the operation, the plaintiff signed an agreement reading in part as follows:

> The undersigned patient and others hereby consent to any and all of the medical and surgical treatments, including operations, vaccinations, and immunizations against disease, which may be deemed advisable by any of the physicians and surgeons of the Los Angeles County General Hospital, the intention hereof being to grant authority to administer and perform all and singular, any examinations, treatments, operations, diagnostic procedures, vaccinations and immunizations against disease, which may now or during the course of the patient's care as either an in-patient or an out-patient be deemed advisable or necessary. . . .

There was some conflict in the record as to what transpired during the operation, but some of the evidence pointed to the following:

After the operating surgeon had removed the gland, a specimen thereof was sent to the laboratory for diagnosis. Five or ten minutes thereafter the pathologist reported that the diagnosis was "carcinoma of the breast." Thereupon the surgeon prepared to remove plaintiff's right breast. Before any act had been done toward removing the breast, except the preparatory one of incising the skin to chart the course of the knife when the incision for removal was made, a second report was received from the laboratory (after a pathologic examination of the entire mass of tissue) informing the physicians that there had been a mistake in the first diagnostic report, and that the true diagnosis was "lymphoma, possibly Hodgkin's disease." The surgeons proceeded to remove plaintiff's right breast.

The Court held as follows:

The trial court erred in directing a verdict for the defendants and should have submitted to the jury the following questions: (1) Was the surgeon employed solely to operate upon the axilla; and (2) if so, whether or not in the performance of an operation upon another and different part of the body, to wit: the breast, he and the defendants working with him were guilty of negligence for the reason that no immediate emergency existed which required the removal of the breast.

The Court stated:

> It is firmly established as the law that where a person has been subjected to an operation without his consent, such an operation constitutes technical assault and battery.

The Court held that the written agreement signed by plaintiff did not constitute a consent to perform operations other than the one for which the operating surgeons were engaged by plaintiff to perform unless some urgent necessity arose during the authorized operation. Neither did the agreement absolve the operating surgeons from liability for negligence, if any existed, in the performance of the operation.

The Court further held that the jury should have been allowed to pass upon the issue of defendant's negligence, if any, in removing the breast in the face of the conflicting diagnoses received from the pathological laboratory.

With reference to the liability of the pathologists working in the laboratory of the General Hospital, it was held that none existed. One of the pathologists received the specimens through the regular hospital routine and made the examinations thereof, while the other was the director in charge of the laboratory at the hospital. From the evidence it appeared that when the first section of the specimen was presented to the pathologist who made the examination, his report was that if the specimen was from the breast of the patient, it might be carcinoma of the breast. Later he called for the large piece of tissue from which the previously examined section had been prepared and his examination disclosed that it was not breast tissue, whereupon he sent a message to the surgery department of the hospital to the effect that the tissue originally received, not being breast tissue, his diagnosis on the first section submitted to him could not be depended upon so far as any breast malignancy was concerned. There was no evidence that he was aware that an axilla tumor was being removed from the plaintiff. Thus the Court held that there was no evidence that he either lacked skill or that he was negligent.

Although the decision does not hold that the conduct of the surgeons did or did not constitute negligence, it does hold that a jury *could have* rightfully found it to be negligent.

This case again emphasizes the need for care on the part of physicians in procuring each patient's consent to all steps which may be taken in surgery.

[†] Editor's Note.—This department of California and Western Medicine, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions, and analyses of legal points and procedures of interest to the profession.

TWENTY-FIVE YEARS AGO[†]

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XIII, No. 1, January, 1915

From Some Editorial Notes:

Specials to the American Medical Association, San Francisco, 1915.—A special train to carry the New York and New England members and delegates to the American Medical Association meeting in San Francisco, June 21 to 25, is already planned and reservations are being made. The special is being handled by the McCann agency, in New York, and they have arranged a schedule that will bring their more than welcome trainload of physicians into San Francisco June 20. On the return, this party goes north through Portland, Seattle, etc., and will stop one day at Rochester, Minnesota, for a visit to the Mayo clinic. This is but the first of many special trains that will be made up to bring members from various parts of the country, but we are glad to notice that our friends in New York have begun early to arrange matters so as to be with us this June. Good luck and a pleasant trip to them.

* * *

Worth Repetition.—The following quotation from the *Bulletin of the Lake County (Indiana), Medical Society*, touching as it does on a point so often mentioned in these columns, is well worthy of perusal. Doctors are notoriously easy to get into wildcat companies, mines, oil schemes and the like. If they would but ask advice to take counsel, they would save themselves many and many thousands of dollars:

"Has it ever occurred to you as being peculiar that so many stocks are offered to physicians? It hardly seems possible that the salesmen who have various good things to offer should all be philanthropists, and yet, one would gain that opinion after listening to their talk a few moments. The fact is, physicians are generally regarded as 'easy marks' by stock salesmen. We have yet to hear of any of our friends getting in on a good thing through the offers of these salesmen, but know of many cases to the contrary. Give them the 'once over' before listening too intently."

* * *

Fractures: Suits: X-Ray Plates.—It has become absolutely necessary for every physician to exercise the utmost caution in treating a case of fracture. A large percentage of suits for alleged malpractice are based upon cases where a fracture has been treated. It is essential that the physician take an x-ray plate of the fracture, preferably both before and after setting, and keep the plate! Failure on the part of the physician to take this simple precaution has cost the Society close upon $5,000, most of which would have been saved had proper x-ray plates been taken and kept by the attendant. On this account the House of Delegates authorized the Council to make a just rule covering this point in connection with the medical defense work. The Council has ruled that each such suit will be considered separately and on its own merits, but that unless it can be shown by the member sued that it was well nigh impossible for him to have an x-ray taken, he must defend the suit himself and pay for his own carelessness. The basic principle of the rule is sound; it is not fair to permit one careless member to cause a great expense to all the other members. Ninety-nine times in a hundred, it is quite possible to have an x-ray plate made, either before or after setting—or both—and the protection secured is enormous.

(Continued in Front Advertising Section, Page 25)

[†] This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA[†]

By Charles B. Pinkham, M. D.
Secretary-Treasurer

News

"Application of Arden Zimmerman, 31, San Jose chiropractor, for probation on a conviction of two counts of slander, will be ruled on by Justice Grandin H. Miller on December 7. Zimmerman was convicted yesterday afternoon of charges preferred by Dr. W. Franklin Morris, Oakland chiropractor, who accused him of telling professional associates that he, Morris, was an abortionist. Zimmerman was acquitted on the third count. Prosecutor A. P. Lindsay, who said Morris would not oppose Zimmerman's probation plea, declared the local man's conviction exonerated Doctor Morris of his assertions." (San Jose *News*, November 23, 1939.)

"A proposed initiative measure which would make surgeons liable for unnecessary operations was submitted for titling to Ward Sullivan, deputy attorney-general, today by Dr. J. Theo Hollie, Salt Lake City and Los Angeles naturopath. The proposition includes the following: Defines unnecessary operations as those in which no pathology is found to exist, those performed pursuant to a wrong diagnosis and those performed in which no relief could be obtained by the patient. Provides that a written diagnosis must be submitted to the patient by the surgeon prior to the operation and that all excised tissue must be sent by the surgeon to the state department of public health, along with a copy of the surgeon's record of the case, within five days after the operation. States that the health department must make tests of the tissue and give the patient a copy of the report, and that the department must retain the tissue for 300 days. Provides that all prescriptions written by doctors must bear English interpretation of the symbols or names in another language. Would make hospitals liable for an unnecessary operation to the extent of $500 damages and a surgeon convicted of violation of the act subject to a $500 fine, six months in jail and suspension of license for from six months to two years. Doctor Hollie last week submitted to the attorney-general's office for filing another proposed initiative aimed at the separation of nonmedical practitioners from the State Board of Medical Examiners and the creation of a nonmedical board." (Associated Press dispatch dated San Francisco, November 30, printed Sacramento *Bee* same date.) (Previous entries, December 1937; March, 1938.)

"A demurrer against the recently voted indictment charging Dr. Nathan S. Housman on six counts of perjury, offering false evidence and preparing false evidence, was filed before Superior Judge Lile T. Jacks yesterday by the physician's attorneys, John J. Taaffe and William Ferriter. The attorneys contended the charges did not involve a public offense. The case was set for November 30. . . ." (San Francisco *Chronicle*, November 25, 1939.) (Previous entries, November, December, 1932; July, 1933; January, 1937; January, November, 1938; October, December, 1939.)

"The right of osteopaths to be employed by school districts throughout California has been affirmed by the third district court of appeal. . . . The appeal court decision, announced yesterday, upholds a Sacramento superior court

(Continued in Back Advertising Section, Page 34)

[†] The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6.

One of a series describing BAXTER INTRAVENOUS SOLUTIONS IN VACOLITERS . . . and the BAXTER TRANSFUSO-VAC.*

Leadership

Depends upon meeting *every* requirement with "an unbroken technique" of uniform excellence. On this record of service, old friends and new are invited to make ever-fuller use of Baxter's Intravenous Solutions:

Originator and Pioneer. Baxter originated the unbroken technique of aseptic intravenous infusion—pioneered the standardized commercial production of Intravenous Solutions—concentrates on producing faultless solutions in a perfected container-dispenser at lowest feasible cost.

Quality. Baxter long ago perfected a 21 test technique to prove every unit of Baxter's solutions sterile, pyrogen-free and stable.

Completeness. In variety of solutions and sizes packed, Baxter's line is complete.

Container-Dispenser. The convenient VACOLITER—developed and patented by Baxter—is *the one* container-dispenser in which the solution is packed in mechanically induced vacuum, visibly proved at all times.

Acceptance. Baxter's Dextrose and Saline Solutions are accepted by the Council on Pharmacy and Chemistry of the A.M.A., and routinely used by thousands of hospitals . . . The Baxter VACOLITER is approved by the American College of Surgeons.

Economy. Baxter's Solutions are economically priced; quickly available; simplify hospital routine and reduce expenses.

What?

BLOOD TRANSFUSION ON A SNOW WHITE SHEET

...and Leave No Stain

To perform a blood transfusion single-handed and without spilling a drop of blood is important, of course. It symbolizes a new perfection of technique and a new economy of the precious fluid, which are notable . . .

But of even greater significance is the fact that the newly accepted Baxter Transfuso-Vac method supplies the profession with *an unbroken technique of asepsis* in blood transfusion. Here at last is a method which carries through the entire cycle of Drawing the blood, Citrating, Transporting and Storing if necessary, Filtering and Infusing—all *with one vacuum container* and *a minimum of accessories.*

*** 2½% Sodium Citrate in Physiological Solution of Sodium Chloride in the Baxter Transfuso Vac Container, with vacuum for drawing blood, is rapidly coming to be regarded as indispensable for indirect blood transfusions.**

Write for complete descriptive literature on the Baxter Transfuso Vac and Transfuso Donor Set, and Baxter Intravenous Solutions in Vacoliter dispensing containers.

DON BAXTER, Inc.
Research and Production Laboratories
GLENDALE, CALIFORNIA

DISTRIBUTORS:

The C. A. Bischoff Surgical Co.	*Oakland*
The Denver Fire Clay Co.	*Denver-Salt Lake City*
McKesson Wholesalers	*Billings*
Missoula Drug Company	*Missoula*
Ohio Chemical & Mfg. Co.	*San Francisco*
Shaw Surgical Co.	*Portland*
Shaw Supply Co.	*Tacoma-Seattle*
Southwestern Surgical Supply Co.	*Phoenix*
Spokane Surgical Supply Co.	*Spokane*

St. Luke's Hospital

SAN FRANCISCO

A Limited General Hospital of 200 Beds

▼

Executive Committee

Harold P. Hill, M.D., *Chairman*
Alanson Weeks, M.D.
W. G. Moore, M.D.
George D. Lyman, M.D.

Howard H. Jonhson, M.D.
Medical Director

Chauncey D. Leake, Ph.D., *President*

▼

Fully approved by the American College of Surgeons and the American Medical Association for Resident and Intern Training.

Limited Facilities for Part-Pay Treatment

FRANKLIN
HOSPITAL

Limited General Hospital with accommodations for 220 patients located in a seven-acre park. Fourteenth and Noe Streets, San Francisco.

Fully approved by the American College of Surgeons and the American Medical Association for Interne Training, and maintaining an Accredited School of Nursing.

Founded 1852

WALTER V. ROHLFFS, Ph. D.
President

LeROY BROOKS, M.D.
Chief of Staff

FRANK SCHMIDT
Superintendent

TWENTY-FIVE YEARS AGO

(Continued from Front Advertising Section, Page 30)

disturbance. When the tolerance for carbohydrate has been abused, dyspepsia results; decomposition, when both carbohydrate and fat tolerance have been abused, and intoxication is an extreme intolerance for carbohydrate. . . .

BOARD OF MEDICAL EXAMINERS

(Continued from Text Page 50)

decision granting a writ of mandate to Edward William Jordt, Sacramento osteopath, against the school board directing the board to issue the credential permitting his employment in schools. The school board refused to recognize the state board of osteopathic examiners licenses, since it supplanted the medical board in 1922 for osteopathic physicians." (Sacramento *Bee,* November 25, 1939.)

"Dewey Conway, 49, of Chico, was arrested today on a ranch near Clovis on charges of practicing medicine without a license. He was held in the Fresno County jail in lieu of $5,000 bond. Conway denied the charge, declaring he was operating as an herb specialist. 'Our investigation,' said Williams, 'shows that Conway has been treating from 150 to 200 San Joaquin Valley residents two or three days each month at a charge of $5.50 a patient, for such ailments as brain tumor, venereal diseases, stomach and kidney diseases, and cancer. Records in his office show he gave the identical prescription to each patient, no matter what their ailment, the medicines containing aspirin, caffein, and hypnotic drug, and other ingredients intended to alleviate pain.'" (Associated Press dispatch dated Fresno, November 17, printed San Bernardino *Telegram* same date.) (Previous entry, May, 1932.)

"Isaiah Conway, 45, brother of Dewey Conway, local 'Indian herb doctor' arrested here October 6 on (practicing) without a license and now at liberty on $250 cash bail, was arrested last night in Sacramento for violation of the state medical practice act and today was in the county jail at Sacramento, according to news dispatches from the state capital. Conway was formerly of Chico and was arrested here on a similar charge prior to moving to Sacramento. The arrest was made by Joseph W. Williams, special agent for the State Board of Medical Examiners, who arrested the offender's brother here recently." (Chico *Enterprise,* November 3, 1939.)

"Punch drunk Los Angeles today staggered under the impact of a new scandal—a narcotic ring assertedly involving state narcotic officers, police and physicians. First inkling of the newest scandal, which takes its place in the sun with the liquor and grand jury pay-off investigations, was the resignation of Jack Harrigan, inspector of the state narcotic division in Los Angeles, since 1932. Harrigan's resignation followed a conference with Paul E. Madden, state chief of the division. 'After talking with numerous addicts and suspected addicts, I talked with Harrigan,' Madden said. 'Following this conversation, he submitted his resignation.' Putting the finger on the newest scandal was an addict, Tony Chrisman, former police undercover man, who said he felt he was 'being rousted by the narcotic cops.' Some of the addicts questioned said it was a case of a radio for the doctor and liquor for the cop, instead of an apple for the teacher. . . . So far there has been no actual evidence linking members of the police department, sheriff's office or the three other state narcotic officers here, Madden said. Both Madden and Homer Cross, deputy chief of police, said the statements of addicts must

(Continued on Page 36)

In the past a frequent complaint from mothers was the expense incurred when the large bottle of antiricketic was accidentally upset.

OLEUM PERCOMORPHUM

Even if the bottle of Oleum Percomorphum is accidentally tipped over, there is no loss of precious oil nor damage to clothing and furnishings. The unique Mead's Vacap-Dropper* is a tight seal which remains attached to the bottle, even while the antiricketic is being measured out. Mead's Vacap-Dropper offers these extra advantages also, at no increase in price:

Unbreakable

Mead's Vacap-Dropper will not break even when bottle is tipped over or dropped. No glass dropper to become rough or serrated.

No "messiness"

Mead's Vacap-Dropper protects against dust and rancidity. (Rancidity reduces vitamin potency.) Surface of oil need never be exposed to light and dust. This dropper cannot roll about and collect bacteria.

Accurate

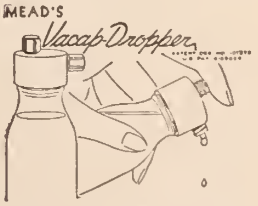
This unique device, after the patient becomes accustomed to using it, delivers drops of uniform size.

No deterioration

Made of bakelite, Mead's Vacap-Dropper is impervious to oil. No chance of oil rising into rubber bulb, as with ordinary droppers, and deteriorating both oil and rubber. No glass or bulb to become separated while in use.

How to Use MEAD'S *Vacap-Dropper*

Remove both top and side caps. Wipe dropper tip. Place forefinger firmly over top opening and regulate rate of flow by varying the degree of pressure. Oleum Percomorphum is best measured into the child's tomato juice. This is just as convenient and much safer than dropping the oil directly into the baby's mouth, a practice which may provoke a coughing spasm.



U. S. Pat. Nos. 2105023 and 101575

**Supplied only on the 50 c.c. size; the 10 c.c. size is still supplied with the ordinary type of dropper.*

OLEUM PERCOMORPHUM
More Economical Now Than Ever

MEAD JOHNSON & CO., Evansville, Indiana, U. S. A.

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons.

For Acidity and Allied Conditions, we suggest

ADAMS SPRINGS MINERAL WATER

● MANY physicians recommend the water in conjunction with the treatment of stomach, liver and kidney trouble.

ADAMS MINERAL SPRINGS is one of the seven known iron and maganese bi-carbonate springs in the world, and the only one in Western America.

It is not a cure-all, but it overcomes acid excesses in the body, and is a very mild but wonderfully effective eliminator. The bowels function without spasm, the kidney output is greatly increased, and there is *marked* drainage of bile from the gall bladder and liver.

There is also some constitutional upset for a few days, particularly in gall bladder cases. But this is soon over and your patient begins to show improvement and is now in condition to profit by any medication you may prescribe. If the case is an operative one, you have improved your patient and made of him a better risk.

We will be pleased to cooperate in any way whatever, and samples of water are yours for the asking.

A Natural Mineral Water

SHOWING MAIN CONSTITUENTS

By PROF. SYDNEY A. TIBBETTS, *Berkeley*

MANGANESE	1.3 parts per million
IRON	12.5 parts per million
CALCIUM	173.3 parts per million
MAGNESIA	339.3 parts per million
SODIUM	365.0 parts per million
SILICA	93.0 parts per million
CHLORINE	38.3 parts per million
SULPHATE	16.1 parts per million
NITRATE	0 parts per million
PHOSPHATE	.7 parts per million
CARBONATE	1551.4 parts per million
TOTAL	2591.4 parts per million

For further information write W. R. PRATHER, D. D. S.

ADAMS SPRINGS, LAKE COUNTY, CALIFORNIA

Steam heated hotel, open all year around.

3000 feet up in the Lake County Pines.

(Since 1870)

Behind

MERCUROCHROME

(dibrom-oxymercuri-fluorescein-sodium)

H W & D

is a background of

Precise manufacturing methods insuring uniformity

Controlled laboratory investigation

Chemical and biological control of each lot produced

Extensive clinical application

Thirteen years' acceptance by the Council of Pharmacy and Chemistry of the American Medical Association

ACCEPTED AMERICAN MEDICAL ASSN.

A booklet summarizing the important reports on Mercurochrome and describing its various uses will be sent to physicians on request.

Hynson, Westcott & Dunning, Inc.

BALTIMORE, MARYLAND

BOARD OF MEDICAL EXAMINERS

(Continued from Page 34)

be proved beyond all reasonable doubt, because narcotic users 'are highly unreliable.' . . . Madden said the inquiry so far has uncovered the name of one physician, also a WPA worker, who has suddenly acquired considerable means and has bought two houses. . . . Secrecy with which Madden's investigation was progressing up until Harrigan's resignation was indicated by the fact that Madden arrived here a week ago and has been uncovering evidence since then so cautiously that none of the law enforcement agencies were aware of it. 'This may take us another three or four weeks,' Madden said. 'But we are going to get to the bottom of it and see that all the guilty are punished and the innocent absolved of any blame.' " (Los Angeles *Evening News*, November 22, 1939.)

"Out of fifty-six applicants who took written examinations for physicians and surgeons, fifty-two were passed and authorized to practice their professions in California, Dr. Charles B. Pinkham, secretary-treasurer of the State Board of Medical Examiners, announced in Sacramento today." (San Francisco *Call-Bulletin*, November 27, 1939.)

"Thomas Odum Luckett, former Imperial County physician, who was found guilty of an illegal operation, has applied to state pardon advisory board for a pardon, the Associated Press reported from Sacramento yesterday. The application is to be considered along with forty-three other applications for clemency at the board's Sacramento meeting Monday." (San Diego *Union*, November 25, 1939.) (Previous entries, July, September, December, 1937.)

"Some thirty cronies and friends of long standing gave a retirement luncheon at the Palace Hotel yesterday for Dr. Langley Porter, dean of the California Medical School. Doctor Porter will be 70 his next birthday. This is his second attempt at retirement. He retired in 1936, but his successor, Dr. William McKim Marriott, died soon after his appointment and Doctor Porter was redrafted until another successor could be found. None has been found as yet, but Doctor Porter has announced that he wants to leave before the year is out, and 'have a little leisure for fun.' . . . A native of Montreal, Doctor Porter began his career as physician aboard the liner *City of Para* at the battle of Manila in 1898. He became resident physician in St. Mark's Hospital, London, then clinical professor of pediatrics at both Stanford and the University of California." (San Francisco *Chronicle*, November 29, 1939.)

(Continued on Page 38)

●

METHODS FOR QUANTITATIVE ESTIMATION OF THE VITAMINS

IV. Measurement of Vitamin B_1 Activity

● The existence of the factor now known as vitamin B_1 was first established by the work of Eijkmann over four decades ago. In 1912, Funk (1) isolated a nitrogenous substance—capable of curing polyneuritis—to which he applied the provisional name of "beri-beri vitamine." Vitamin B_1, therefore, is the first of the essential food factors to be termed a vitamin.

Despite this fact, it has only been within recent years that specific biologic methods for estimation of this vitamin—free from the serious limitations of the earlier assay methods—have become available. Many of the earlier techniques were proposed before resolution of the "vitamin B complex" into its component factors. In addition, only within the past few years have reference standards of vitamin B_1 activity—the standard absorption product and thiamin—become generally and conveniently available for use in the quantitative determination of vitamin B_1.

As indicated in a recent review (2), modern bioassay methods for vitamin B_1 are quite diverse in detail. It is hoped that identification of this dietary essential (3) will soon bring a dependable chemical method for its estimation which will permit more extensive and reliable investigation of the vitamin B_1 activities of foods than has heretofore been possible. Recent advances in the science of nutrition, however, have brought definite refinement and improvement of modern bioassay methods for determination of the antineuritic factor.

In illustration, quite recently a rat curative technique employing crystalline thiamin chloride as the Reference Standard was endorsed by the U. S. P. Vitamin Advisory Board (4), for use in determining the vitamin B_1 activities of foods or other biological materials which contain a sufficiently high concentration of the vitamin. In this method young rats (not exceeding 50 grams in weight or 30 days of age) are maintained on a specified vitamin B_1-deficient diet until their body stores of the vitamin are depleted as judged by the onset of acute polyneuritis. Such depleted animals are suitable for use in the assay proper provided the depletion period required for the development of acute polyneuritis has not exceeded 75 days.

To each properly prepared animal is administered a single dose of the reference standard of such size that a curative period of not less than 5 or more than 15 days will be produced. Each animal is then carefully observed until the exact degree of acute polyneuritis reappears, at which time an appropriate single dose of the material under assay is administered. The duration of the cure of polyneuritis is again observed. Only data obtained from successive administration to the same animal of reference standard and assay material (using not less than 8 rats) are to be considered. Data obtained from groups of rats in which the duration of the cure following the administration of assay material is equal to or greater than that produced by the reference standard are suitable for use in calculating the vitamin B_1 potency of the materials under assay.

As has been previously described (5), the effect of commercial canning on vitamin B_1 is variable and in any specific case largely depends upon the nature of the product itself. However, among the great variety of commercially canned products are many foods which—when included in the varied diet—will contribute valuable amounts of this essential vitamin.

AMERICAN CAN COMPANY
230 Park Avenue, New York, N. Y.

(1) 1912. J. State Med. 20, 341.
(2) 1938. J. Am. Med. Assn. 111, 927.
(3) 1938. J. Am. Med. Assn. 110, 727.
(4) 1939. J. Am. Pharm. Assn. 28, 267.
(5) 1939. The Canned Food Reference Manual, American Can Co., New York.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the fifty-fifth in a series, which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

PHARMACEUTICALS
YOU CAN PRESCRIBE WITH CONFIDENCE

EVERY PRODUCT EXHAUSTIVELY TESTED

BACK of every Smith-Dorsey product is a triple safeguard:
1. Our control laboratory tests each new shipment of materials for purity and quality.
2. Finished products must run the gauntlet of careful tests to insure conformity to label statements.
3. New products are never released without subjecting them to physiological tests.

Such is the background of Smith-Dorsey products. The steady growth of The Smith-Dorsey Company since 1908 indicates that physicians find our products measure up to their standards. No preparations are ever offered the laity.

The Smith-Dorsey Company

FOUNDED 1908 *Lincoln, Nebraska*

THE CALIFORNIA SANATORIUM

Fully equipped for the diagnosis and modern treatment of diseases of the chest, including tuberculosis and other respiratory diseases.

BELMONT, CALIFORNIA
Phone BElmont 100

San Francisco Office: 384 Post Street
Phone GArfield 4633
H. C. WARREN, M. D.
Medical Director

MAX ROTHSCHILD, M. D.
Founder

H. VAN HORNE, M. D.
G. F. FAIRBAIRN, M. D.
Resident Clinicians

BOARD OF MEDICAL EXAMINERS

(Continued from Page 36)

"For prejudicial error by the trial judge, the State District Court of Appeal yesterday set aside the manslaughter conviction of Dr. Claude C. Long, who was found guilty following the abortion death of a San Francisco housewife in May, 1937. The victim, Mrs. Genevieve Arganbright, died during an operation admittedly performed by the physician. He, his wife and a nurse were tried for murder. The jury acquitted the two women, returning a manslaughter verdict against Doctor Long. The reversible error, the court held, was an instruction given the jury by Superior Judge Sylvain J. Lazarus, before whom the case was tried. That instruction was to the effect that the jury could not acquit Long of manslaughter unless the use of 'due caution and circumspection' in the performance of the operation was proved beyond a reasonable doubt. The instruction thus placed the burden of proving 'due care and circumspection' on the defense. The opinion was written by Justice Raymond E. Peters and concurred in by Justices Louis H. Ward and C. J. Goodell, the latter sitting on the court temporarily from the San Francisco Superior Court. Doctor Long's attorney, Ed Cunha, declared that the decision means that the physician can be retried for manslaughter, but not on the murder charge. Doctor Long has been at liberty on bail since his arrest." (San Francisco *Chronicle*, November 30, 1939.) (Previous entries, July, September, October, November, December, 1937; February and August, 1938.)

"A statewide drive against druggists who prescribe remedies for venereal diseases was announced today after

THE THIRD PARTY
in the doctor-patient relationship

Rx

Naturally, you want to protect and further that precious doctor-patient relationship.

Jenkel-Davidson's absolute dependability in filling optical prescriptions—*plus* many little "extras" in the way of service—this combination works for your patient's welfare . . . and thus for yours, too.

Jenkel-Davidson Optical Company
MAIN STORE: 366 POST STREET, SAN FRANCISCO
ALSO: SACRAMENTO · OAKLAND · BERKELEY · ALAMEDA
BURLINGAME · PALO ALTO · SAN JOSE

COMPTON SANITARIUM
(For Mental Illness)
LAS CAMPANAS HOSPITAL
(A General Hospital)
COMPTON, CALIF.
1052 West 6th Street Los Angeles
Telephone MIchigan 3454
GLENN MYERS, M.D. · PHILIP J. CUNNANE, M.D.
Medical Directors
RESIDENT MEDICAL STAFF
G. Creswell Burns, M.D. Russell Johnson, M.D.
Helen Rislow Burns, M.D. Robert M. Newhouse, M.D.
Byron L. Stewart, M.D.
APPROVED BY AMERICAN COLLEGE OF SURGEONS

the arrest of a Sacramento pharmacist on the charge of practicing medicine without a license. J. W. Williams, special agent for the State Board of Medical Examiners, arrested Clifford Reade, 34, employed at Grey's Pharmacy, 401 K Street, on the complaint of a youth who obtained medicine for the treatment of gonorrhea and later was forced to go to a hospital. Reade was booked in the city prison and released on bail. Williams said the arrest of Reade was one of several made throughout the state as a result of the determination of the Board of Medical Examiners to prevent the amateurish treatment of venereal disease cases. He pointed out that clinics for the treatment of the disease are maintained in almost every county. He said druggists should direct applicants to those clinics, or to reputable physicians, instead of prescribing 'quack' remedies. Williams said few of the state's pharmacists violate the state law forbidding them to prescribe remedies. Some of the violators, he reported, go so far as to treat men who suspect the presence of a venereal disease. The drive to prevent the prescribing of quack medicines and improper treatment of venereal disease, he said, is designed to help curb the spread of the disease." (Sacramento *Bee*, November 23, 1939.)

"Declared to be slowly dying of tuberculosis, Lawrence P. Lorraine, Sacramento physician serving a five-year sentence in Folsom prison for performing an illegal operation, today requested executive clemency of Governor Olson. Lorraine's sentence expires in 1943." (San Diego *Union*, November 5, 1939.) (Previous entries, January, February, 1935; May, 1938.) He is not a physician, nor do we find he holds a California license of any kind.

(Continued on Next Page)

Bequest Forms: Unto the California Medical Association*

FORM OF CLAUSE OF WILL PROVIDING FOR CASH BEQUEST

I hereby give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California, the sum of $——— to be known as the ——— Gift, to be used and expended by said corporation for scientific, educational, or hospital purposes.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR CASH BEQUEST

I give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California, the sum of $———, to be held as a fund, to be known as the [here insert name desired] Fund, the principal whereof shall from time to time be invested to the best advantage compatible with safety, and the income whereof shall be used and applied for scientific, educational, or hospital purposes.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR BEQUEST OF PERSONAL PROPERTY

I give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California [here describe the property], the same, or the proceeds thereof, to be held as a perpetual fund, to be known as the [here insert name desired] Fund, the income whereof shall be used and applied for scientific, educational, or hospital purposes. The said corporation shall have the power to sell said property and to invest and reinvest the proceeds arising from the sale thereof from time to time as it may deem advisable for the purpose of producing as large an income as may be compatible with safety.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR DEVISE OF REAL PROPERTY

I give and devise unto Trustees Of The California Medical Association, a nonprofit corporation of California, to aid and further its scientific, educational, and hospital purposes, and to be known as the ——— Gift, the following described real property situate in the County of ———, State of California, and more particularly described as follows, to wit:

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR DEVISE OF REAL PROPERTY

I give and devise unto Trustees Of The California Medical Association, a nonprofit corporation of California [here describe the property], the same, or the proceeds thereof, to be held as a perpetual fund, to be known as the [here insert name desired] Fund, the income whereof shall be used for and applied to the support and maintenance of scientific, educational, or hospital purposes. The said corporation shall have the power to sell said property and to invest and reinvest the proceeds arising from the sale thereof from time to time as it may deem advisable for the purpose of producing as large as income as may be compatible with safety.

---

* These Bequest Forms were discussed editorially in CALIFORNIA AND WESTERN MEDICINE, for March, 1936, p. 145, and June, 1936, p. 460.

Las Encinas Sanitarium . . . Pasadena, California

INTERNAL MEDICINE INCLUDING NERVOUS DISEASES

Board of Directors: George Dock, M. D., *President;* W. Jarvis Barlow, M. D.; Samuel D. Ingham, M. D.

Address: STEPHEN SMITH, M. D., F. A. C. P.; CHARLES W. THOMPSON, M. D., F. A. C. P.
MEDICAL DIRECTORS, PASADENA, CALIFORNIA

Medical Placement Bureau

(AGENCY)

A California Organization Specializing in Trained Medical Personnel

REMOVED TO

291 Geary Street » San Francisco

Helen J. Cowie, M. D. *Phone YUkon 2484* *Lillian F. Johnson, R. N.*

OUR FRIENDLY CHALLENGE

In your files are doubtless many Audiograms of patients who have not been able to obtain satisfaction from the application of a Hearing Aid—particularly persons with a severe nerve type of deafness. You are cordially invited to send these persons to us for a scientific fitting of the new

Crystalic (VACUUM TUBE) Acousticon

Consultation is private—and entails no charge or obligation. We will gladly prepare an Audiogram for any patient for whom you request such service—showing his hearing range WITHOUT and also the increased range WITH the CRYSTALIC ACOUSTICON.

ACOUSTICON

705 Foreman Bldg.
LOS ANGELES

457 Powell Street
SAN FRANCISCO

Acousticon is accepted by the Council on Physical Therapy of the American Medical Association.

BOARD OF MEDICAL EXAMINERS

(Continued from Preceding Page)

"Louis J. Kroeger, executive officer of the state personnel board, said today the board has waived the California residence requirement for the examination for junior physician in California institutions which will be held January 6. The position pays $100 per month plus maintenance for self and family." (Sacramento *Bee*, November 23, 1939.)

"Dr. S. A. Sullivan, 40, a chiropractor, of 19 South Edinburgh Street was in jail today following his arrest by state narcotic inspectors on a charge of forging narcotic prescriptions. Also seized with him was Mrs. Nettie Bunger, same address, accused of passing the allegedly forged prescriptions. A. V. Beckner, state narcotics inspector, said about 300 prescriptions were involved." (Los Angeles *Herald and Express*, November 20, 1939.)

"A jury of seven women and five men were dismissed yesterday by Municipal Judge Herbert Kaufman after it failed to reach a decision in the case of Mrs. Verna Shelley, sales woman for a patent medicine, charged with practicing medicine without a license. No decision was made immediately on a second trial." (San Francisco *News*, November 21, 1939.) (Previous entry, September, 1939.)

"A third trial of Dr. Jesse Citron's medical fee suit against film comedian W. C. Fields was denied today by Superior Judge F. R. Freeman. In the second trial Doctor Citron won a jury verdict for $2,000 of the $12,000 he asked. At the first trial, without a jury, Superior Judge O. K. Morton awarded Doctor Citron the full $12,000, but Fields appealed and the case was sent back to be retried. Doctor Citron treated Fields in an attack of pneumonia." (Los Angeles *Times*, November 14, 1939.) (Previous entry, November, 1939.)

"Standing nine to three for conviction, a superior court jury which deliberated murder charges against Dr. Clyde A. Pierson, San Bernardino osteopathic physician and surgeon, was discharged yesterday after jurors reported they were 'hopelessly deadlocked.' . . . Doctor Pierson was indicted by the grand jury after Hazel Waters, 18 years old, died at the county hospital from infection following an abortion. . . . The State charged that Doctor Pierson performed the abortion. Doctor Pierson denied he performed an operation. He said he gave the girl treatments when she appeared at his office after an abortion had been performed. The physician testified that Miss Waters told him the abortion took place in Los Angeles. This was corroborated by records of the county hospital which disclosed that Miss Waters told attendants there that the illegal operation had occurred in Los Angeles. . . ." (San Bernardino *Sun*, November 12, 1939.) "A second trial for Dr. Clyde A. Pierson, osteopathic physician and surgeon, on a charge of murder arising from the death of an eighteen year old girl, yesterday was set by Superior Judge Charles L. Allison for December 5. . . ." (San Bernardino *Sun*, November 14, 1939.) (Previous entries, May and July, 1935; November, 1939.)

(Continued on Page 42)

YOUR IDEAS—OR OURS

OR BOTH!

"ALL THINGS TO ALL MEN" must be the slogan of the printing house that aspires to a high percentage of usefulness.

Possibly your ideas may be of the nebulous sort that require the expert service of a good layout man, or artist.

Or, as frequently happens, your plans have been worked out along general lines, but would be all the better for the few suggestions that we might be able to make.

Printing that can make sales for its sponsors is the result of up-to-date equipment and skilled workmen—No doubt! But there's an added knack that comes from long experience. When a printer has that, your sales message really hums.

You have no printing need that we have not the talent and capacity to fill.

THE

JAMES H. BARRY CO.

Telephone
UNderhill
7780

Printers and Publishers
ESTABLISHED 1879
170 South Van Ness Avenue
SAN FRANCISCO

LIVERMORE SANITARIUM

• The Hydropathic Department devoted to the treatment of general diseases excluding surgical and acute infectious cases. Special attention given functional and organic nervous diseases. A well equipped clinical laboratory and modern X-ray Department are in use for diagnosis.

• The Cottage Department (for mental patients) has its own facilities for hydropathic and other treatments. It consists of small cottages with homelike surroundings, permitting the segregation of patients in accordance with the type of psychosis. Also bungalows for individual patients, offering the highest class of accommodation with privacy and comfort.

GENERAL FEATURES

1. Climatic advantages not excelled in United States. Beautiful grounds and attractive surrounding country.
2. Indoor and outdoor gymnastics under the charge of an athletic director. An excellent Occupational Department.
3. A resident medical staff. A large and well trained nursing staff so that each patient is given careful individual attention.

Information and circulars upon request

Address: CLIFFORD W. MACK, M. D.
Medical Director
LIVERMORE, CALIFORNIA
Telephone 313

CITY OFFICES:

SAN FRANCISCO
450 Sutter Street
DOuglas 3824

OAKLAND
1624 Franklin Street
GLencourt 5989

ALUM ROCK SANATORIUM
FOR DISEASES OF THE CHEST
SAN JOSE, CALIFORNIA

Telephone
MAYFAIR 321

A small select sanatorium for the treatment of Tuberculosis and other chest diseases.

Each patient receives individual study and care. The referring physician receives regular clinical reports.

Climate is ideal. Located at 1,000 ft. elevation, 6 miles east of San Jose, overlooking the Santa Clara Valley. A folder will be sent on request.

Resident Staff:
Buford H. Wardrip, M.D., San Jose
Supt. and Medical Director

Visiting Staff:
Philip King Brown, M.D., San Francisco
Harold Guyon Trimble, M.D., Oakland
Cabot Brown, M.D., San Francisco
J. Lloyd Eaton, M.D., Oakland

BOARD OF MEDICAL EXAMINERS

(Continued from Page 40)

"Mrs. Ruth A. Sears of 836½ South Record Street, Los Angeles, changed her plea of not guilty to guilty on a charge of practicing medicine without a license before Police Judge R. J. Keller, Wednesday afternoon, and was sentenced to serve 180 days in the county jail. Judge Keller later suspended half of the sentence. She was arrested by local police on October 28 on a warrant signed by S. W. Brooks, assistant special agent of the State Board of Medical Examiners, who claimed Mrs. Sears treated Mrs. Elizabeth Hoffield, 32, who died last September 29 at her home, 422 North Sierra Avenue." (Alhambra *Post-Advocate*, November 29, 1939.) (Previous entry, December, 1939.)

"The Board of Supervisors today set up a yearly salary of $9,000 for the new superintendent of the Los Angeles County General Hospital, and at the same time announced that examinations for the position will be held in Chicago and Los Angeles. . . ." (Los Angeles *Herald and Express*, November 16, 1939.)

"Dr. Floyd Fisk, Montebello chiropractor, was found not guilty of practicing medicine without a license by a jury in Whittier Township Justice Court yesterday afternoon after nearly six hours' deliberation. Doctor Fisk attended John Beck, 3, son of Mr. and Mrs. Ward Beck of 635 Keith Drive, Whittier, last April. The little boy died from a ruptured appendix. The State charged that Doctor Fisk gave the boy medicine, while Fisk's attorneys pleaded that what the doctor gave the boy was not given as a medi-

THYROID FUNCTION

as tested by

Basal Metabolic Rate

Blood Cholesterol

Creatine Tolerance Test

Bone Age

Iodine Tolerance Test

ZERA E. BOLIN, M.D.

Pathologist

490 POST STREET
EXbrook 7600 MOntrose 2105
SAN FRANCISCO

(Approved by San Francisco County Medical Society, California State Board of Health and American Medical Association)

24-HOUR SERVICE . . . . PHONE MARKET 2100

Business Men
BANK BY MAIL

Many out-of-town business men use our Bank-by-Mail Service for the advantages which this strong, metropolitan Bank affords. No matter where they live, this service is as convenient to them as the nearest mail box.

Write today . . . for free Bank-by-Mail kit containing all necessary forms, return envelope and simple instructions.

CROCKER FIRST NATIONAL BANK
OF SAN FRANCISCO
California's Oldest National Bank

Member Federal Deposit Insurance Corporation

cine but as a food. . . ." (Whittier *News*, November 11, 1939.) (Previous entry, October, 1939.)

"No indictments were returned by the Shasta County grand jury Monday in the case of Dr. Thomas D. Wyatt of Redding, which they investigated following the recent action of the State Board of Medical Examiners in revoking Doctor Wyatt's license to practice medicine on a charge of misconduct in performing an alleged criminal abortion. As the probing body turned its attention to another case Monday afternoon after hearing all witnesses in the Wyatt case and then discussing the matter for a half hour, it is believed to have definitely dropped the matter. Although five witnesses were called before the grand jury Monday morning in the case, only two testified. Doctor Wyatt, Lucille Hansen, the Red Bluff woman on whom the abortion was allegedly performed and her husband, Chris Hansen, all stood on their constitutional rights in refusing to testify, as both Mrs. Hansen and Doctor Wyatt were open to indictment. Mrs. Hansen, however, previously testified before the medical board that Doctor Wyatt had performed the operation on her December 15, 1938, and that she had had a hemorrhage two weeks later and was treated by Dr. Richard Frey of Red Bluff at that time. Doctor Frey, when called before the grand jury Monday noon, stated he did not know whether the alleged abortion was legal or criminal. When Mrs. Marian Lord, nurse for Doctor Wyatt and who was allegedly in attendance at his office when the alleged abortion was performed, failed to identify Mrs. Hansen as having been the subject of such an operation, the grand jury was left no tangible evidence of a criminal abortion with the exception of the medical board proceedings, introduced to the body last Wednesday by District Attorney Laurence W. Carr. As this testimony is considered hearsay evidence in a court of law, it was believed the grand jury would not be able to bring an indictment on the basis of the transcript alone. Carr appeared before the body several times during the hearing of the case, and once conferred in his office with Foreman Charles Loftus." (Redding *Courier Free Press*, November 30, 1939.) (Previous entries, February, October, 1934; January, March, 1935; December, 1936; February, August, 1937; December, 1939.)

"Dr. Filberto A. Bonaventura, Santa Rosa physician, yesterday was granted by Secretary of Labor Perkins a 60-day stay of deportation action taken against him as a result of a narcotic law conviction in 1932 in Ohio. Bonaventura, a native of Italy, prominent in anti-Fascist activities, said he prescribed drugs to a man he believed sick. He had been ordered to appear here next Monday to start the journey to Italy. Secretary Perkins' order, Labor Department officials said, was presumed to be for the purpose of either allowing him to clear up personal matters or seek a further hearing, according to Associated Press dispatches from Washington, D. C. The House Immigration Committee at its last regular session approved a bill by Representative Lea of California to relieve the physician from deportation, but it never came to a vote in the House." (San Francisco *Chronicle*, December 8, 1939.) (Previous entries, April, 1931; June and July, 1932; July, 1933; March, 1938.)

"Joseph P. Agrillo, Willow Glen barber, will face trial in Justice Grandin H. Miller's court December 13 on charges of practicing medicine without a license. He was

(Continued on Next Page)

SAINT FRANCIS HOSPITAL

A General Hospital With Accommodations for Three Hundred Patients

And Operating THE MEDICAL BUILDING, 909 Hyde Street

Tenancy Restricted to the Medical and Dental Professions

DIRECTORS

T. H. O'CONNOR, M. D.
W. B. COFFEY, M. D.
THOS. E. SHUMATE, M. D.
C. R. BRICCA, M. D.

CARL L. HOAG, M. D.
R. H. KISTLER, M. D.
Superintendent, V. W. OLNEY

JAMES H. O'CONNOR, M. D.
C. A. WALKER, M. D.
C. P. THOMPSON, M. D.
GEORGE W. PIERCE, M. D.

Address Communications

SAINT FRANCIS HOSPITAL

Bush and Hyde Streets
Telephone PROSPECT 4321
San Francisco

The Alexander Sanatorium, Inc.

BELMONT, CALIFORNIA

Ideal climate, only 45 minutes from San Francisco, nestled in the beautiful hills of Belmont. Modern buildings surrounded by gorgeous gardens. Homelike accommodations. Every essential for the treatment of patients requiring rest provided.

Specializing in the treatment of nervous, mental, and debilitating states. Specially equipped for metrazol and insulin therapy.

MRS. ANNETTE ALEXANDER, *President*
Telephone Belmont 40

BOARD OF MEDICAL EXAMINERS

(Continued from Preceding Page)

arrested yesterday on complaint sworn by T. P. Hunter, San Francisco inspector for the State Board of Medical Examiners, who accused him of prescribing and advertising treatments for ailments when he was not licensed. He is out of custody." (San Jose *News,* December 2, 1939.)

"After twenty minutes' deliberation, a jury sitting in Menlo Park City Hall yesterday acquitted John B. Thornhill, Menlo Park barber, on a charge of prescribing medicine without a license. Thornhill's case was tried before Judge Edward I. McAuliffe of Redwood City." (Redwood *Peninsular Beacon,* December 1, 1939.)

"After twenty-six years of successful work, the Oaks Sanitarium, in the mountains above Los Gatos, closed yesterday. Dr. William Voorsanger, San Francisco physician, owner of the place, said the land, with a score of buildings, is for sale and would be sold at a low figure for any public purpose. Doctor Voorsanger said he was not retiring from practice, but was too busy in San Francisco, and also found the county hospital and other public institutions made it impossible to conduct a private institution at a profit. He took over the institution January 14, 1914." (Los Gatos *Mail News,* November 30, 1939.)

"Whether Philip W. Dyment, 66, was practicing medicine without a license when he allegedly diagnosed a special agent of the state police and a member of the police vice detail will be decided by a jury next December 7 in Police Judge Kenneth C. Newell's court. Dyment assertedly represented himself as a doctor, when the officers called at his home at 1366 East Washington Street. In the ensuing discussion Dyment, according to the officers, confirmed a diagnosis, treatment and professional charge made to the state officer earlier the same day and also undertook to diagnose and treat a supposed ailment of the police vice detail member. Dyment denied the charges." (Pasadena *Independent,* November 27, 1939.) The records show that on December 7 Philip W. Dyment was found guilty by a jury in the City Court of Pasadena and was thereafter sentenced by Judge Kenneth C. Newell to pay a fine of $500 or serve 180 days in jail. Four hundred and fifty dollars of the fine was suspended two years on condition of no further violation of the medical laws during that period. Stay of execution to December 9 was granted for the payment of the $50. (Previous entries, September, 1928; July and August, 1931.) Philip Dyment's California medical license was originally revoked July 8, 1924, on allegation that said license was obtained by fraud. On July 3, 1928, the court ordered same restored. On July 7, 1931, Dyment's license was again revoked. He was featured in an article published in the *Bulletin of the Federation of Medical Examining Boards,* October, 1919.

Amount of Work Done by Human Heart.—The human heart does less work when the individual is standing for a considerable length of time than when he is at rest, *The Journal of the American Medical Association* states.

This is due to the effect of gravity in depleting the amount of blood coming back to the heart and therefore the amount of work accomplished by the heart.

(Continued on Page 46)

Now Available

SOBISMINOL MASS and SOBISMINOL SOLUTION SQUIBB

Council Accepted

An effective spirocheticide for oral and for intramuscular use

Sobisminol Mass and Sobisminol Solution have been subjected to extensive pharmacologic and clinical study. The results of the studies indicate that these preparations are promptly and quite uniformly absorbed, usually well tolerated, and have a wide margin of safety. The bismuth therein is excreted at such rates and in such quantities as to indicate that there is little accumulation of the metal while the quantities retained are adequate for a sustained systemic antisyphilitic effect.

Sobisminol Mass, given orally, has been shown to have an antisyphilitic effect comparable to that produced by Sobisminol Solution and other soluble compounds of bismuth injected intramuscularly. The preparation has been administered orally daily for periods of many months without producing evidence of cumulative toxic effects. It can be used wherever bismuth therapy is indicated in the treatment of syphilis, including its use with one of the arsenicals or in alternate courses with arsenicals according to the preference of the clinician.

Sobisminol preparations contain a complex organic bismuth compound resulting from the interaction of sodium bismuthate, tri-isopropanolamine and propylene glycol. Supplied in appropriate dosage forms for oral and intramuscular use in the treatment of syphilis.

●

CAPSULES SOBISMINOL MASS SQUIBB for oral use contain 0.75 Gm. Sobisminol Mass and represent 150 mg. bismuth equivalent. In bottles of 100 and 1000 capsules. Aver. adult dose, 2 capsules, t. i. d.

SOBISMINOL SOLUTION SQUIBB for intramuscular use—each cc. represents 20 mg. of bismuth. In 1-cc. size ampuls—boxes of 12. In 2-cc. size ampuls in boxes of 12 and 100—50-cc. bottles. Aver. adult dose, 2 cc. twice weekly.

For literature address the Professional Service Department, 745 Fifth Ave., New York, N. Y.

E·R·SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

Colfax School for the Tuberculous

COLFAX, CALIFORNIA

There are two units, The Colfax Hospital and the Bushnell Sanatorium, for the treatment of Pulmonary Tuberculosis.

The Colfax School for the Tuberculous is located in the pine clad Sierra Nevada foothills, at an elevation of 2,400 feet; an elevation free from the fogs of the valleys and free from extremes of heat or cold.

This Institution supplies, among other advantages:

1. Individual care and supervision under skilled physicians.
2. Education as to the essentials of recovery from, and the prevention of the spread of, disease.
3. Complete laboratory and x-ray equipment.
4. Every proved method of treatment, including pneumothorax and phrenic nerve interruption. (Major thoracic surgery referred to skilled thoracic surgeons.)
5. An absence of institutional atmosphere.
6. Reasonable rates.

* * *

For further information write

ROBERT A. PEERS, M. D.
Medical Director
COLFAX, CALIFORNIA

* * *

F. LYNN SMITH, M.D.
Associate Medical Director

R. C. ATKINSON, M.D.
Consultant, General Surgery

EMILE HOLMAN, M.D.
(Stanford Hospital), Consultant, Thoracic Surgery

St. Mary's Hospital

2200 Hayes Street
SAN FRANCISCO, CALIFORNIA

▼

Conducted by Sisters of Mercy

▼

Accredited by the American Medical Association and Approved by the American College of Surgeons. Open to all members of the California Medical Association. Accredited School of Nursing and Out-Patient Department.

(Continued from Page 44)

In answer to an inquiry as to how much work a normal heart of an average 150-pound man will do in one hour, *The Journal* says that this may be estimated roughly at 15,000 foot pounds when the man is doing heavy labor and at 3000 foot pounds when he is at rest.

Occupational Hazards of Morphin.—Reporting four cases of skin eruptions due to contact with morphin, James W. Jordan, M. D., and Earl D. Osborne, M. D., Buffalo, in *The Journal of the American Medical Association*, warn that contact with this drug and other opium derivatives constitutes an occupational hazard to such workers as nurses and employees of drug houses.

Three of their patients were nurses and the other was a tablet molder in a drug company manufacturing morphin.

"The opium alkaloids," the authors explain, "are capable of producing the allergic contact type of dermatitis (inflammatory eruption of the skin) and should be borne in mind when one sees an eczematous type of dermatitis in nurses, workers in drug houses or other workers whose occupation or profession requires them to contact these substances.

"The eruption in our three nurses appeared first on the hands, and later involved other exposed areas of the skin in two. The clinical appearance of the eruption could be easily confused with that of ringworm infection. In the case of the tablet molder the eruption first appeared in the inner elbow areas, probably because the morphin was in powdered form. Other exposed areas were involved subsequently.

"Our attempts at desensitization in morphin dermatitis have proved a complete failure, as have our attempts at desensitization in other cases of the contact type of dermatitis."

Authorities recommend large dosage of Diphtheria Antitoxin in treatment

DIPHTHERIA ANTITOXIN, Mulford

Highly concentrated . . . Isotonic with the blood . . . Low in protein

Because of the desirability and advantages of high unit value in small volume, authorities recommend administration of diphtheria antitoxin early in the disease and in initial dosage of 20,000 to 40,000 units, with subsequent injections as large or larger depending on indications.

Mulford Diphtheria Antitoxin, Purified Globulin, is well adapted for the administration of large unit dosage. Because of the reduction in bulk, it is easy to administer and causes less pain to the patient. It is rapidly absorbed and develops quicker patient response due to more rapid neutralization of the toxin. Although highly concentrated, it is isotonic with the blood. It is low in protein.

Mulford Diphtheria Antitoxin, Purified Globulin, is supplied in syringes of 1,000 units; 5,000 units; 10,000 units; 20,000 units and 40,000 units. Our complete line of diphtheria biologicals also includes Mulford Diphtheria Toxoid, Alum Precipitated, Refined in ½-cc. and 1-cc. doses; Mulford Diphtheria Toxoid (Anatoxine Ramon); Mulford Diphtheria Toxin for the Schick Test; and Mulford Diphtheria Toxin for Schick Test Control.

Chart,[1] showing general tendency toward reduction in mortality rate as initial dose of diphtheria antitoxin is increased:

Hospital	Average Primary Dose	Mortality Percentage
A	9,000	7.81
B	13,700	3.84
C	15,000	5.43
D	16,000	4.40
E	17,000	2.87
F	22,000	2.66

"For the Conservation of Life"

MULFORD BIOLOGICAL LABORATORIES

SHARP & DOHME

PHILADELPHIA

---

[1] Brit. M. J., 2:1132, Dec. 19, '31

The value of bismuth therapy by intramuscular injection has long been established, but a satisfactory *oral* preparation has been only a hope. Hanzlik and his associates at Stanford University have for many years been in the forefront of those striving for a preparation which would be both safe and clinically effective.

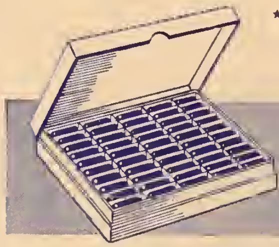
Cutter Laboratories are pleased to have been associated with this group and to announce the successful conclusion of their work.

Sobisminol Mass for oral administration is now available. When administered under direct supervision of a physician it is well tolerated and appears to have an antisyphilitic effect comparable to that produced by other soluble compounds of bismuth injected intramuscularly. Accepted by the Council on Pharmacy and Chemistry, American Medical Association.

Packages: Sobisminol Mass (Cutter), cartons of 100 and 1000 capsules, each containing 150 mg. bismuth equivalent.

Sobisminol Solution (Cutter), cartons of 12 and 100 one and two c.c. ampoules for injection.

*Manufactured under license from Stanford University



CUTTER Laboratories
BERKELEY • CHICAGO • NEW YORK

Manufacturers of biologicals and allied specialties for the medical profession since 1897

NEXT ANNUAL SESSIONS

California Medical Association, Hotel del Coronado, Coronado, May 6–9, 1940

American Medical Association, New York, June 10–14, 1940

CALIFORNIA AND WESTERN MEDICINE

Official Journal of the California Medical Association

FOUR FIFTY SUTTER, ROOM 2004, SAN FRANCISCO

VOLUME 52
NUMBER 2

FEBRUARY · 1940

50 CENTS A COPY
$5.00 A YEAR

THE N.Y. ACADEMY OF MEDICINE FEB 15 1940 LIBRARY

CONTENTS AND SUBJECT INDEX

EDITORIALS:

Platform of the American Medical Association ... 51

President Roosevelt's Hospitalization Proposals ... 52

Present-Day Conditions Call for Militancy in Organized Medicine ... 53

On Various Topics ... 54

EDITORIAL COMMENT:

Electro-Anesthesia. By W. H. Manwaring, Stanford University ... 55

Preventable Seasonal Suffering. By Milton M. Hartman, San Francisco ... 55

ORIGINAL ARTICLES:

Combined Nitrous Oxid-Oxygen Local Anesthesia. By P. K. Gilman, San Francisco ... 56

Recent Advances in the Treatment of Hematemesis and Melena. By Grant H. Lanphere, Los Angeles ... 59

Chronic Nonhealing Lesions of the Nose. By Russell Fletcher, San Francisco ... 62

Immunity: Clinical and Experimental Observations. By H. E. Thelander, San Francisco ... 64

Idiopathic Ulcerative Colitis: The Effectiveness of Liver Extract in Its Treatment. By Garnett Cheney, San Francisco ... 66

Epidermophytosis of the Hands and Feet: Its Treatment. By Harry E. Alderson, San Francisco ... 68

Hyperemesis Gravidarum. By Abraham Bernstein, San Francisco ... 69

Ruptured Membranes Prior to the Onset of Labor. By Raymond D. McBurney, Los Angeles ... 72

CLINICAL NOTES AND CASE REPORTS:

Reaction to Eucupin. By Anton S. Yuskis, La Jolla ... 76

Aluminum Chlorid in Folliculitis of the Nose. By H. O. Veach, Hollywood ... 76

STATE MEDICAL ASSOCIATION:

California Medical Association ... 77

Minutes of the Council Meeting, January 6, 1940 ... 78

Official Visits by President Charles A. Dukes and Party ... 82

Committee on Public Health Education ... 82

C. M. A. Cancer Commission ... 83

Committee on Postgraduate Activities ... 83

California Physicians' Service ... 83

County Societies ... 84

Woman's Auxiliary ... 89

MISCELLANY:

News ... 92

Letters ... 96

Medical Jurisprudence ... 100

Twenty-Five Years Ago ... 102

Board of Medical Examiners of the State of California ... 102

California Medical Directories ... Adv. pages 2, 4, 6

Book Reviews ... Adv. p. 15

ADVERTISEMENTS: (Index) ... Adv. p. 8

Owned and Published Monthly by the California Medical Association

Copyright, 1940, by the California Medical Association

"Entered as second-class matter at the post office at San Francisco, under the Act of March 3, 1879." Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 10, 1918.

GREENS' EYE HOSPITAL

Completely equipped for the surgical and medical care of all cases pertaining to ophthalmology and otolaryngology.

Staff

OPHTHALMOLOGY
AARON S. GREEN, M. D.
MARTIN I. GREEN, M. D.
EINAR V. BLAK, M. D.
VINKO V. SUGLIAN, M. D.
DAVID KADESKY, M. D.
WILLIAM R. JEPSON, M. D.

•

OTOLARYNGOLOGY
JOHN H. CHILDREY, M. D.
ERNST WOLFES, M. D.

ADDRESS ALL COMMUNICATIONS TO THE SUPERINTENDENT

BUSH STREET AT OCTAVIA • SAN FRANCISCO • TELEPHONE WEst 4300

Exactly to Specifications—

"Exactly to specifications" is the number one rule for all prescriptions produced in Riggs laboratories.

But—what is meant by "exactly"?

The standards to which Riggs prescription work is produced are set by the needs of the refracting profession. A Riggs prescription must faithfully interpret the prescription you write. To that end, our constant goal is the control of production operations toward the reduction of manufacturing tolerances to the absolute minimum.

The prescription that passes Riggs standard inspection is made "exactly to specifications."

•

RIGGS OPTICAL COMPANY

Distributors of BAUSCH & LOMB PRODUCTS

ESTABLISHED IN EIGHTY-FIVE WESTERN CITIES

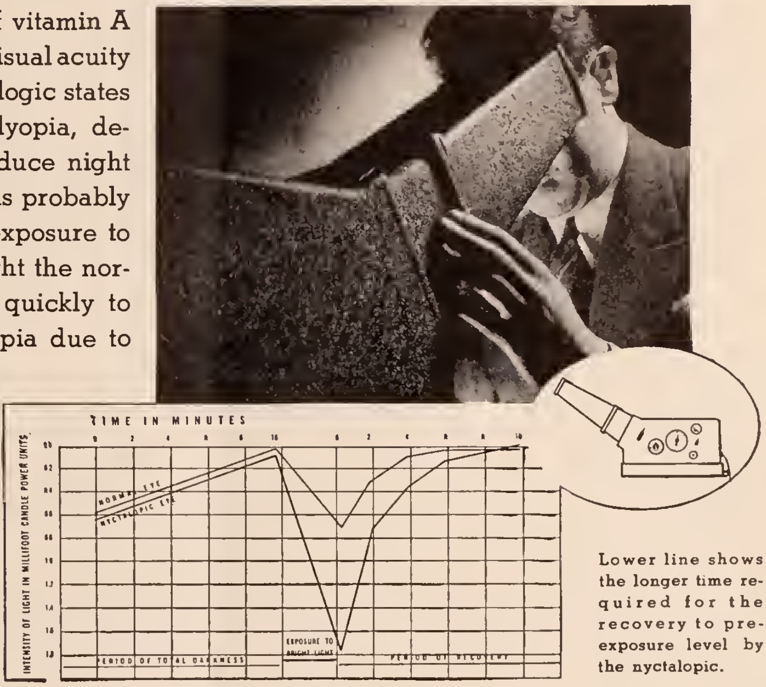
STUDIES IN THE AVITAMINOSES

This page is the second of a series on vitamin deficiencies presented by the research division of The Upjohn Company because of the profession's widespread interest in the subject. A two-page insert on the same subject appears in the February 17 issue of The Journal of the American Medical Association.

Manifestations of Vitamin A Deficiency

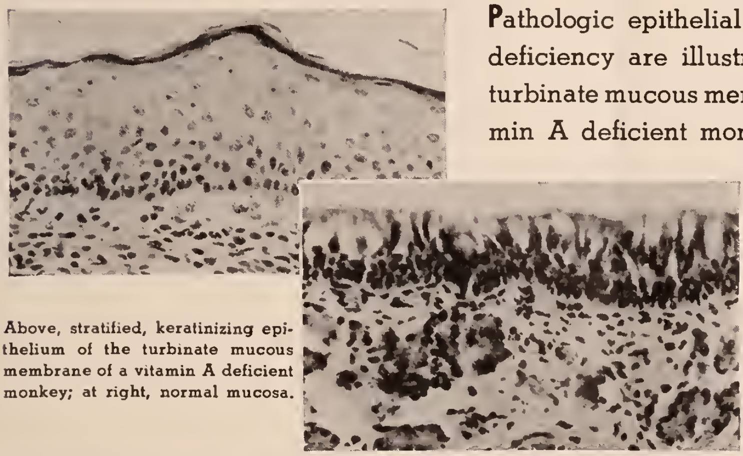
One of the early manifestations of vitamin A deficiency is nyctalopia, a loss of visual acuity in dim light. While several pathologic states (retinitis pigmentosa, toxic amblyopia, detachment of the retina) also produce night blindness, vitamin A deficiency is probably the most frequent cause. After exposure to the blinding glare of a bright light the normal eye adapts itself relatively quickly to lowered illumination. In nyctalopia due to vitamin A deficiency, the time required for recovery of visual acuity is longer.

In otherwise normal eyes, measurement of capacity for dark adaptation by means of the biophotometer has been suggested as a method of discovering vitamin A deficiency.



Lower line shows the longer time required for the recovery to pre-exposure level by the nyctalopic.

Pathologic epithelial changes produced by vitamin A deficiency are illustrated by the photomicrographs of turbinate mucous membrane taken from normal and vitamin A deficient monkeys. The progressive pathologic process consists of atrophy of the epithelium, reparative proliferation of the basal cells and finally, as depicted in the upper photograph, replacement of the normal by a stratified, keratinizing epithelium.



Above, stratified, keratinizing epithelium of the turbinate mucous membrane of a vitamin A deficient monkey; at right, normal mucosa.

UPJOHN

Officers of the California Medical Association

General Officers

President—Charles A. Dukes, 601 Wakefield Building, 426 Seventeenth Street, Oakland.

President-Elect—Harry H. Wilson, 1919 Wilshire Boulevard, Los Angeles.

Speaker of House of Delegates—Lowell S. Goin, 414 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

Vice-Speaker of House of Delegates—Dewey R. Powell, 501 Medico-Dental Building, 242 North Sutter Street, Stockton.

Chairman of Council—Karl L. Schaupp, 490 Post Street, San Francisco.

Vice-Chairman—Charles A. Dukes, 601 Wakefield Building, 426 Seventeenth Street, Oakland.

Chairman of Executive Committee—Philip K. Gilman, 2000 Van Ness Avenue, San Francisco.

Chairman of the Committee on Public Relations—George G. Reinle, 532 Fifteenth Street, Oakland.

Past-President—William W. Roblee, 202 Mission Inn Rotunda, Riverside.

Secretary-Treasurer—George H. Kress, 450 Sutter Street, Room 2004, San Francisco. Telephone DOuglas 0062.

Editor—George H. Kress, 450 Sutter Street, Room 2004, San Francisco.

General Counsel—Hartley F. Peart, Room 1800, 111 Sutter Street, San Francisco.

Associate General Counsel—Hubert T. Morrow, Van Nuys Building, 210 West Seventh Street, Los Angeles.

Councilors

(In addition to the elected district and at-large Councilors, the Council has as ex officio members, the general officers and the Chairman of the Committee on Public Relations. Chairman of Council, Karl L. Schaupp; Secretary, George H. Kress.)

District Councilors

First District—Imperial, Orange, Riverside, San Bernardino and San Diego Counties, Calvert L. Emmons (1941), 206 Emmons Building, Ontario.

Second District—Los Angeles, Inyo and Mono Counties, George D. Maner (1942), 657 South Westlake Avenue, Los Angeles.

Third District—Kern, San Luis Obispo, Santa Barbara and Ventura Counties, Louis A. Packard (1940), 563 Haberfelde Building, Bakersfield.

Fourth District—Calaveras, Fresno, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare and Tuolumne Counties, Axcel E. Anderson (1941), Medical Group Building, 1759 Fulton Street, Fresno.

Fifth District—Monterey, San Benito, San Mateo, Santa Clara and Santa Cruz Counties, C. Kelly Canelo (1942), 505 Medico-Dental Building, San Jose.

Sixth District—San Francisco County, Karl L. Schaupp (1940), 530 Medico-Dental Building, 490 Post Street, San Francisco.

Seventh District—Alameda and Contra Costa Counties, Oliver D. Hamlin (1941), 389 Thirtieth Street, Oakland.

Eighth District—Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Sutter, Tehama, Yolo and Yuba Counties, Frank A. MacDonald (1942), 822 Medico-Dental Building, 1127 Eleventh Street, Sacramento.

Ninth District—Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma and Trinity Counties, Henry S. Rogers (1940), 200 Fourth Street, Petaluma.

Councilors-at-Large

C. O. Tanner (1942), 3255 Fourth Street, San Diego.

William H. Kiger (1940), 911 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

Philip K. Gilman (1941), 2000 Van Ness Avenue, San Francisco.

E. Earl Moody (1941), 829 South Alvarado Street, Los Angeles.

Elbridge J. Best (1942), 384 Post Street, San Francisco.

Frederick N. Scatena (1940), Medico-Dental Building, 1127 Eleventh Street, Sacramento.

Standing Committees

Executive Committee

The President, the President-elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Chairman of the Committee on Public Relations, the Past President, the Secretary-Treasurer, and the Editor. (Philip K. Gilman, chairman; George H. Kress, secretary.)

Auditing Committee

Philip K. Gilman (Chairman)	San Francisco	1940
O. D. Hamlin	Oakland	1940
Elbridge J. Best	San Francisco	1940

Members of the Auditing Committee are appointed each year by the Chairman of the Council.

Committee on Associated Societies and Technical Groups

John V. Barrow (Chairman)	Los Angeles	1940
Edwin L. Bruck	San Francisco	1941
Willard H. Newman	San Diego	1942

Committee on Health and Public Instruction

Benjamin W. Black	Oakland	1940
Roy E. Thomas (Chairman)	Los Angeles	1941
William Dock	San Francisco	1942

Committee on History and Obituaries

A. Elmer Belt	Los Angeles	1940
Frank R. Makinson (Chairman)	Oakland	1941
J. Marion Read	San Francisco	1942

Secretary ex officio
Editor ex officio

Committee on Hospitals, Dispensaries and Clinics

Karl L. Schaupp	San Francisco	1940
George I. Dawson	Napa	1941
J. Norman O'Neill (Chairman)	Los Angeles	1942

Committee on Industrial Practice

Harry E. Zaiser	Orange	1940
Morton R. Gibbons	San Francisco	1941
Donald Cass (Chairman)	Los Angeles	1942

Committee on Medical Defense

John P. Nuttall	Santa Monica	1940
George G. Reinle (Chairman)	Oakland	1941
William J. Van Den Berg	Sacramento	1942

Committee on Medical Economics

Edward M. Pallette, Sr.	Los Angeles	1940
John H. Graves (Chairman)	San Francisco	1941
L. W. Hines	Santa Rosa	1942

Committee on Medical Education and Medical Institutions

John B. Doyle	Los Angeles	1940
B. O. Raulston	Los Angeles	1941
L. R. Chandler (Chairman)	San Francisco	1942

Committee on Membership and Organization

G. Dan Delprat	San Francisco	1940
George D. Maner (Chairman)	Los Angeles	1941
Dewey R. Powell	Stockton	1942

Committee on Postgraduate Activities

Dwight L. Wilbur (Chairman)	San Francisco	1940
F. E. Clough	San Bernardino	1941
H. E. Henderson	Santa Barbara	1942

Secretary ex officio

Committee on Publications

Ralph B. Eusden (Chairman)	Long Beach	1940
Ruggles A. Cushman	Talmage	1941
Francis E. Toomey	San Diego	1942

Secretary ex officio
Editor ex officio

Committee on Public Policy and Legislation

E. T. Remmen	Glendale	1940
Junius B. Harris (Chairman)	Sacramento	1941
T. Henshaw Kelly	San Francisco	1942

President ex officio
President-Elect ex officio

Committee on Scientific Work

Lemuel P. Adams	Oakland	1940
J. Homer Woolsey	Woodland	1941
Howard F. West	Los Angeles	1942

Russell V. Lee, Secretary of Section on General Medicine, ex officio
Frederick S. Foote, Secretary of Section on General Surgery, ex officio
George H. Kress, Secretary of California Medical Association, (Chairman) ex officio

Committee on Public Relations

The Committee on Public Relations consists of the chairmen of the following standing committees and of certain general officers of the Association, all serving ex officio. The chairman of the committee is George G. Reinle, the secretary is George H. Kress. The director of the Department of Public Relations is George H. Kress. The chairman of the Committee on Public Relations is ex officio a member of the Council.

Roy E. Thomas	Chair., Com. on Health and Public Instruction
J. Norman O'Neill	Chair., Com. on Hospitals, Dispensaries, Clinics
Donald Cass	Chair., Com. on Industrial Practice
George G. Reinle	Chair., Com. on Medical Defense
George D. Maner	Chair., Com. on Membership and Organization
John H. Graves	Chair., Com. on Medical Economics
Junius B. Harris	Chair., Com. on Public Policy and Legislation
Alson R. Kilgore	Chair., Cancer Commission
Dwight L. Wilbur	Chair., Com. on Postgraduate Activities
Charles A. Dukes	President of California Medical Association
Harry H. Wilson	President-elect
George H. Kress	Secretary-Treasurer

Communications for the Public Relations Department should be addressed to the Director, George H. Kress, M. D., Room 2004, 450 Sutter Street, San Francisco.

Cancer Commission

Charles A. Dukes	Oakland	1940
Lyell C. Kinney (Vice-Chairman)	San Diego	1940
Otto H. Pflueger (Secretary)	San Francisco	1940
Orville N. Meland (Sec. for Southern Section)	Los Angeles	1941
A. Herman Zeiler	Los Angeles	1941
Gertrude Moore	Oakland	1941
Clarence J. Berne	Los Angeles	1942
Alson R. Kilgore (Chairman)	San Francisco	1942
Henry J. Ullmann	Santa Barbara	1942

Communications for the Cancer Commission should be addressed to the Secretary, Otto H. Pflueger, M. D., Room 2004, 450 Sutter Street, San Francisco.

(Roster lists of officers of scientific sections, component county societies, Woman's Auxiliary, A. M. A. delegates, special committees, etc., are continued on advertising pages 4 and 6.)

Decholin
REG. U.S. PAT. OFF.

A True Choleretic
●
A Single Chemical Entity
●
Virtually Nontoxic

ACCEPTED AMERICAN MEDICAL ASSN

In Chronic Cholecystitis

Through its intense choleretic influence, Decholin—c. p. dehydrocholic (triketocholanic) acid—steps up bile secretion by the liver cells as much as 200%. This intensified flow clears the biliary passages, lessens gall-bladder tension, reduces absorption of toxic metabolites, improves gall-bladder function, hastens recovery. To initiate choleresis more quickly, many physicians begin therapy with intravenous Decholin sodium (3 c.c. of the 20% solution), continuing therapy with Decholin 3¾ gr. tablets, one or two t. i. d.

Riedel-de Haen, Inc.
105 Hudson Street New York, N. Y.

California Physicians' Service

Headquarters Office of California Physicians' Service is located at 333 Pine Street, San Francisco.

Board of Trustees

Dr. Ray Lyman Wilbur......President
C. Kelly Canelo, M. D......Vice-President
Lowell S. Goin, M. D......Vice-President
Alson R. Kilgore, M. D......Secretary-Treasurer
T. Henshaw Kelly, M. D......Assistant Secretary-Treasurer
Samuel Ayres, Jr., M. D.
W. Earl Mitchell, M. D.
Glenn Myers, M. D.
Rt. Rev. Thomas J. O'Dwyer

Administrative Members

A. E. Anderson, M. D.
E. Manchester Boddy
Rev. Ernest Caldecott
Charles A. Dukes, M. D.
Calvert L. Emmons, M. D.
Carl R. Erickson
John Anson Ford
Philip K. Gilman, M. D.
John W. Green, M. D.
Oliver D. Hamlin, M. D.
Junius B. Harris, M. D.
Carl R. Howson, M. D.
William H. Kiger, M. D.
Dr. Tully C. Knoles
Daniel Koshland
George H. Kress, M. D.
S. J. McClendon, M. D.
Howard Morrow, M. D.
Louis A. Packard, M. D.
Alfred L. Phillips, M. D.
Dewey R. Powell, M. D.
George G. Reinle, M. D.
William W. Roblee, M. D.
Henry S. Rogers, M. D.
John C. Ruddock, M. D.
Frederick N. Scatena, M. D.
Karl L. Schaupp, M. D.
Ernest Sloman, D. D. S.
Harry H. Wilson, M. D.

Nonprofit Hospitalization Corporations

In California, the three nonprofit hospitalization corporations named below are in operation:

California Physicians' Service, 220 Montgomery Street, San Francisco; 448 South Hill Street, Los Angeles.

Associated Hospital Service of Southern California, 1151 South Broadway, Los Angeles.

Insurance Association of Approved Hospitals, 369 Pine Street, San Francisco; 675 East Santa Clara, San Jose; Easton Building, Oakland.

Intercoast Hospitalization Insurance Association, 1127 "J" Street, Sacramento.

California Packet Library Services

In connection with postgraduate and other studies, the packet library facilities of the larger medical libraries of California may be mentioned. Letters regarding literature, etc., may be addressed to the librarians of the following institutions:

University of California Medical Library, Medical Center, San Francisco.

Lane Medical Library (Stanford), 2398 Sacramento Street, San Francisco.

Barlow Medical Library (Los Angeles County Medical Association), 634 South Westlake, Los Angeles.

ISOPHRIN
TRADE MARK REG. CALIF.

A non-irritating Neo-Synephrin Solution used as a nasal spray or drops

ISOPHRIN is ¼% Neo-Synephrin Hydrochloride in a special isotonic solution prepared only by Broemmel's.

Neo-Synephrin Hydrochloride is a synthetic substance of epinephrine-like action, but possesses the advantage that it is more stable, its effects are prolonged, and it does not irritate the nasal mucosa or cause sneezing.

Prolonged contact with certain metals may cause discoloration, therefore use spray bottles with only glass or hard rubber fittings.

Supplied in original bottles of 1 oz.

●

BROEMMEL'S PHARMACEUTICALS
FITZHUGH BUILDING
GArfield 4417 San Francisco, Calif.

ROSTER OF COUNTY MEDICAL SOCIETIES, CALIFORNIA MEDICAL ASSOCIATION

(County society secretaries are requested to promptly notify "California and Western Medicine" when changes are indicated in their roster information.)

Alameda County Medical Association
2404 Broadway, Oakland

President, A. A. Alexander, 1904 Franklin Street, Oakland.
Secretary, Gertrude Moore, 2404 Broadway, Oakland.
Meeting, *Third Monday, 8:15 p. m., Hunter Hall, Oakland.*

Butte County Medical Society
President, William W. Carey, 103 Hazel Street, Gridley.
Secretary, J. O. Chiapella, 131 Broadway, Chico.
Meeting, *Second Thursday.*

Contra Costa County Medical Society
President, Kaho Daily, 314 Tenth Street, Richmond.
Secretary, Clifford E. Dietderich, 1306 Pomona Avenue, Crockett.
Meeting, *Second Tuesday, 8:00 p. m.*

Fresno County Medical Society
President, Ray R. Dearborn, First National Bank Building, Madera.
Secretary, J. E. Young, 405 Rowell Building, Fresno.
Meeting, *First Tuesday, University-Sequoia Club, Fresno.*

Humboldt County Medical Society
President, John N. Chain, Fourth and E Streets, Eureka.
Secretary, Joseph S. Woolford, 350 E Street, Eureka.
Meeting, *First Thursday.*

Imperial County Medical Society
President, Henry B. Graeser, 115 E. Fifth Street, Holtville.
Secretary, William A. Clarke, Holtville.
Meeting, *Third Tuesday, 7:00 p. m., Barbara Worth Hotel, El Centro.*

Inyo-Mono County Medical Society
President, Lloyd S. Bambauer, 705 Home Street, Bishop.
Secretary, Clarence L. Scott, 609 Elm Street, Bishop.
Meeting, *Fourth Wednesday, Methodist Church, Bishop, except December, January, February.*

Kern County Medical Society
President, C. S. Compton, 428 C Street, Bakersfield.
Secretary, Eric F. Colby, Hopkins Building, Bakersfield.
Meeting, *Third Thursday, 8:00 p. m.*

Kings County Medical Society
President, P. K. Edmunds, Corcoran.
Secretary, William A. Johnstone, Hanford.
Meeting, *Second Monday, 8:00 p. m., Legion Hall, Hanford.*

Lassen-Plumas-Modoc County Medical Society
President, W. B. McKnight, Portola.
Secretary, Bernard S. Holm, Quincy.
Meeting, *On Call.*

Los Angeles County Medical Association
1925 Wilshire Boulevard, Los Angeles

President, Roy E. Thomas, 1136 W. Sixth Street, Los Angeles.
Secretary, L. A. Alesen, 1925 Wilshire Boulevard, Los Angeles.
Meetings, *First and Third Thursdays, 1925 Wilshire Boulevard, Los Angeles.*

Marin County Medical Society
President, Harry N. Hensler, Home Market Building, San Anselmo.
Secretary, Carl W. Clark, 510 B Street, San Rafael.
Meeting, *Fourth Thursday, 7:00 p. m., Marin Golf and Country Club.*

Mendocino-Lake County Medical Society
President, Dallas L. Wagner, 615 Main Street, Fort Bragg.
Secretary, Royal Scudder, Fort Bragg.
Meeting, *On Call.*

Merced County Medical Society
President, William E. Fountain, 557 Seventeenth Street, Merced.
Secretary, James A. Parker, Bank of America Building, Merced.
Meeting, *Third Thursday, Hotel Tioga, Merced.*

Monterey County Medical Society
President, Mast Wolfson, 215 Franklin Street, Monterey.
Secretary, Arnold Manor, 215 Franklin Street, Monterey.
Meeting, *First Thursday.*

Napa County Medical Society
President, Frank X. McGreane, Silverado Sanatorium, Calistoga.
Secretary, M. M. Booth, Bruck Building, St. Helena.
Meeting, *First Wednesday.*

Orange County Medical Society
President, M. W. Hollingsworth, 1806 No. Main Street, Santa Ana.
Secretary, Glenn Curtis, 323 North Pomona Street, Brea.
Meeting, *First Tuesday, 8:00 p. m., Chapel of the Orange County Hospital, Orange.*

Placer County Medical Society
President, William M. Miller, Auburn.
Secretary, Robert A. Peers, Colfax.
Meeting, *At Call of President.*

Riverside County Medical Society
President, Thomas A. Card, 3616 Main Street, Riverside.
Secretary, W. Philip Corr, 3616 Main Street, Riverside.
Meeting, *Second Monday, 8:00 p. m., Library, Riverside Community Hospital.*

Sacramento Society for Medical Improvement
President, Norris R. Jones, M. D., 1127 Eleventh Street, Sacramento.
Secretary, Glenn E. Millar, 321 Physicians Building, Sacramento.
Meeting, *Third Tuesday, 8:30 p. m., Auditorium, Sacramento.*

San Benito County Medical Society
President, J. M. O'Donnell, Hollister.
Secretary, L. E. Smith, Hollister.
Meeting, *At Call of President.*

San Bernardino County Medical Society
President, Walter S. Cherry, Rialto.
Secretary, A. E. Varden, Medico-Dental Building, San Bernardino.
Meeting, *First Tuesday, 8:00 p. m., San Bernardino County Charity Hospital.*

San Diego County Medical Society
1410 Medico-Dental Building, 233 A Street, San Diego

President, Joseph Weinberger, Medico-Dental Building, 233 A Street, San Diego.
Secretary, C. V. Bernardini, 1410 Medico-Dental Building, 233 A Street, San Diego.
Meeting, *Second Tuesday, University Club.*

San Francisco County Medical Society
2180 Washington Street, San Francisco

President, William Reilly, 490 Post Street, San Francisco.
Secretary, L. Henry Garland, 2180 Washington Street, San Francisco.
Meetings, *Every Tuesday, 8:15 p. m., 2180 Washington Street, San Francisco.*

San Joaquin County Medical Society
President, Hugh J. Bolinger, Farmers and Merchants Bank Building, Lodi.
Secretary, George H. Rohrbacher, 1005 Medico-Dental Building, Stockton.
Meetings, *First Thursday, 8:15 p. m., Medico-Dental Club Rooms, Stockton.*

San Luis Obispo County Medical Society
President, F. W. Yocom, 732 Thirteenth Street, Paso Robles.
Secretary, E. M. Bingham, County Health Department, San Luis Obispo.
Meeting, *Third Saturday, 6:30 p. m., Gold Dragon Cafe, San Luis Obispo.*

San Mateo County Medical Society
President, Carl D. Benninghoven, Mills Memorial Hospital, San Mateo.
Secretary, Robert F. Monteith, 18 California Street, Redwood City.
Meeting, *Fourth Wednesday, Benjamin Franklin Hotel, San Mateo.*

Santa Barbara County Medical Society
President, Henry J. Profant, 1421 State Street, Santa Barbara.
Secretary, D. H. McNamara, 317 W. Pueblo Street, Santa Barbara.
Meeting, *Second Monday, Cottage Hospital.*

Santa Clara County Medical Society
President, Merlin T.-R. Maynard, 241 East Santa Clara Street, San Jose.
Secretary, Leslie B. Magoon, 652 East Santa Clara Street, San Jose.
Meeting, *Third Wednesday, 8:00 p. m., Medico-Dental Building, San Jose.*

Santa Cruz County Medical Society
President, A. F. Giberson, Watsonville.
Secretary, Samuel B. Randall, 84 Walnut Avenue, Santa Cruz.
Meeting, *First Tuesday of each month (except June, July and August), 7:30 p. m., Club Rio del Mar, Aptos.*

Shasta County Medical Society
President, B. F. Saylor, Redding.
Secretary, Morton J. Murphy, 1542 Market Street, Redding.
Meeting, *Second Monday.*

Siskiyou County Medical Society
President, J. B. McGuire, Mt. Shasta.
Secretary, Victor W. Hart, 113 No. Oregon Street, Yreka.
Meeting, *Sunday on call.*

Solano County Medical Society
President, H. Randall Madeley, 727 Sonoma Street, Vallejo.
Secretary, John W. Green, Box 539, Vallejo.
Meeting, *Second Tuesday, 8:00 p. m., Casa de Vallejo Hotel, Vallejo.*

Sonoma County Medical Society
President, S. Z. Peoples, 159 Kentucky Street, Petaluma.
Secretary, T. E. Albers, 600 B Street, Santa Rosa.
Meeting, *Second Thursday.*

Stanislaus County Medical Society
President, Richard D. Husband, P. O. Box 709, Modesto.
Secretary, Hoyt R. Gant, 403 Beaty Building, Modesto.
Meeting, *Second Friday, 7:30 p. m., Hotel Hughson.*

Tehama County Medical Society
President, O. T. Wood, Red Bluff.
Secretary, R. G. Frey, Red Bluff.
Meeting, *At Call of President.*

Tulare County Medical Society
President, Newton Miller, 231 No. Main Street, Porterville.
Secretary, Ray Cronemiller, Exeter.
Meeting, *Sunday Evening once a month.*

Ventura County Medical Society
President, Harry E. Barker, 1484 East Main Street, Ventura.
Secretary, A. A. Morrison, 625 Main Street, Santa Paula.
Meeting, *Second Tuesday, Ventura County Country Club.*

Yolo-Colusa-Glenn County Medical Society
President, Charles F. Keith, Williams.
Secretary, W. J. Blevins, Jr., Woodland.
Meeting, *First Tuesday.*

Yuba-Sutter County Medical Society
President, Ben F. Miller, Yuba City.
Secretary, Leon M. Swift, I. O. O. F. Building, Marysville.
Meeting, *First Tuesday.*

(Roster lists continued on advertising page 6)

25% LESS IN PRICE!

The same MALTINE WITH COD LIVER OIL, outstanding in quality and efficiency, is now available at a greatly lowered price! Thus, the benefits of this popular vitamin combination are now available to many more people. Famous during three generations for its dependable uniformity, and for its highly pleasing taste, MALTINE is glad of this opportunity to offer its ample-size 16-ounce bottle at the new lower price, bringing it within the buying range of a greater number of users.

GENUINE
Maltine
Trade-Mark Reg. U. S. Pat. Off.
ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry
WITH COD LIVER OIL
Established 1875

Increasing Life Expectancy May Affect American Thought.—The increasing life expectancy of the American people may have a profound influence on national thought, expressing itself in a more mature national mind, *The Journal of the American Medical Association* points out editorially. *The Journal* states:

"The life expectancy at birth in such countries as the Netherlands, Switzerland, and New Zealand is slightly greater than that in the United States. In several of our Northern states, however, the figures reflect a better experience than that recorded in most foreign countries. The explanation appears to lie in the much lower life expectancy among negroes, a fact which tends to distort the conclusions which might be drawn from examination of only the comparative gross statistics. There is no doubt, therefore, that the life expectancy of the white population of the continental United States is as long as or longer than that of any other country in the world, although that of negroes is disturbingly out of proportion.

"The control of the communicable diseases has been the most important factor in increasing average longevity; in fact, except for tuberculosis and for pneumonia, infections have been almost eliminated as factors of importance so far as the death rate is concerned. For tuberculosis there has been a decrease in the average death rate since the decade from 1856 to 1865 of more than 90 per cent. With better understanding of the epidemiology and the social and individual factors involved in the spread of this disease, tuberculosis as a cause of death will probably recede still further in importance. If this occurs, as may be reasonably anticipated, ordinary foresight should lead some of the sanatoriums now devoted to the care of the tuberculous to consider their probable functions at some later time when their facilities may not be completely occupied by patients with this disease.

(Continued on Page 7)

R

Accuracy
Quality
Reliability

The Owl Drug Co
130 STORES ON THE PACIFIC COAST

OFFICERS OF SCIENTIFIC SECTIONS, CALIFORNIA MEDICAL ASSOCIATION

Anesthesiology

Chairman, Adena C. Dutton, 2400 Pacific Avenue, San Francisco.
Secretary, Charles F. McCuskey, 1561 Pueblo Drive, Glendale.

Dermatology and Syphilology

Chairman, Nelson Paul Anderson, 2007 Wilshire Boulevard, Los Angeles.
Vice-Chairman, Frederick G. Novy, Jr., 411 Thirtieth Street, Oakland.
Secretary, Julius R. Scholtz, 1930 Wilshire Boulevard, Los Angeles.

Eye, Ear, Nose and Throat

Chairman, Dewey R. Powell, 242 No. Sutter Street, Stockton.
Vice-Chairman, Warren D. Horner, Medico-Dental Bldg., 490 Post St., San Francisco.
Secretary, Harry J. Wiley, 2701 Florence Street, Huntington Park.

General Medicine

Chairman, William H. Barrow, 1400 Medico-Dental Building, San Diego.
Secretary, Russell V. Lee, 300 Hamilton Avenue, Palo Alto.

General Surgery

Chairman, Clarence E. Rees, 2001 Fourth Avenue, San Diego.
Secretary, Frederick S. Foote, 490 Post Street, San Francisco.
Assistant Secretary, Frank J. Breslin, 2007 Wilshire Boulevard, Los Angeles.

Industrial Medicine and Surgery

Chairman, George H. Sanderson, 242 North Sutter Street, Stockton.
Vice-Chairman, John S. Stephens, 1136 W. Sixth Street, Los Angeles.
Secretary, Wilbur J. Cox, 450 Sutter Street, San Francisco.

Neuropsychiatry

Chairman, George S. Johnson, Stanford University Hospital, San Francisco.
Secretary, R. B. Raney, 727 West Seventh Street, Los Angeles.

Obstetrics and Gynecology

Chairman, John N. Ewer, 411 Thirtieth Street, Oakland.
Vice-Chairman, William Benbow Thompson, 1930 Wilshire Boulevard, Los Angeles.
Secretary, C. F. Fluhmann, Stanford University Hospital, San Francisco.

Pathology and Bacteriology

Chairman, Paul H. Guttman, 1127 Eleventh Street, Sacramento.
Secretary, Roy W. Hammack, 657 South Westlake Boulevard, Los Angeles.
Assistant Secretary, John W. Budd, 2131 West Third Street, Los Angeles.

Pediatrics

Chairman, Hartzell H. Ray, 23 Second Avenue, San Mateo.
Secretary, W. W. Belford, 601 Medico-Dental Building, San Diego.
Assistant Secretary, John J. Miller, 2000 Van Ness Avenue, San Francisco.

Radiology

Chairman, Robert R. Newell, Stanford University Hospital, San Francisco.
Secretary, Carl D. Benninghoven, Mills Memorial Hospital, San Mateo.
Assistant Secretary, Ray A. Carter, Los Angeles County General Hospital, Los Angeles.

Urology

Chairman, John A. Dougherty, 3115 Webster Street, Oakland.
Secretary, Lyle G. Craig, 65 North Madison Avenue, Pasadena.

California Medical Association Delegates and Alternates to the American Medical Association

DELEGATES		ALTERNATES
George G. Reinle, Oakland	(1939-1940)	Frank R. Makinson, Oakland
Edward M. Pallette, Sr., Los Angeles	(1939-1940)	William H. Kiger, Los Angeles
Robert A. Peers, Colfax	(1939-1940)	F. F. Gundrum, Sacramento
William R. Molony, Sr., Los Angeles	(1939-1940)	John C. Ruddock, Los Angeles
Elbridge J. Best, San Francisco	(1940-1941)	Robert S. Stone, San Francisco
Lyell C. Kinney, San Diego	(1940-1941)	Bon. O. Adams, Riverside
Lowell S. Goin, Los Angeles	(1940-1941)	Roy E. Thomas, Los Angeles

Special Committees

Committee on Public Health Education

Frank R. Makinson, Chairman	Oakland
Karl L. Schaupp, Secretary	San Francisco
Samuel Ayres, Jr.	Los Angeles
Thomas A. Card	Riverside
Lowell S. Goin	Los Angeles
Junius B. Harris	Sacramento
Dewey R. Powell	Stockton
Charles A. Dukes (ex officio)	Oakland

Ross Marshall, Public Relations Counsel

* * *

Local Committee on Arrangements
1940 Coronado Session

C. O. Tanner, Chairman
Ray C. Lounsberry   Victor C. Bernardini
Alfred E. Cooper

Committee on Maternal Welfare

T. Henshaw Kelly	San Francisco
Lyle G. McNeile	Los Angeles
Ralph J. Thompson	Los Angeles
T. Floyd Bell	Oakland
Hans F. Schluter	Sacramento

Committee on Hours, Pay and Duties of Municipal, County, State and Federal Medical Employees

Wm. C. Voorsanger, Chairman	San Francisco
L. A. Alesen	Los Angeles
Robert S. Kneeshaw	San Jose

Committee on Hospitals

Louis A. Packard, Chairman	Bakersfield
Axcel E. Anderson	Fresno
Calvert L. Emmons	Ontario

Committee on Syphilis

Howard Morrow, Chairman	San Francisco
Charles W. Barnett	San Francisco
William H. Goeckerman	Los Angeles

Committee on Survey of Association Offices

Elbridge J. Best, Chairman	San Francisco
Dewey R. Powell	Stockton
George D. Maner	Los Angeles

Committee on Life Membership Plan

Robert A. Peers, Chairman	Colfax
A. Bennett Cooke	Los Angeles
G. W. Walker	Fresno

Committee on Needy Members

Axcel E. Anderson, Chairman	Fresno
Elizabeth M. Hohl	Los Angeles
Robert A. Peers	Colfax

Woman's Auxiliary to the California Medical Association

State Auxiliary Officers

President, Mrs. Frederick N. Scatena, 1453 Forty-fifth Street, Sacramento.
President-Elect, Mrs. A. E. Anderson, 1035 Cambridge Street, Fresno.
First Vice-President, Mrs. Harry O. Hund, 1304 Grand Avenue, San Rafael.
Second Vice-President, Mrs. Frank Baxter, 33 Bowling Drive, Oakland.
Recording Secretary, Mrs. G. Wendell Olsen, 219 Buena Vista Drive, Fullerton.
Corresponding Secretary, Mrs. G. A. Spencer, 1915 Twenty-first Street, Sacramento.
Treasurer, Mrs. C. G. Stadfield, 1314 N. Highland Avenue, Los Angeles.

Officers of County Auxiliaries

Alameda County—President, Mrs. George Calvin, 406 Bellevue Avenue, Oakland.
Butte County—President, Mrs. N. T. Enloe, 488 East Third Street, Chico.
Contra Costa County—President, Mrs. Kaho Daily, 2367 Carquinez Avenue, Richmond.
Fresno County—President, Mrs. Kenneth J. Staniford, 437 Olive Avenue, Fresno.
Kern County—President, Mrs. J. J. McCarthy, 2026 C Street, Bakersfield.
Kings County—President, Mrs. C. T. Rosson, Jr., N. Redington Street, Hanford.
Lassen-Plumas-Modoc County—Pres., Mrs. G. R. Fortson, 912 Lassen St., Susanville.
Los Angeles County—President, Mrs. E. Eric Larson, 126 Fremont Place, Los Angeles.
Marin County—President, Mrs. C. A. DeLancey, 1 Culloden Park Road, San Rafael.
Merced County—President, Mrs. C. E. Fitz Gibbon, 650 Twenty-sixth Street, Merced.
Monterey County—President, Mrs. Raymond V. Rukke, 135 Franklin Street, Monterey.
Orange County—President, Mrs. Edward Lee Russell, 1439 Louise Street, Santa Ana.
Riverside County—President, Mrs. W. W. Roblee, 3177 Orange Avenue, Riverside.
Sacramento County—President, Mrs. Norris R. Jones, 2725 Coleman Way, Sacramento.
San Diego County—President, Mrs. William C. Cooke, 2770 Sixth Avenue, San Diego.
San Francisco County—President, Mrs. E. J. Morrissey, 2540 Filbert St., San Francisco.
San Joaquin County—President, Mrs. Hudson Smythe, 1605 N. Hunter St., Stockton.
San Luis Obispo County—President, Mrs. G. D. Kelker, 1305 Marsh Street, San Luis Obispo.
San Mateo County—President, Mrs. George Sevenman, 225 Catalpa Avenue, San Mateo.
Santa Barbara County—President, Mrs. E. L. Markthaler, 2304 State St., Santa Barbara.
Santa Clara County—President, Mrs. Phillip L. Wise, 199 S. Sixteenth Street, San Jose.
Santa Cruz County—President, Mrs. F. P. Shenk, 450 Escalona Drive, Santa Cruz.
Sonoma County—President, Mrs. E. Dwight Barnett, Proctor Heights, Santa Rosa.
Stanislaus County — President, Mrs. Hans Hartman, 715 Magnolia Avenue, Modesto.
Tulare County—President, Mrs. J. C. McClure, Box 36, Lindsay.
Ventura County — President, Mrs. A. J. Strong, Santa Paula.

Nevada State Medical Association

President, C. W. West, Reno.
President-Elect, H. A. Paradis, Sparks.
Sec.-Treas., Horace J. Brown, Box 698, Reno.

Miscellaneous California Medical Organizations

California Northern District Medical Society

President—John H. White, Chico.
Secretary—J. Homer Woolsey, Woodland Clinic, Woodland.

Department of Public Health of the State of California

San Francisco—State Office Building, McAllister and Larkin streets, UNderhill 8700.
Sacramento—State Office Building, Tenth and L streets, CApital 2800.
Los Angeles—State Office Building, 217 West First Street, MAdison 1281.
President, Howard Morrow, San Francisco.
Director, Walter M. Dickie, State Building, San Francisco.

Board of Medical Examiners of the State of California

San Francisco, Room 214, 515 Van Ness Avenue.
Los Angeles, 906 State Building.
Sacramento, 420 State Office Building.
President, William R. Molony, Sr., Los Angeles.
Secretary, C. B. Pinkham, Room 214, 515 Van Ness Avenue, San Francisco.

Southern California Medical Association

President, John C. Ruddock, 1930 Wilshire Boulevard, Los Angeles.
Secretary, John B. Doyle, 501 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

The Public Health League of California

Executive Secretary, Ben H. Read, San Francisco office, 244 Kearny Street, phone SUtter 8470. Los Angeles office, Room 563, 1151 South Broadway, phone PRospect 5711.

SILVER PICRATE

Wyeth

Has shown a CONVINCING RECORD* OF EFFECTIVENESS in ACUTE ANTERIOR URETHRITIS

due to Neisseria gonorrheae • Trichomonas vaginalis Monilia albicans

Silver Picrate is a crystalline compound of silver in definite chemical combination with picric acid. Dosage form for use in anterior urethritis: Wyeth's Silver Picrate Crystals in an aqueous solution of 0.5 percent.

Supplied at all pharmacies in vials of 2 grams

Complete literature on Silver Picrate as used in genitourinary and gynecological practice will be mailed on request.

*"Treatment of Acute Anterior Urethritis with Silver Picrate," Knight and Shelanski, AMERICAN JOURNAL OF SYPHILIS, GONORRHEA AND VENEREAL DISEASES, Vol. 23, No. 2, pages 201-206, March, 1939.

JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA, PA.

NOBLE PLACEMENT AGENCY

TRAINED MEDICAL, DENTAL AND COMMERCIAL PERSONNEL

681 Market Street • San Francisco

GArfield 4278

LYDIA NOBLE, Director

(Continued from Page 5)

"For pneumonia, the record has not been as good as for tuberculosis. From an average death rate of 107 per hundred thousand of population in 1856-1865 the decrease is only to 96 per hundred thousand of population in 1936. Today, however, with increased knowledge of causes of disease, of epidemiology, of diagnosis and especially of newer forms of treatment, a relatively short span of years should remove pneumonia from its exalted position as third among the causes of death.

"Highly unsatisfactory has been the experience with the large number of accidents which maim or destroy human life in the home, on the highway, or in the factory. According to insurance statistics, the amazing number of 104,000 persons died accidentally in the United States in 1937. Since accidents rate high among the causes of death, their material reduction would further favorably affect average longevity.

"The two metabolic diseases most likely to interfere with aging are obesity and diabetes. These disorders may be partially classed as metabolic and associated with the aging process, but are also influenced by hereditary and nutritional factors. Since this is the case, the fact that the nutritional requirements of older persons are less per kilogram of body weight deserves constant reiteration. Important also are the specific foods, particularly such proteins as are contained in liver, and the vitamin B complex and iron.

"With the decline of the birth rate and the coincidental increase in the number of individuals living to mature and later years, the character of the national population is being slightly modified. As a result, G. M. Piersol, M. D., and E. L. Bortz, M. D., Philadelphia, feel that the temper of the people is bound to assert itself in certain important changes which will extend into all the various phases of social, economic, political, and professional life. A more mature national mind, they believe, should have a steadying influence on the life of a nation. Already many industries have modified their views on workers in the older years. It is beginning to be appreciated that those over forty often bring to an industry certain advantages more than compensating for any alleged fault associated with the older years. Since at present 260 of every thousand persons living in the United States are forty years old or over, and since it is estimated that 36 per cent of the population will be between forty and sixty-five years old by 1960, the problem of industrial adjustment to this development is already here."

Maryland Law Offers Answer to Coroner System Problem.—A possible solution to the problem of efficiently replacing the coroner system as it exists in most states may be found in a law enacted a few weeks ago in Maryland which abolishes the office of coroner and substitutes a

(Continued on Page 9)

ALPHABETICAL LIST OF ADVERTISERS

Members of the California Medical Association can aid their JOURNAL and the firms who advertise therein, by coöperation as indicated in the footnote on this page

PAGE

Acousticon 38
Adams Mineral Springs 36
Alexander Sanatorium, Inc., The 42
Alum Rock Sanatorium 40
American Can Company 37

Barry Co., The James H. 39
Baxter, Inc., Don 33
Bolin, M. D., Zera E., Pathological Service 41
Broemmel's Laboratories 3
Butler Building 16

California Sanatorium 34
Calso Water Company 23
Camp & Co., S. H. 19
Canyon Sanatorium 22
Classified Advertisements 12
Colfax School for the Tuberculous 46
Compton Sanitarium and Las Campanas Hospital 43
Cook County Graduate School of Medicine 9
Crocker First National Bank 41
Cutter Laboratory 4 Cover

Doctors' Business Bureau 25

Franklin Hospital 34
French Hospital 30

General Electric X-Ray Corp. 29
Greens' Eye Hospital 2 Cover

PAGE

Hittenberger Co., C. H. 26
Hospitals and Sanatoriums 10
Hotel del Coronado 20

Jenkel-Davidson Optical Co. 43

King Ambulance Company 24

La Loma Feliz 12
Las Encinas Sanitarium 38
Lederle Laboratories, Inc. 17
Lilly & Co., Inc. 32
Livermore Sanitarium 40
Los Angeles Tumor Institute 26
Luzier's 24

Maltine Company, The 5
Mead Johnson & Co. 35
Medical Placement Bureau 38
Medical Protective Co., The 20
Morning Milk Co. 27

National Association of Chewing Gum Manufacturers 24
National Professional Bureau, Ltd. 9
New York Polyclinic Medical School and Hospital 9
Noble Placement Agency 7

Officers of the California Medical Association 2, 4, 6
Officers of Miscellaneous Medical Associations 6
Owl Drug Co., The 5

PAGE

Park Sanitarium 36
Parke, Davis & Co. 11
Petrolagar 13
Physicians' Casualty Association and Physicians' Health Association 22
Postgraduate Instruction 9
Pottenger Sanatorium 24

Riedel-de-Haen, Inc. 3
Riggs Optical Company 2 Cover

Saint Francis Hospital 42
Sandoz Chemical Works, Inc. 28
S. M. A. Corporation 21
Soiland, Costolow, and Meland, Doctors 26
Stacey, J. W., Medical Books 15
Stearns & Co., Frederick 31
St. Luke's Hospital 34
St. Mary's Hospital 44
Stuart Oxygen Company 18
Summit Medical Building 15

Twin Pines 10

Upjohn Company, The 1
psher Smith Co. 15

Vegex, Inc. 3 Cover

Westinghouse X-Ray Co. 14
Wilson Laboratories, The 23
Wyeth & Brothers, Inc., John 7

Zweegman School for Medical Secretaries 12

COÖPERATE WITH YOUR ADVERTISERS

CALIFORNIA AND WESTERN MEDICINE, the official publication of your Association, is made possible in part by reason of the coöperation of business firms and institutions who use advertising space. Their purpose is to direct attention to their products and services to present and future patrons.

Members and readers are urged to give preference to and to patronize these advertisers. When ordering goods, mention CALIFORNIA AND WESTERN MEDICINE.

This coöperation will please the advertiser, increase advertising income, and enable your Association to increase the value of this JOURNAL to members and readers.

A SERVICE AGENCY—FOR READERS

The JOURNAL of the California State Medical Association and the Coöperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital, or we will refer your request to the proper department of the A. M. A. for reply.

We invite and urge you to use this Service. It is absolutely *free* to every member of the California Medical Association. The Coöperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in CALIFORNIA AND WESTERN MEDICINE, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This A. M. A. Service Bureau will give you the information. Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to write direct to the Coöperative Medical Advertising Bureau, 535 N. Dearborn Street, Chicago, Illinois. CALIFORNIA AND WESTERN MEDICINE and the A. M. A. Service Bureau desire to serve *you*.

THE NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL
(Organized 1881)
(The Pioneer Post-Graduate Medical Institution in America)

For the General Surgeon

A combined surgical course comprising General Surgery, Traumatic Surgery, Abdominal Surgery, Gastro-Enterology, Proctology, Gynecological Surgery, Urological Surgery, Thoracic Surgery, Pathology, Roentgenology, Physical Therapy, Operative Surgery and Operative Gynecology on the Cadaver.

Eye, Ear, Nose and Throat

For Information Address: MEDICAL EXECUTIVE OFFICER, 345 West 50th Street, New York City

A Special Message To the Physician

Would you like to increase your income in 1940? (Your business records are the key to your financial success.) It can be accomplished by a simple and *easy to keep* accounting system. It is our experience that your income can be increased 10 to 20 per cent by practical bookkeeping methods. Our simple record system was made for you. N. P. B. Security Service helps you succeed.

IT PAYS TO DEAL WITH A RELIABLE ORGANIZATION

National Professional Bureau, Ltd.
(Established 1928)
Suite 315 450 Sutter Street
TELEPHONE DOUGLAS 4571

Cook County Graduate School of Medicine
(IN AFFILIATION WITH COOK COUNTY HOSPITAL)
Incorporated not for profit

Announces Continuous Courses

SURGERY—Two Weeks Intensive Course in Surgical Technique with practice on living tissue every two weeks. General Courses One, Two, Three and Six Months; Clinical Course; Special Courses.

MEDICINE—Personal One Month Course in Electrocardiography and Heart Disease every month, except August. Intensive Personal Courses in other subjects.

FRACTURES AND TRAUMATIC SURGERY—Ten Day Intensive Course starting February 19, 1940. Informal Course every week.

GYNECOLOGY—Two Weeks Course April 22, 1940. One Week Personal Course Vaginal Approach to Pelvic Surgery April 8, 1940.

OBSTETRICS—Two Weeks Course April 8, 1940. Informal Course every week.

OTOLARYNGOLOGY—Two Weeks Course starting April 8, 1940. Informal Course every week.

OPHTHALMOLOGY—Two Weeks Course starting April 22, 1940. Informal Course every week.

CYSTOSCOPY—Ten Day Practical Course rotary every two weeks. One Month and Two Weeks Courses in Urology every two weeks.

ROENTGENOLOGY—Special Courses X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

General, Intensive, and Special Courses in all branches of Medicine, Surgery and the Specialties.

●

TEACHING FACULTY—ATTENDING STAFF OF COOK COUNTY HOSPITAL

Address: Registrar, 427 South Honore Street, Chicago, Ill.

(Continued from Page 7)

"Department of Postmortem Examiners," *The Journal of the American Medical Association* points out in an editorial.

"On May 3," the editorial states, "the Governor of Maryland approved an act of the legislature for abolishing the office of coroner in the State of Maryland. For the coroner system, which has functioned in Maryland since Colonial days, the Act substitutes a 'Department of Postmortem Examiners. The head of said department shall be a commission, consisting of the Professor of Pathology of the University of Maryland, the Professor of Pathology of the Johns Hopkins University, the Director of Health of the State of Maryland, the Commissioner of Health of Baltimore City, and the Attorney-General of Maryland. The said commission shall serve without compensation.' Obviously the composition of the proposed commission should free it of any taint of political partisanship.

"The most important duty of the commission is to appoint, for the city of Baltimore, a chief medical examiner at an annual salary of $6,500 and two assistant medical examiners at an annual salary of $5,000 each. These examiners 'shall be licensed doctors of medicine, and shall have had at least two years' postgraduate training in pathology.' The commission also appoints, under the merit system of the Baltimore city charter, such clerical and other employees as may be necessary and 'shall see that the proper equipment is provided for the use of the Chief Medical Examiner and Assistant Medical Examiners, or shall arrange for the use of the laboratory and other equipment of the State Department of Health, the Health Department of Baltimore City, the State Police Department, and the Police Department of Baltimore City.'

"For each outlying county the commission appoints a deputy examiner. If necessary, more than one deputy may

(Continued on Next Page)

HOSPITALS AND SANATORIUMS

The Institutions here listed have announcements in this issue of California and Western Medicine. For Index, see advertising page 8.

ALEXANDER SANITARIUM
Nervous and Mental Diseases
Belmont, California

ALUM ROCK SANATORIUM
For Treatment of Diseases of the Chest
San Jose, California

CALIFORNIA SANITARIUM
For Treatment of Tuberculosis
Belmont, California

CANYON SANATORIUM
For Treatment of Tuberculosis
Redwood City, California

COLFAX SCHOOL FOR THE TUBERCULOUS
For the Treatment of Tuberculosis
Colfax, California

COMPTON SANATORIUM AND LAS CAMPANAS HOSPITAL
Neuropsychiatric and General
Compton, California

FRANKLIN HOSPITAL
Limited General Hospital
Fourteenth and Noe Streets, San Francisco

FRENCH HOSPITAL
General Hospital
Geary at Fifth Avenue, San Francisco

GREENS' EYE HOSPITAL
Consultation, Diagnosis and Treatment of Diseases of the Eye
Bush and Octavia Streets, San Francisco

LAS ENCINAS SANITARIUM
Nervous and General Diseases
Las Encinas, Pasadena, California

LIVERMORE SANITARIUM
Nervous and General Diseases
Livermore, California

POTTENGER SANATORIUM AND CLINIC
For the Treatment of Tuberculosis
Monrovia, California

PARK SANITARIUM
Mental and Nervous Alcoholic and Drug Addictions
1500 Page Street, San Francisco, California

SAINT FRANCIS HOSPITAL
Limited General Hospital
Bush and Hyde Streets, San Francisco

ST. LUKE'S HOSPITAL
Limited General Hospital
27th and Valencia Streets, San Francisco

ST. MARY'S HOSPITAL
General Hospital
2200 Hayes Street, San Francisco

TWIN PINES
Convalescent and Neuropsychiatric
Belmont, California

BELMONT **Twin Pines** CALIFORNIA
Fatigue states, neuroses, and selected mental cases.
Allen Williams, M. D.
Internal Medicine
Telephone Belmont 111
Will Rebec, M. D.
Psychiatry

(Continued from Preceding Page)

be appointed for a county. In the selection of deputy examiners, organized medicine receives recognition. The appointments are made from a list of at least two licensed physicians submitted by the local county medical society. Deputy examiners are on a fee basis. Their work is limited to the view and preliminary investigation. If necropsy or further investigation is necessary, this is done by the chief or assistant medical examiner of Baltimore, the local county paying into the city treasury of Baltimore the sum of $25 for each case.

"The various medical examiners 'shall have the power to administer oaths and affirmations, and take affidavits and make examinations as to any matter within the jurisdictions of their respective offices, but . . . shall not have the power or be required to summon a jury of inquisition.' The medical examiner is required to act 'when any person shall die in Baltimore City, or in any county of the state, as a result of violence, or by suicide, or by casualty, or suddenly when in apparent good health or when unattended by a physician or in any suspicious or unusual manner.' The records of any medical examiner 'shall be received as competent evidence in any court of this state of the matters and facts therein contained.' If the medical examiner's investigation reveals any suspicion of violence or unnatural cause of death he must submit his observations promptly to the state's attorney. The abolition of the coroner's inquest obviates a feature of most existing coroner laws which makes the necropsy a part of the inquest and thus interferes with proper medical investigation of deaths not due to violence. Thus, necessary criminal investigation is placed in the hands of the state's attorney and police officials, where it properly belongs.

"In the populous urban jurisdictions of Suffolk County (Boston), Massachusetts, New York City, and Essex County (Newark), New Jersey, the medical examiner system has rendered a high type of medico-legal service. The problem of making a similar type of service statewide in its application and available to less densely populated rural districts was not adequately solved by the state-wide medical examiner system adopted by Massachusetts in 1877. The Maryland plan solves the problem by making the Baltimore medical examiner's office a central agency whose services are available throughout the state. This plan might not work equally well in states of larger area. A bill introduced in the recent session of the Michigan legislature, which bill unfortunately died in committee, proposed an appointive state medical examiner, responsible for the work of appointive county examiners. In rural districts an examiner might serve two adjacent counties.

"The Maryland Act makes of the Baltimore medical examiner's office, if competently staffed and properly equipped, a state-wide agency comparable to the medico-legal institutes of continental Europe. Since the professors of pathology of the two medical schools of Baltimore are permanent members of the commission, correlation of the work of the examiner's office with the medical school curriculum should be possible and should lead to better instruction in forensic medicine than most medical students now receive."

Hemorrhage in Obstructive Jaundice.—Hemorrhage associated with obstructive jaundice can be controlled by the administration of vitamine K and bile salts, J. D. Stewart, M. D., and G. M. Rourke, B. A., Boston, declare in *The Journal of the American Medical Association,* in reporting results they obtained in thirty-one cases.

Obstructive jaundice, a condition characterized by a yellowish discoloration of the skin, is the result of bile

(Continued on Page 12)

PARKE-DAVIS

THEELIN

Two Hundred Published Reports

Two hundred and fifteen reports on Theelin and Theelol have appeared in the medical and other scientific journals of this country alone. A substantial portion of references to estrogenic therapy have been based on the use of these original products.

Ten Years' Clinical Experience

Ten years' clinical experience with Theelin and Theelol has familiarized the physician with the therapeutic applications of these products. It has thoroughly established their use in modern medical practice.

Millions of Doses of Theelin

Millions of doses of Theelin have demonstrated its clinical value. They have also indicated the confidence of the medical profession in the original product—the first estrogen to be isolated in pure crystalline form, the first pure estrogen to be used clinically, the first to be reported in medical literature.

Theelin (ketohydroxyestratriene) is available as Theelin in Oil Ampoules in potencies of 1000, 2000, 5000, and 10,000 international units each, supplied in boxes of six and fifty 1-cc. ampoules. Theelin Vaginal Suppositories, 2000 international units each, are supplied in boxes of six and fifty. Theelol (trihydroxyestratriene) is available as Kapseals Theelol in three strengths, 0.06 milligram, 0.12 milligram, and 0.24 milligram—supplied in bottles of 20, 100, and 250.

PARKE, DAVIS & COMPANY, *Detroit, Michigan*

CLASSIFIED ADVERTISEMENTS

Rates for these insertions are $4 for fifty words or less; additional words 5 cents each.

COACHING FOR STATE BOARDS — MEDICAL AND Dental. Arthur H. White, M. D., Suite 1005, Flood Building, San Francisco.

FOR SALE — GOOD LOCATION WITH SOME EQUIPMENT, in California Coast town, best climate in state, and with other advantages. Established about eight years. Address, Box 200, care of California and Western Medicine, 450 Sutter Street, San Francisco.

YOUNG M. D. DESIRES ASSISTANTSHIP. HAS HAD few years' experience in general practice. Recently completed 18 months' residency in surgery. Willing worker. Give details in your first letter. Address, Box 230, care of California and Western Medicine, 450 Sutter St., San Francisco, California.

WANTED—OPHTHALMOLOGIST-OTOLARYNGOLOGIST, for partnership in well-established practice in California. Immediate opening. Address, Box 210, care of California and Western Medicine, 450 Sutter Street, San Francisco.

FOR SALE—ESTABLISHED GENERAL PRACTICE AND equipment of recently deceased physician. Four rooms. Rent reasonable. Splendid location in city of about 13,000 population. Address, Box 220, care of California and Western Medicine, 450 Sutter Street, San Francisco.

(Continued from Page 10)

backing up into the blood stream because of an obstruction in the bile ducts. This obstruction may be caused by gallstones, cancer, or swelling as a result of inflammation. Entrance of bile into the blood frequently leads to hemorrhage, due to injury to the walls of the smaller blood vessels and also to the effect of bile on the plasma prothrombin, the clotting factor in the blood.

In obstructive jaundice, the authors say, at least two factors tend to decrease the plasma prothrombin. One of these is damage to the liver and the consequent disturbance in its function, and the other is the diminished absorption of vitamine K from the intestinal tract.

Bile salts have been shown to be necessary for the absorption of fat-soluble substances such as vitamine K from the intestinal canal, and in obstructive jaundice the bile may be deficient in bile salts as well as in amount. Another factor of importance in lowering plasma prothrombin is loss of appetite with inadequate intake of foods containing vitamine K. The vitamine K extract that the authors used for their patients was prepared from fresh spinach.

Sulfanilamide Checks Growth of Bacteria in Stored Blood.—Another use for sulfanilamide is pointed out in *The Journal of the American Medical Association* by Milan Novak, M. D., Minneapolis, who states that by adding a small amount of it to stored blood, bacterial contamination of the latter may be prevented.

With the increasing importance of blood transfusion in recent years and the advent of blood banks or stored reserves, Doctor Novak points out, a solution to the problem of contamination is vital. He states that estimates have been made of contamination in stored blood running as high as 50 per cent. Blood is an excellent vehicle for bacterial growth; some organisms live and multiply in blood stored at temperatures as low as 39.2 to 42.8 Fahrenheit.

"The detection of contamination in stored blood," the doctor declares, "is an uncertain procedure, since the number of organisms is usually small." He found that, by the addition of 20 milligrams of sulfanilamide per hundred cubic centimeters of blood, the latter would not only not support bacterial growth for ten to fifteen days, but might actually become sterile in that time. He also found that about 5 per cent of blood which had been stored for ten days was grossly contaminated.

Because the control of bacterial growth is uncertain, even with sulfanilamide added, in blood stored for longer periods it does not seem advisable to store blood for more than ten or fifteen days.

Doctor Novak points out that contamination is most likely to occur when the blood is drawn from the donor. "Assuming that all glassware, instruments, and solutions used are sterile," he says, "there still remain several sources from which the blood can become contaminated. Complete sterilization of the skin previous to opening the vein is impossible since there are always a few bacteria which escape the bacteria-killing action of any skin antiseptic."

Doctor Novak also suggests that sulfanilamide may prove valuable as a preservative in other biologic substances.

A healthy mind in a healthy body.—Juvenal.

ZWEEGMAN SCHOOL for MEDICAL SECRETARIES
431 Sutter Street • SAN FRANCISCO, CALIFORNIA

The Original School for Training Medical Secretaries

Public Medical Stenographic and Mimeographic Service available at all times.

DAY AND NIGHT CLASSES INFORMATION ON REQUEST Telephone EXbrook 5053

La Loma Feliz

SANTA BARBARA • CALIFORNIA

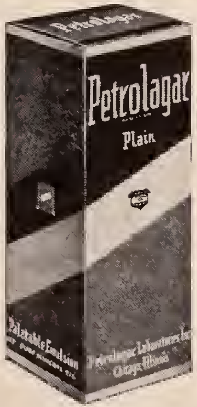
Residential school, Kindergarten through College Preparatory, for boys and girls handicapped by heart disease, asthma, and kindred ailments.

INA M. RICHTER, M. D., *Medical Director* JOHN A. ROBINSON, *Senior Master*

For the Traveler . . .

. . Petrolagar

★
Available at all Pharmacies in 5 Types



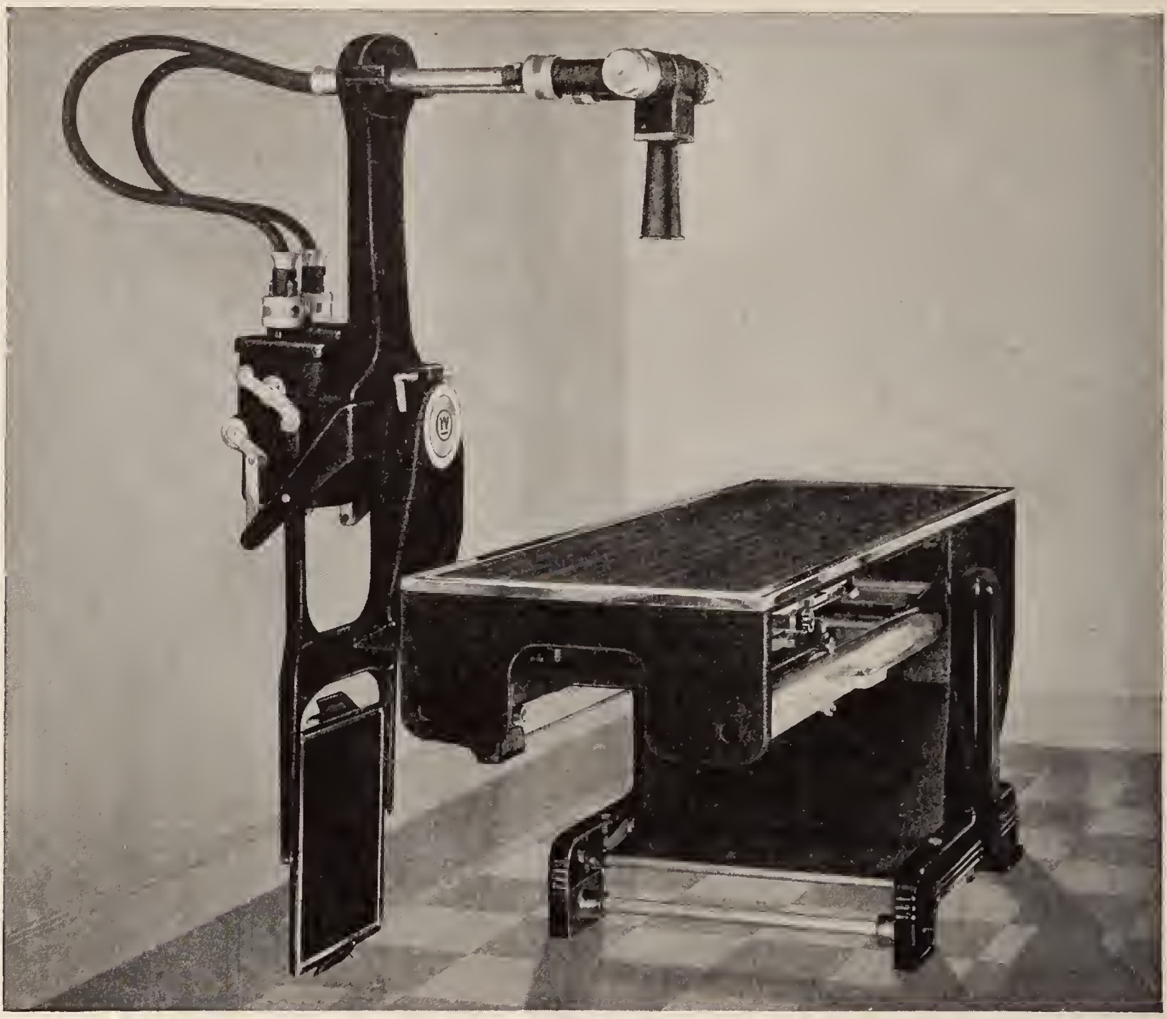
Travel is a departure from the regular routine that is likely to disturb normal bowel Habit Time.

When Habit Time is interrupted, Petrolagar assists in its restoration. The gentle softening effect of Petrolagar promotes a soft, formed stool that is easily and comfortably passed.

Petrolagar is exceptionally palatable and easy to take.

Petrolagar . . . Liquid petrolatum 65 cc. emulsified with 0.4 Gm. agar in a menstruum to make 100 cc.

Petrolagar Laboratories, Inc. • 8134 McCormick Boulevard • Chicago, Illinois



SIMPLEX The new all-purpose diagnostic SIMPLEX carries simplicity of operation and technique to a new high—at a price that sets an all time low among really fine x-ray equipment.

See the Simplex at your nearest Westinghouse X-Ray office . . . put it to every test and compare it by any standard . . . or read about its remarkable features in bulletin 380.

You will find it an interesting experience, that brings you a new conception of 1940 values in good x-ray apparatus.

Westinghouse X-Ray Co., Inc.

LONG ISLAND CITY, NEW YORK

Please send me the new Simplex Bulletin—without obligation.

Dr...

....

BOOK REVIEWS

BOOKS RECEIVED

Accepted Foods and Their Nutritional Significance. Containing Descriptions of the Products Which Stand Accepted by the Council on Foods of the American Medical Association on September 1, 1939. Cloth. Pp. 492. Price, $2. Chicago: American Medical Association, 1939.

Cardiovascular-Renal Disease. A Clinicopathologic Correlation Study Emphasizing the Importance of Ophthalmoscopy. Based on Material Awarded the Frank Billings Gold Medal at the Scientific Exhibit of the Annual Meeting of the American Medical Association, San Francisco, June, 1938. By Lawrence W. Smith, M. D., Professor of Pathology, Temple University School of Medicine; Edward Weiss, M. D., Professor of Clinical Medicine, Temple University School of Medicine; Walter I. Lillie, M. D., Professor of Ophthalmology, Temple University School of Medicine; Frank W. Konzelmann, M. D., Professor of Clinical Pathology, Temple University School of Medicine; and Edwin S. Gault, M. D., Associate Professor of Pathology, Temple University School of Medicine. Cloth. Pp. 227, illustrated. Price, $4.50. New York: D. Appleton-Century Company, 1940.

Law and Contemporary Problems. A Quarterly Published by the Duke University School of Law. Professor David F. Cavers, Editor. Volume VI, No. 4, Autumn, 1939. Paper. Pp. 185. Durham, North Carolina: Duke University Press, 1939.

Virus and Rickettsial Diseases. With Especial Consideration of Their Public Health Significance. A Symposium Held at the Harvard School of Public Health, June 12-17, 1939. Cloth. Pp. 907. Price, $6.50. Cambridge, Massachusetts: Harvard University Press, 1940.

The Patient's Dilemma. The Quest for Medical Security in America. By Hugh Cabot, M. D., Dean of Medical School, University of Michigan, and Consulting Surgeon, Mayo Clinic. Cloth. Pp. 284. Price, $2.50. New York: Reynal & Hitchcock, 1940.

The Rise of Embryology. By Arthur William Meyer, Professor of Anatomy, Emeritus, Stanford University. Cloth. Pp. 367. Price, $6. Stanford University: Stanford University Press, 1939.

Lane Medical Lectures: Viruses and Virus Diseases. By Thomas M. Rivers, M. D., Sc. D., Director, Hospital of the Rockefeller Institute for Medical Research, New York City. Price: Cloth, $2.50; Paper, $1.75. Pp. 133. Stanford University: Stanford University Press, 1939.

Annual Report of the Board of Regents of the Smithsonian Institution. Showing the Operations, Expenditures, and Condition of the Institution for the Year Ended June 30, 1938. Cloth. Pp. 608. Price, $1.50. Washington: United States Government Printing Office, 1939.

Principles and Practice of Aviation Medicine. By Harry G. Armstrong, B. S., M. D., Capt., Medical Corps, United States Army; Director, the Aero Medical Research Laboratory, Air Corps Materiel Division. Cloth. Pp. 496. Price, $6.50. Baltimore: The Williams & Wilkins Company, 1939.

Oh, health! health! the blessing of the rich! the riches of the poor! Who can buy thee at too dear a rate, since there is no enjoying the world without thee. Be then not so sparing of your purses, honorable gentlemen.—Ben Jonson.

GIVE YOUR PRACTICE THE ADVANTAGES
of a DISTINCTIVE and
PERMANENT ADDRESS
plus accessibility—easy parking—quiet—unobstructed light and a delightful view.

SUMMIT MEDICAL BUILDING
A few suites
still available at
moderate
rentals
TEMPLEBAR 4060 · 400 29th STREET, OAKLAND

NEW MEDICAL BOOKS

Alvarez: An Introduction to Gastro-Enterology	$10.00
Powers: Surgical Diagnosis	4.50
Riddle: Blood Transfusion	6.00
Saville: System of Clinical Medicine	9.00
Walker: Sexual Disorders in the Male	3.00
Warren: Handbook of Skin Diseases	3.50

Gladly Sent on Approval

J. W. STACEY, INC.
MEDICAL AND SCIENTIFIC BOOKS
236-238 Flood Building San Francisco

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry
SCABIES TREATMENT
TESTED IN 1213 CASES*
CLEAN, PLEASANT ODOR
NON-IRRITATING
RAPIDLY EFFECTIVE
If you would like to give it a test, send 20c to cover handling and we will mail enough for one adult treatment.
*Reprint on request.
UPSHER SMITH CO.
MINNEAPOLIS, MINN.
PRODUCERS OF
FINE DIGITALIS PRODUCTS

BUTLER BUILDING

GEARY AND STOCKTON STREETS » » » AT UNION SQUARE

"If it's a skiing party, you need to go 'way back into the hinterlands; but if it's offices for a professional man, you need to have as central and convenient a location as possible."

Investigate the available offices—single or in suite—in the Butler Building, at one of the choice locations in San Francisco. These offices are adapted to the requirements of the medical profession.

▼

Buckbee Thorne & Co.

Agents

151 SUTTER STREET • SAN FRANCISCO

Call at the building or Telephone DOuglas 5686

BOOK REVIEWS

Synopsis of Pediatrics. By John Zahorsky, A. B., M. D., F. A. C. P., Professor of Pediatrics and Director of the Department of Pediatrics, St. Louis University School of Medicine, and Pediatrician-in-Chief to the St. Mary's Group of Hospitals; Fellow of the American Academy of Pediatrics. Assisted by T. S. Zahorsky, B. S., M. D., Instructor in Pediatrics, St. Louis University School of Medicine, and Assistant Pediatrician to the St. Mary's Group of Hospitals. Third Edition. Cloth. Pp. 430, illustrated. Price, $4. St. Louis: The C. V. Mosby Company, 1939.

The reviewer feels this book would be of little value to the general practitioner. It is designed for the medical student entirely, and he is expected to use it along with his lectures in pediatrics.

The general pracitioner will find the index inadequate; the use of drugs is given in a sketchy way; the treatment of congenital syphilis is much less than that generally recommended—to mention a few of its shortcomings.—B.

Experience in the Management of Fractures and Dislocations. Based on an Analysis of 4,390 Cases. By the Staff of the Fracture Service, Massachusetts General Hospital, Boston. Under the General Editorship of Philip D. Wilson, M. D., Surgeon-in-Chief, Hospital for Ruptured and Crippled, New York; Clinical Professor of Orthopedic Surgery, College of Physicians and Surgeons, Columbia University; Formerly Associate Chief, Fracture Service, Massachusetts General Hospital. Cloth. Pp. 1,036, with 1,419 illustrations in the text, of which 1,192 are line tracings of roentgenograms in case reports. Price, $15. Philadelphia: J. B. Lippincott Company, 1938.

Doctor Wilson and his collaborators have covered this subject from an interesting and understandable viewpoint. Each chapter is written by a surgeon who is not only proficient in his subject, but who is apparently vitally interested in that particular phase.

Throughout the entire text, attention to detail and painstaking care are evident. The reader is given the best method of treatment for certain injury in the author's experience, and the chief value of the book lies in the fact that it is not an encyclopedia of methods. In most treatises, one is confused as to the proper treatment in a given injury.

It is impractical here to mention each chapter individually. However, the four on injuries of the hands and feet deserve especial merit. These injuries are probably the most commonly encountered. The treatment outlined for various injuries, if followed carefully, should give an excellent result. The dangers and complications of the fractures, and pitfalls in treating them, are well emphasized.

Finally, the unique feature of each chapter is the addition of actual case histories. These histories are illustrated with numerous line drawings taken from x-ray films. They are not all perfect results, and in this respect one can learn as much, if not more, from a poor result as from one that is excellent.

For a concise review of any type of fracture, the volume will serve as an excellent reference.

Functional Disorders of the Foot. Their Diagnosis and Treatment. By Frank D. Dickson, M. D., F. A. C. S., Orthopedic Surgeon, St. Luke's, Kansas City General and Wheatley Hospitals, Kansas City, Missouri, and Providence Hospital, Kansas City, Kansas; and Rex L. Diveley, A. B., M. D., F. A. C. S., Orthopedic Surgeon, St. Luke's, Kansas City General, Research and Wheatley Hospitals, and Providence Hospital, Kansas City, Kansas. Cloth. Pp. 305, with 202 illustrations. Price, $5. Philadelphia: J. B. Lippincott Company, 1939.

This text is presented to the medical profession to supply fundamental knowledge; to stress the importance of disabling foot conditions, and to attempt to stimulate interest in foot disorders.

To facilitate a better understanding and appreciation of the function of the foot, three chapters are given to the evolutionary development, the anatomy and physiology of the normal foot. These chapters are concise, and embody the essential and important facts pertaining to the foot, without burdening the reader with much that is speculative and theoretical. The authors present these chapters, clearly and interestingly, drawing freely from Dr. Dudley

(Continued on Page 18)

Convenient and dependable
in the prophylaxis of measles—

IMMUNE GLOBULIN (Human)
Lederle

Concern over the complications of measles may be greatly lessened by the use of Immune Globulin (Human). When the complications of this disease, especially bronchopneumonia, are removed, measles is reduced to the level of a mildly inconvenient episode in the child's life. A single injection of Immune Globulin will generally produce a modified measles which is not apt to be followed by complications. The injection should be given a few days after intimate exposure to the infection.

For a child of two years or less, inject 2 cc.; for older children add 0.25 cc. for each year above the age of two to a maximum of 4 cc.

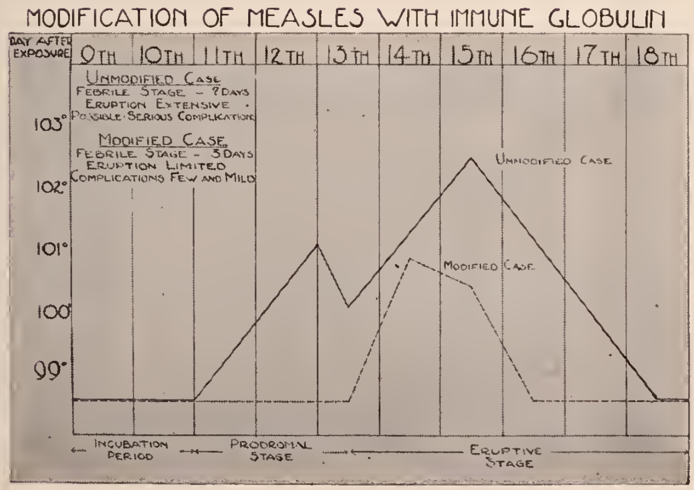
Local or febrile reactions are negligible.

"Immune Globulin (Human) *Lederle*" is distributed in 2 cc. and 10 cc. vials.

Information on Request

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA NEW YORK, N. Y.

San Francisco: 450 Sutter Street
Los Angeles: 714 W. Olympic Boulevard
Lederle Laboratories Depot
1216 S. W. Stark Street, Portland, Oregon



WHEN A LIFE DEPENDS ON OXYGEN

Then, it is comforting to know that your telephone call—day or night—to our nearest establishment produces immediate action.

We lose no time. You get the most approved equipment; oxygen to use in it and the services of a trained man who attends to installation.

As the largest California-owned manufacturer of Oxygen, we have perfected this service—and at the lowest cost consistent with its vital importance.

Stuart Oxygen Co.

SAN FRANCISCO · OAKLAND · FRESNO · LOS ANGELES

Manufacturers of a Complete Line of Medical Gases

BOOK REVIEWS

(Continued from Page 16)

Morton, Sir Arthur Keith, Plato Schwartz and others, and standard texts of anatomy and physiology.

A brief discussion of primary causes of foot imbalance follows. Architectural defects of the bony structures, ligamentous weakness and muscle imbalance, and their relation to functional foot disorders, are clearly and concisely presented. A chapter dealing with examination, inspection and history taking, is all too brief, and is the one disappointing chapter in the entire text. Since the examination and history are so all important in arriving at a diagnosis and the institution of proper treatment, adequate space for detailed procedure and interpretation could have well been utilized.

An important place is reserved for the discussion of the foot in childhood, foot imbalance, and the various methods of treating these disorders early in life. The same sequence is followed in the diagnosis and treatment of disorders in the adult. In the matter of treatment, the authors draw freely from the procedures of others, adding helpful indications and constructive criticism. Particularly interesting is the authors' method of shoe correction, and the use of a rubber insole of his own design. A note of warning, I believe, is justified here. The indiscriminate use of any stereotyped insole, including that of the authors', will surely bring one to grief. Again one gains the impression that many procedures in the correction of shoes are used for their cosmetic effect, and to meet the requirement of the overfastidious, rather than for efficiency.

Exceedingly helpful chapters dealing with minor but frequent conditions of the foot, strapping and exercises are included.

The text is excellently written, terse and concise, and fulfills its purpose in every respect. There are numerous illustrations, utilized where most needed. An excellent bibliography is given.

The reviewers have more than a passing interest in the text, having contact with one of the authors, and having had the privilege of observing the practicability of many of the procedures incorporated in the text. The profession owes much to Doctor Dickson for the clear, interesting and helpful aid given in the diagnosis and treatment of "Functional Disorders of the Foot."—Ralph Kaysen and Paul F. Siman.

Accepted Foods, and Their Nutritional Significance. A Publication of the Council on Foods of the American Medical Association. Cloth. Pp. 512. Price, $2, postpaid. Chicago: American Medical Association, 1939.

Accepted Foods, and Their Nutritional Significance contains descriptions and detailed information regarding the chemical composition of more than 3,800 accepted products, together with a discussion of the nutritional significance of each class of foods. The book provides also the Council's opinion on many topics in nutrition, dietetics and the proper advertising of foods.

This book will be a welcome reference work for all persons interested in securing authoritative information about foods, especially the processed and fabricated foodstuffs which are widely advertised. The accepted products are classified in various categories: fats and oils; fruit juices, including tomato juice; canned and dried fruit products; grain products; preparations used in the feeding of infants; meats, fish and seafoods; milk and milk products other than butter; foods for special dietetic purposes; sugars and syrups; vegetables and mushrooms; and unclassified and miscellaneous foods, including gelatin, iodized salt, coffee, tea, chocolate, cocoa, chocolate flavored beverage bases, flavoring extracts, dessert products, baking powder, cream of tartar, baking soda, and cottonseed flour. There is a suitable subject index, as well as an index of all the manu-

(Continued on Page 20)

★ ★

A HALLMARK OF QUALITY—A SYMBOL OF TRUST

For more than a quarter of a century, it has been our privilege to work closely with physicians and surgeons in designing and manufacturing scientific supports to meet the physiological, surgical and maternity needs of their patients.

Now as we enter a new year, we again pledge ourselves to keep faith with the profession. *First,* by maintaining consistent research to assure authentic design; *second,* by manufacturing scientific supports of the finest quality; *third,* to assure correct fitting through regular education and training of corsetieres; and *fourth,* to adhere to the policy of ethical distribution. We trust that our seal will continue to be your hallmark of quality and your symbol of confidence whenever scientific supports are indicated.

Samuel H. Camp
President

CAMP TRADE MARK *Supports*

S. H. CAMP & COMPANY

JACKSON, MICHIGAN

★ *Offices:* New York, 330 Fifth Avenue; Chicago, Merchandise Mart: Windsor, Ont.; London, England ★

PROFESSIONAL PROTECTION

SINCE 1899
SPECIALIZED
SERVICE

A DOCTOR SAYS:

"I never fully realized until I got into this jam what a comfort it could be to be backed up by a fair, square-dealing concern like yours."

THE
MEDICAL PROTECTIVE COMPANY
OF FORT WAYNE, INDIANA
WHEATON, ILLINOIS

Hotel del Coronado
Both the Sunshine and the Sea
●
CORONADO, CALIFORNIA
ALBERTO M. CAMPIONE - Resident Manager

BOOK REVIEWS

(Continued from Page 18)

facturers and distributors of food products that stand accepted by the Council on Foods.

Accepted Foods is indispensable for the library of every physician concerned with foods and nutrition.

Practical Dermatology and Syphilis. By Harry M. Robinson, M. D., Professor of Dermatology, and Director of the Syphilis Clinic, University of Maryland School of Medicine; Instructor in Medicine, Syphilis Division, Johns Hopkins Medical School. Cloth. Pp. 397, with illustrations. Price, $4.50. Philadelphia: P. Blakiston's Son & Co., 1939.

This work begins with a fifty-eight page introduction in which the author offers a review of cutaneous anatomy, physiology, and pathology, and of general dermatological diagnosis and therapy. It also includes brief discussions of dermatoses grouped according to some of the major etiological agents; as, for example, those caused by pyogenic cocci, fungi, external irritants, and toxic and allergic states. Next follows a forty-four-page discussion of syphilis. The text proper consists of outlines of dermatological conditions under the headings of sites of predilection, objective symptoms, subjective symptoms, etiology, therapy, and differential diagnosis. The author has adopted a morphologic classification of diseases. Thus, those conditions which are primarily macular, papular, vesicular, pustular or annular are grouped under these chapter headings. Other chapters include diseases characterized by ulcerations, excoriations, and atrophy and scarring. Finally, conditions involving the mouth, scalp and bearded areas, sweat glands, and nails are presented. There are obvious advantages to this organization; but to one accustomed to thinking of dermatoses in terms of etiological and pathological similarities, it results in seeming confusion. A duplication occurs in the discussion of a number of conditions: erythema multiforme, for example, appears in each of the chapters devoted to macular, papular, vesicular, and annular lesions.

The illustrations are numerous and compare favorably with those in other dermatological texts. The author recommends his book as an aid to the beginner in the study of dermatology. For this purpose and for use in a quick review, it should prove helpful.—H. V. Allington.

The New International Clinics. Original Contributions: Clinics; and Evaluated Reviews of Current Advances in the Medical Arts. Edited by George Morris Piersol, M. D., Professor of Medicine, Graduate School of Medicine, University of Pennsylvania, Philadelphia. Volume I, New Series Two. Cloth. Pp. 312, illustrated. Philadelphia: J. B. Lippincott Company, 1939.

This volume contains three main sections: (1) Original contributions, (2) Clinics, (3) Review of recent progress. The subjects under discussion are timely, and one is struck by the generally thorough preparation of the papers. A very useful collection!—C.

The New International Clinics. Original Contributions: Clinics; and Evaluated Reviews of Current Advances in the Medical Arts. Edited by George Morris Piersol. M. D., Professor of Medicine, Graduate School of Medicine, University of Pennsylvania, Philadelphia. Volume II, New Series Two. Cloth. Pp. 321. Illustrated. Philadelphia: J. B. Lippincott Company, 1939.

Another volume full of many high-grade, well written articles on subjects of particular value to the general practitioner. The authors have creditably handled the subjects and their work should be in great demand.—C.

The New International Clinics. Original Contributions: Clinics; and Evaluated Reviews of Current Advances in the Medical Arts. Edited by George Morris Piersol, M. D., Professor of Medicine, Graduate School of Medicine, University of Pennsylvania, Philadelphia. Volume III, New Series One (old forty-eighth). Cloth. Pp. 341. Philadelphia: J. B. Lippincott Company, 1938.

The editor has collected a series of papers dealing largely with medical problems, which, being well written, bring to the readers a clear, practical exposition of the subject under discussion.—C.

(Continued on Page 22)

CALORIE COMPUTATIONS

"TOO BAD SHE DOESN'T USE S. M. A."
Elsie Splivens calls time out to prepare Sonny's afternoon feeding.

S. M. A. is easy to prepare. Simply dilute according to directions (furnished to physicians), adjust to proper temperature and feed.

It is not necessary to modify S. M. A. for the same reason that it is unnecessary to modify breast milk.

S. M. A. is economical and easy to prepare.

NORMAL INFANTS RELISH S. M. A. — DIGEST IT EASILY AND THRIVE ON IT

S. M. A. is a food for infants—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and in physical properties.

S. M. A. CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILLINOIS

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

HOSPITAL ACCIDENT SICKNESS } INSURANCE

For ethical practitioners exclusively

(50,000 POLICIES IN FORCE)

Liberal Hospital Expense Coverage for $10.00 per Year

$5,000.00 ACCIDENTAL DEATH $25.00 weekly indemnity, accident and sickness	For $33.00 per year
$10,000.00 ACCIDENTAL DEATH $50.00 weekly indemnity, accident and sickness	For $66.00 per year
$15,000.00 ACCIDENTAL DEATH $75.00 weekly indemnity, accident and sickness	For $99.00 per year

38 years under the same management

$1,850,000 INVESTED ASSETS
$9,000,000 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability.

86c of each $1.00 of gross income is used for members' benefits.

Send for applications, Doctor, to

400 FIRST NATIONAL BANK BUILDING • OMAHA, NEBRASKA

CANYON SANATORIUM
REDWOOD CITY, CALIFORNIA

◆

For the Treatment of Diseases of the Chest

◆

"The summers are not too hot nor the winters too cold. Climatically, Canyon Sanatorium is an ideal location."

PHILIP H. PIERSON, M.D.
Medical Director

EDWARD S. SCHULZE, M. D.
Resident Physician

LEO ELOESSER, M. D.
Surgical Consultant

MR. ARNOLD W. SCHEIER
Business Manager

Rates and Booklets on Request

Redwood City, Calif.
Redwood 1600

San Francisco Office
490 Post St., Suite 1228, GA 2127

BOOK REVIEWS

(Continued from Page 20)

A Textbook of Occupational Diseases of the Skin. By Louis Schwartz, M. D., Medical Director, United States Public Health Service, in charge of Dermatoses Investigations, Washington, D. C.; Lecturer, Department of Dermatology and Syphilology, New York University, College of Medicine; Fellow, American Public Health Association; Chairman, Committee on Skin Irritants, American Public Health Association, and Louis Tulipan, M. D., Clinical Professor of Dermatology and Syphilology, New York University, College of Medicine, New York City; Consulting Dermatologist, Manhattan General Hospital; Associate Visiting Dermatologist and Syphilologist to Bellevue Hospital; Diplomate of American Board of Dermatology and Syphilology; Fellow, American Academy of Dermatology and Syphilology. Cloth. Pp. 799, illustrated with 116 photographs. Price, $10. Philadelphia: Lea & Febiger, 1939.

The authors point out the importance of skin diseases in occupational morbidity, and state that they comprise 69 per cent of all occupational diseases in the United States (1936-38). The ever increasing proportion of compensable disability due to cutaneous eruptions is attributed to new chemicals and new processes used in industry.

A brief but pertinent chapter discusses the compensability of occupational dermatoses under the Workmen's Compensation Law, and gives an outline of the present legal status in the different states of the Union.

In discussing causes of occupational dermatoses, the authors relegate allergy, in its restricted sense, to a very minor rôle. They differentiate between allergy, specific hypersensitivity and the reaction to the patch test; but such differentiation is not clearly defined.

The patch test itself is adequately dealt with and there is appended a particularly useful list of substances used in patch-testing with their optimum concentrations and the time each requires for a positive reaction.

The major portion of the book is devoted to a systematic and detailed enumeration of important American industries and occupations, and the dermatologic hazards of each. Special emphasis is placed on specific chemicals employed and their relative tendency to produce dermatoses. With each industry pertinent suggestions are given as to prevention of dermatitis.

The book is a highly commendable work. As a source of detailed knowledge it admirably fills a need in industrial medicine.—Philip K. Allen.

TWENTY-FIVE YEARS AGO

(Continued from Text Page 102)

Mr. Kaufman.—Our chief counsel, Mr. Walter W. Kaufman, has turned in a very exhaustive report of the last year's work in our Medical Defense. It is too comprehensive to publish in full but a digest of it, and of Mr. Morrow's report, will appear later. In the meantime, it is a pleasure to record the fact that Mr. Kaufman has so carefully and so successfully guided our legal work and to thank him for his untiring efforts.

* * *

Medical Defense Results.—In the annual report of our attorney for Southern California, Mr. H. T. Morrow, who has handled our work from the first with remarkable sagacity and ability, and to whom we are glad thus publicly to extend our thanks, there are one or two paragraphs of general interest.

"The Society has been especially fortunate this year in having several cases which would have been expensive to try, disposed of without trial. While the trial work this year has been extremely light, I anticipate that next year will not show any extraordinary increase in suits filed or cases tried. The advice which has been given by the Secretary of the State Medical Society from time to time with regard to the advisability of taking x-rays in all fracture cases, and elsewhere when necessary, has directly resulted in a large saving to the Society, for I have found in several cases under investigation this year, that the fact that the

A RATIONAL *Ulcer Therapy*

★*GASTRIC MUCIN GRANULES*

★*Prepared under license from the Gastric Mucin Committee of Northwestern University*

- *EASY TO TAKE*
- *INEXPENSIVE*
- *TIME TESTED*

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

THE WILSON LABORATORIES

4221 S. Western Avenue . . . CHICAGO, ILL.
1608 E. Fifteenth St. . LOS ANGELES, CALIF.
869 Folsom St. . . SAN FRANCISCO, CALIF.

★LITERATURE AND SAMPLE ON REQUEST

member in question had expressly adopted the suggestion of the Society and had excellent x-ray plates, resulted in certain malpractice matters in question being dropped without suit."

✓ ✓ ✓

Membership vs. License to Practice.—More and more it is becoming evident that membership in our county units, and therefore, membership in the State Society and the American Medical Association which are included with membership in a county unit, must take the place, to a large extent, of the state license to practice medicine and surgery. In the eyes of the ordinary man in the street, one license looks just like another and a license to practice naturopathy or chiropractic or osteopathy seems no different, to him, than a license to practice medicine; the holders of all are alike treating sick people. . . .

✓ ✓ ✓

Smooth Swindler; Look Out for Him.—There is a young man, described as about 21 years old, 6 feet tall, weighing about 180 pounds, black hair, very dark, large eyes, rather pale, deep falsetto voice, three upper teeth missing (which may have been fixed), who is operating in California taking alleged subscriptions for *Current Opinion* and *The Literary Digest* and offering as a premium to doctors a medical book, and to lawyers a law book. The Periodical Publishers' Association have offered a reward for information that will lead to his arrest. . . .

From an Original Article on "The Skin Test in Typhoid," by F. F. Gundrum, M. D., Sacramento.—Several communications have appeared during the past six years concerning a skin test for typhoid. Different observers have used

(Continued on Page 25)

THE CALSO COMPANY

To the Medical Profession

May we suggest **CALSO WATER** as a vehicle for supplying your alkalinity when **administering Sulfanilamide to your patients.**

CALSO is not a laxative and contains no sulphate.

SPARKLING PALATABLE

25 Years Ethical

CALSO WATER CO.
524 Gough St. • San Francisco

THE POTTENGER SANATORIUM AND CLINIC

For Diseases of the Chest *Monrovia, California*

AN INSTITUTION FOR DIAGNOSIS AND THERAPY

CHOICE rooms and bungalows at rates ranging from $35 per week up, including medical service, general nursing, x-rays, routine laboratory examinations, ordinary medicines and therapeutic pneumothorax.

A few accommodations as low as $25 per week assigned on special application in selected cases.

In the foothills of the Sierra Madre Mountains, thirty-five miles from the ocean. Surrounded by beautiful gardens.

Close medical supervision. Aside from tuberculosis, special attention is given to asthma, bronchiectasis, lung abscess and kindred diseases.

For particulars address:

THE POTTENGER SANATORIUM AND CLINIC, Monrovia, California

Luzier's Fine Cosmetics and Perfumes

Are distributed in California by:

Southern California Distributor
LYLE G. CHRISTY
1718 N. Gramercy Place • Hollywood

Northern California Distributor
J. R. HAVLIN
1544 Sixteenth Avenue • San Francisco

LOCAL DISTRIBUTORS WANTED

KING AMBULANCE COMPANY

Transporting the Sick since 1906

WEst 1400

2570 Bush Street
SAN FRANCISCO

Physicians' and Surgeons'
Telephone Exchange
Nurses' Bureau

HAVE A STICK OF CHEWING GUM BEFORE YOU GO. YOU'LL FIND IT VERY REFRESHING
THANK YOU, DOCTOR, CHEWING GUM IS SOMETHING WE ALL ENJOY
U-15

Doctor—here's how wholesome Chewing Gum *helps build good will for you*

Every doctor knows the importance of ending up a consultation in a friendly, cheerful way.

Many doctors know how helpful it is to have on hand a supply of wholesome, delicious Chewing Gum to offer patients when saying "good-bye." This inexpensive enjoyment sends them away with a good taste in their mouths!

Aside from good-will value, as you know, chewing exercises the teeth, helps cleanse and brighten them and is a refreshing pleasure. Try it, doctor.

The National Association of Chewing Gum Manufacturers, Rosebank, Staten Island, New York

We **You, Doctor**

to appear before the Bar of Your Own Conscience and answer this

COMPLAINT: If you are not taking fullest advantage of the services of your Bureau, you are being unfair to yourself, and unless you "mend your ways" by demanding their help and cooperation in all matters of Credits and Collections, your own said conscience will render JUDGMENT against you, and the penalty to you "be upon your own head."

To secure Judgment in YOUR favor—

BE WISE and BUREAU-IZE!

Spreckels Building
TRinity 1252
LOS ANGELES

Times Building
LONG BEACH

The DOCTORS BUSINESS BUREAU
Established 1916

153 Kearny Street
GArfield 0460
SAN FRANCISCO

Latham Square Building
OAKLAND

TWENTY-FIVE YEARS AGO

(Continued from Page 23)

different materials and different methods in making the test and a very considerable difference of opinion exists as regard its usefulness. . . .

In order to compare the skin reaction with the Widal test for agglutinins, all patients suffering from typhoid admitted to the Sacramento County Hospital during the past summer received a skin test at the same time the blood for Widal test was made. . . .

From an Original Article on "The Inflamed Eye—Some Comments on Its Diagnosis," by George H. Kress, M. D., Los Angeles.—The subject of the inflamed eye, and its diagnosis, is taken up before this society of general practitioners, not so much because it is possible to present much that is new or startling, as for the reason that the inflamed eye, as such, is often first seen by the general practitioner; and because the subsequent cosmetic and economic efficiency of both the eye and the individual can be said in certain of the graver of inflammatory conditions of the organ of vision, to depend largely upon what steps are taken in the way of treatment at the beginning of the trouble. . . .

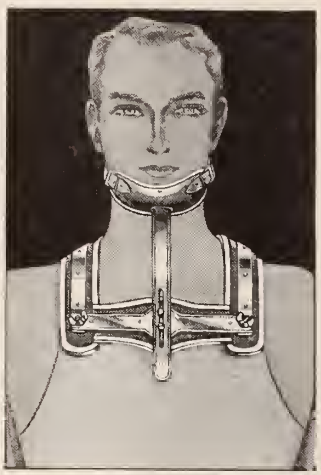
From an Original Article on "Operative Procedures of Ocular Muscles in Heterophorias," by E. W. Alexander, M. D., San Francisco.—When is one justified in resorting to surgical methods of treatment in heterophoria and what surgical procedure should be used? I have not selected this subject with the expectation of presenting anything original, but in the hope of stimulating a discussion on a rational treatment of a decidedly distressing condition, which receives very scanty or disjointed consideration by many ophthalmologists. . . .

From an Original Article on "Conservative Management of the Handicapped Gynecological Patient (Anoci-Association)," by Thomas O. Burger, M. D., San Diego.—While woman is in many ways superior to man, in endurance, fortitude, and tenacity, yet we know that as a rule her nervous system is more sensitive, her susceptibility to nervous stimuli more acute, shock in her more easily produced and in many other ways she is less stable than man. . . .

From an Original Article on "Concerning the Etiology and Treatment of Superfluous Hair," by George D. Culver, M. D., San Francisco.—The question of superfluous hair is important, and there is more to it than eradication alone. Prevention should also be considered, and it is here that the physician with his knowledge of physiology and with the conditions under which hair is stimulated to grow, may give valuable advice that lifts him above being a mere technician. Definite directions may be given in that large class of cases in which constitutional disturbances tend to stimulate the growth of hair. . . .

From an Original Article on "Ureteral Defect Repaired With Loop of Intestine—Report of Case," by J. Henry Barbat, M. D., San Francisco.—Several papers have recently appeared describing new methods of repairing defects of the ureter, all of which appear to have merit, and should enable the operator to remedy these defects with

(Continued on Next Page)



The New
THOMAS COLLAR
Made of Duralumin

▼

Designed to give maximum support and control with a minimum of bulk and weight. Places of contact are fully padded with soft wool felt. Collar can be reshaped by physician to fit the individual.

THREE TYPES
1—Where minor control is indicated.
2—For average control.
3—Where complete immobility is required.

Immediate Delivery—Prices Reasonable

C. H. HITTENBERGER CO.
1117 Market St. » San Francisco « 460 Post St.
421 Nineteenth Street, Oakland

LOS ANGELES TUMOR INSTITUTE
Doctors Soiland, Costolow and Meland

Maintain an institution for the study and treatment of malignant or benign tumors and allied diseases.

1407 South Hope Street
LOS ANGELES, CALIFORNIA
Hours 9 to 4
Saturday Afternoons and Sundays Excepted

Telephone PRospect 1418

STAFF
ALBERT SOILAND, M. D.
WILLIAM E. COSTOLOW, M. D.
ORVILLE N. MELAND, M. D.
HARRY F. MERSHON, M. D.
JOHN W. BUDD, M. D.
ROY W. JOHNSON, M.D.
A. H. WARNER, Ph. D.

TWENTY-FIVE YEARS AGO

(Continued from Preceding Page)

much more certainty than in the past. There are still many surgeons who prefer to do a nephrectomy than to attempt the repair of a resected ureter. . . .

From an Original Article on "Compound Fracture of Both Femurs With Extensive Laceration of Soft Parts," by T. W. Huntington, M. D., San Francisco, and Alvin Powell, M. D., Oakland.—This case seems to be worthy of a place in surgical literature, in that it illustrates several important points in the treatment of open fractures, and accentuates, very sharply, at least two or three serious hazards attending such injuries. . . .

From an Original Article on "The Advent of Chinese Doctors Into California," by J. F. Gibbon, M. D., San Francisco.—Some forty years ago two white men wanting to make money conceived the idea of employing a shrewd Chinaman (he subsequently proved shrewd all right!) to play doctor at a salary of $100 per month. The Chinaman's name was Li Po Tai.

A store was rented on the corner of Washington Street and Washington Alley, opposite Brenham Place, opposite the northeast corner of the Plaza. The store was decorated with Chinese flags and mysterious hieroglyphics, etc. In the rear part of the store was a Chinaman cooking the herb tea. In the front part of the store was a large square table; on it was a fancy cushion and beside it sat the great Chinese Doctor Li Po Tai from China, who cures all diseases with herb tea only, consultation free, ready for business, his white employers working the town on the outside telling of the wonderful cures the great Chinese Doctor Li Po Tai was effecting with herb tea, "consultation free." . . .

From Report of the Secretary-Treasurer.—Mr. President and Members: As Secretary, I beg leave to submit the following report for 1914, that is, from December 8, 1913, to December 7, 1914:

The total number of members for whom we have paid assessments to the State Society is 597, as compared with 589 of last year.

It may be of interest as a matter of record to note the following:

In 1907 the membership was 498.
In 1908 the membership was 482.
In 1909 the membership was 482.
In 1910 the membership was 476.
In 1911 the membership was 548.
In 1912 the membership was 556.
In 1913 the membership was 589.
In 1914 the membership was 597.

It will be seen that our membership is very slowly increasing, in spite of our being obliged to continually weed out members who do not pay their dues.

In Los Angeles, however, there is a constant campaign for new members, this being carried on by the individual members of the Society, with a success that should put you all to shame. I would again urge renewed efforts along these lines. . . .

Respectfully submitted,

Rene Bine, *Secretary.*

NOT ADVERTISED TO THE LAITY

The Morning Milk Company feels that all therapeutic claims should be disseminated exclusively through the medical profession. For this reason Special Morning Milk is not advertised to the laity. Furthermore, no formula instructions are distributed to the laity.

Special Morning Milk contains 500 units Vitamin D to the reconstituted quart (16 fluid oz. Special Morning Milk and 16 fluid oz. water). The Vitamin D added to Special Morning Milk is obtained from the natural source—cod liver oil. However, there is no cod liver oil taste in the milk.

BECAUSE THERE IS NO COD LIVER OIL TASTE IN SPECIAL MORNING MILK, THE ADMINISTRATION OF VITAMIN D IS GREATLY SIMPLIFIED.

MORNING MILK COMPANY

STOCKTON, CALIFORNIA

MIGRAINE

is relieved in a large percentage of patients by

SANDOZ

GYNERGEN

Brand of Ergotamine Tartrate

DOSAGE: 0.5 cc. intramuscularly as early as possible. In resistant cases, the dosage may be increased up to 1 cc. In mild attacks 2 to 6 tablets often prove effective.

Ampules, 0.5 cc.: Boxes of 6, 50, 100.
Ampules, 1 cc.: Boxes of 6, 12, 50, 100.
Tablets: Bottles of 15, 100, 500.
Solution: Bottles of 15 cc. and 100 cc.

Literature on request

SANDOZ CHEMICAL WORKS, INC.

450 SUTTER STREET
SAN FRANCISCO, CALIFORNIA

BOARD OF MEDICAL EXAMINERS

(Continued from Text Page 102)

close to the government reported one of two courses are under consideration with reference to Doctor Brinkley and Baker. One, and the more drastic, was to refuse them any of the new wave bands on the ground there were now only enough to satisfy the needs of Mexican stations. The second course was, if wave lengths prove available, to assign them the highest bands on the register. This would make it exceedingly difficult for either Doctor Brinkley or Baker to reach their audiences. In either case, it was said, they would no longer cut through the programs of United States stations." (Previous entries on John R. Brinkley, July and October, 1930; September, 1931; April, 1934; May, 1936.)

Investigation reports indicate the necessity of warning the medical profession, particularly in Oregon and Washington, that an individual known as Logan M. Franey, formerly using the alias Robert E. Shelton, was until January 2, 1940, employed by J. W. Stacey, Inc., dealers in medical and scientific books, Flood Building, San Francisco. This particular firm reports that subject had been making sales to doctors in and around Seattle for cash and had not turned in "either the orders or the cash, with the result that the physicians were simply defrauded. At the same time we learned that he had been disposing of books belonging to us (J. W. Stacey Company), also for cash, without rendering an accounting to us for them. . . ." San Francisco Police Department reports show Logan M. Franey, alias Robert D. Shelton, alias Robert Duane, their number 56938, age 32 (1938), height 6 feet 2¾ inches, weight 146; eyes hazel, hair chestnut, complexion medium; F.B.I. No. 845,770; fingerprint classification as follows:

16) M 17 – 0000
M 6 U 001 14

"Dewey Conway, prominent Chico herbalist, known as the Indian doctor, is one of three 'unlicensed practitioners' caught in a drive by Dr. Walter M. Dickie, state director of public health, against 'quacks and unscrupulous druggists preying on those suffering from venereal diseases.' . . . Conway, arrested here for violation of the State Medical Practice Act by Special Agent Joseph Williams, acting for the State Board of Medical Examiners, posted $250 bail, but was rearrested at Clovis, near Fresno, where he now faces the new charges. . . . The Indian doctor is said by the State Board of Medical Examiners to have made a circuit of California counties, treating patients for venereal diseases and other illnesses. . . . Charges were filed in November by the Board against Clifford Reade, a Sacramento druggist, alleging he prescribed a treatment for gonorrhea to a young man. . . . The third charge involves Julius Rankin, a San Francisco druggist. . . . The magnitude of the problem of curbing activities by quacks and unscrupulous druggists is indicated by the fact that as high as 75 per cent of those reporting to the clinics for treatment have stated they first tried self-treatment with drug store remedies or medicines prescribed by quacks." (Chico *Record*, January 7, 1940.)

"A Clovis justice court of twelve men tonight found Dewey Conway, Indian medicine man from Chico, not guilty of practicing medicine without a state license. The jury deliberated only twenty minutes before reaching a

(Continued on Page 30)

Ask These Fair Questions

before you decide upon make and style of therapeutic heating apparatus.

1—*WHAT IS ITS CLINICAL RECORD? Not its record of sales, but of accomplishment as reported in the accredited medical literature. What do competent and unbiased observers have to say about its clinical possibilities?*

2—*HOW WILL IT BENEFIT ME AND MY PATIENTS? Accept only the statements of those thoroughly acquainted with the particular apparatus you are considering and be certain that their opinions are authoritative.*

3—*WHO MANUFACTURES IT? Is it some relative newcomer to the highly specialized field of electromedicine, or a maker whose reputation and stability are unquestioned?*

Write *now* for full information.
Address Dept. A52

GENERAL ELECTRIC
X-RAY CORPORATION
2012 JACKSON BLVD. CHICAGO, ILL., U. S. A.

IT WILL PAY YOU TO KEEP THESE FACTS IN MIND!

No other equipment for therapeutic heating of the deep tissues has been so often and favorably mentioned in medical literature as the G-E Inductotherm. *It* is ESTABLISHED, because its clinical effectiveness, safety, and simplicity have been proved and reported by investigators known and respected.

Owners throughout the world have reported gratifying therapeutic results.

The G-E monogram on the Inductotherm is sufficient guarantee of the quality of workmanship and material, the mechanical and electrical superiority of the machine, and the stability and reputation of the builder.

Why should you purchase other than a G-E Inductotherm when its ESTABLISHED clinical value is available at such reasonable price?

FRENCH HOSPITAL • Geary Boulevard and Fifth Avenue
SAN FRANCISCO, CALIFORNIA

HENRY J. BAZERQUE, *President*
LAURENT LALANNE, *Secretary*
V. LABRUCHERIE, *Superintendent*
GRACE GREY, R.N., *Superintendent of Nurses*
A. H. McNULTY, M.D., *Chairman of the Staff*
COLEMAN A. BLOCK, M.D., *Secretary of Staff*
W. L. ROGERS, M.D., *Chief of Staff*

A general hospital of 225 beds operating an accredited school of nursing, admitting all classes of patients except those suffering from mental diseases. Organized in 1851 and is operated by the French Mutual Benevolent Society, through a Board of Directors, a chief executive officer and staff. Accredited for intern training by the American Medical Association and approved by the American College of Surgeons.

MEDICAL STAFF

Medicine
AIME N. FREGEAU, M.D.
FRANCIS ROCHEX, M.D.
JOSEPH H. D. ROGER, M.D.
ALEX THIBODEAU, M.D.
E. S. KILGORE, M.D., Consultant in General Medicine
HAROLD HAND, M.D., Consultant in Gastro-Enterology
THOMAS G. INMAN, M.D., Consultant in Neuropsychiatry
MELVIN R. SOMERS, M.D., Associate Consultant in Neuropsychiatry
JAY JACOBS, M.D., Dermatologist
CABOT BROWN, M.D., Consultant in Lung Diseases

Surgery
ASA W. COLLINS, M.D., F.A.C.S., Chief-Emeritus
H. M. GILFILLAN, M.D.
W. L. ROGERS, M.D.
E. B. TOWNE, M.D., Consultant in Neurological Surgery
EDMUND J. MORRISSEY, M.D., Consultant in Neurological Surgery
FRANK W. LUSIGNAN, M.D., Consultant in Neurological Surgery
FREDERICK A. FENDER, M.D., Consultant in Neurological Surgery
GEORGE WARREN PIERCE, M.D., Consultant in Plastic Surgery

Radiology
LLOYD B. CROW, M.D., Director

Urology
A. H. McNULTY, M.D.
ALVIN E. CERF, M.D.
AUGUST SPITALNY, M.D.
OSCAR F. NOLAN, M.D., Consultant
WILLIAM A. SUMNER, M.D., Consultant

Pathology
DAVID A. WOOD, M.D., Director

Pediatrics
BRADFORD F. DEARING, M.D.
M. STALLINGS, M.D., Pediatrics, Allergy

Anesthesia
HERMAN MARCUS, M.D., Chief
O. K. ALLEN, M.D.

House Visiting Department
COLEMAN A. BLOCK, M.D.
LOUIS D. RONCOVIERI, M. D.

Orthopedics
FRANK A. LOWE, M.D.
LEON O. PARKER, M.D.

Ophthalmology and Otolaryngology
E. C. FABRE-RAJOTTE, M.D., Chief
VICTOR d'ERCOLE, M.D., Associate
C. B. COWAN, M.D., Associate

Obstetrics and Gynecology
CHESTER L. COOLEY, M.D.
M. A. FRANCOZ, M.D.
ELLIS D. HARMON, M.D.
HANS VON GELDERN, M.D., Consultant

BOARD OF MEDICAL EXAMINERS

(Continued from Page 28)

decision. Several persons in the crowd that had jammed the small courtroom and stood in the rain outside congratulated Conway after the jury announced its verdict. Conway said he intended to continue selling a medicine made from herbs as contained in a formula he said was given him by his father and grandfather, Indian medicine men. The third day of the trial before Justice of the Peace Burke today started with testimony from two defense witnesses who said Conway had never represented himself to be a physician and had not attempted a diagnosis of their ailments but had only sold them the medicine." (U. P. Dispatch dated Clovis, January 11, printed San Francisco *Chronicle,* January 12, 1940.) (Previous entries, May, 1932; December, 1939.)

"A statewide search for Harley Heddens, ex-convict and bogus doctor, wanted in connection with the death of 22-year-old Bertha Hewitt, following an illegal operation, continued today. The girl died Saturday night at the home of Mr. and Mrs. Robert Seely, 1640 Kirkham Street, after disclosing that a 'Doctor Heddens' had performed the crude operation that resulted in her death. Seely was released yesterday after questioning by police. Heddens, who was released from San Quentin on parole last February after serving a sentence for manslaughter growing out of an illegal operation, disappeared Wednesday. The girl's body was returned yesterday to her home in Atascadero." (San Francisco *Call-Bulletin,* January 9, 1940.) (Previous entries, December, 1925; March, May and August, 1926; October, November and December, 1935.)

"Back into court again today will go Dr. Nathan S. Housman, charged on thirty counts of failing to keep proper records of his narcotic prescriptions. Doctor Housman will appear in the court of Municipal Judge J. E. White—one of a series of appearances scheduled for the near future and running the gamut from narcotic charges to a will contest. Originally charged on thirty-two counts of failing to keep proper records, Doctor Housman was tried last October on two of the counts and won an acquittal. Later, however, he was indicted on six felony charges by the grand jury on the allegation that he had altered records during the trial. . . ." (San Francisco *Examiner,* January 10, 1940.) (Prior entries, November and December, 1932; July, 1933; January, 1937; September, 1938; October and December, 1939.)

"An increase in payments to doctors for the month of October 'considerably more' than the average 65 cents on the dollar they have been receiving, was announced today by Cameron King, president of the Municipal Employees' Health Service System. Directors were called to meet tonight to approve the expenditures. October, King explained, was the first month of the second year for the Health Service System. On another front, however, the health board faced new difficulties as directors of the County Medical Association failed to approve a proposed revision of fees paid to doctors, asked for an extension of sixty days to submit their own schedule. . . ." (San Francisco *Call-Bulletin,* December 20, 1939.)

"Dr. William R. Molony, head of the Board of Medical Examiners in California and past president of the Los

(Continued in Back Advertising Section, on Page 34)

THERE is a definite "why" for the prescription of Neo-Synephrin Hydrochloride in relieving the nasal distress of colds.

For Neo-Synephrin Hydrochloride presents four distinct advantages:

First—It provides rapid, efficient vasoconstriction when applied to nasal mucous membranes, with an effect more prolonged than that of ephedrine or epinephrine.

Second—It is less toxic than ephedrine or epinephrine in therapeutic dosage.

Third—It does not sting and, in the dosage recommended, is not likely to produce nervous symptoms.

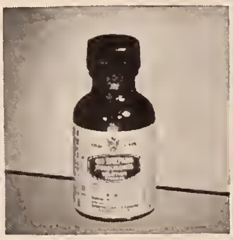
Fourth—No compensatory vasodilatation and congestion follows the vasoconstricting effect.

With these proved advantages, Neo-Synephrin Hydrochloride is obviously recommended for symptomatic treatment of colds and rhinitis, sinusitis, and allergic nasal conditions.

NEO-SYNEPHRIN HYDROCHLORIDE

(laevo-alpha-hydroxy-beta-methyl-amino-3-hydroxy-ethylbenzene hydrochloride)

EMULSION—¼% (1-oz. bottle with dropper)



SOLUTION—¼% for dropper or spray
1% for resistant cases
(1-oz. bottle)

JELLY—½% (in tubes with applicator)

FREDERICK STEARNS & COMPANY • DETROIT, MICHIGAN

NEW YORK KANSAS CITY SAN FRANCISCO WINDSOR, ONTARIO SYDNEY, AUSTRALIA

THERAPEUTIC DISCOVERIES

attain full significance only when their wide clinical application is realized. The problems of large-scale production and distribution fall to the pharmaceutical manufacturer, and prompt solution depends upon adept research, experience in manufacturing, and facilities for placing the new drug at the disposal of every physician.

Orally Administered Bismuth in the Treatment of Syphilis

PULVULES SOBISMINOL MASS, LILLY, in a dose of two or three pulvules three times daily, rapidly produce a high urinary bismuth excretion and exert a powerful antisyphilitic effect. To guard against inadequate treatment through irregularity of administration, Sobisminol Mass may best be regarded as an adjunct to parenteral therapy.

AMPOULES SOBISMINOL SOLUTION, LILLY, in doses of 1 or 2 cc. injected intramuscularly twice weekly, are equally effective and may be used alone or in conjunction with Sobisminol Mass. Sobisminol preparations contain a complex organic bismuth compound resulting from interaction of sodium bismuthate, triisopropanolamine, and propylene glycol.

A convenient test kit
for determination of urinary
excretion of bismuth is available.

ELI LILLY AND COMPANY
INDIANAPOLIS, INDIANA, U. S. A.

CALIFORNIA
AND
WESTERN MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

VOL. 52 FEBRUARY, 1940 NO. 2

California and Western Medicine
Owned and Published by the
CALIFORNIA MEDICAL ASSOCIATION
Four Fifty Sutter, Room 2004, San Francisco, Phone DOuglas 0062
Address editorial, business, and advertising communications to Dr. George H. Kress as per address above.

EDITOR . . . . GEORGE H. KRESS

Advertisements.—The Journal is published on the seventh of the month. Advertising copy must be received not later than the fifteenth of the month preceding issue. Advertising rates will be sent on request.

BUSINESS MANAGER . . . . . GEORGE H. KRESS

Advertising Representative for Northern California
L. J. FLYNN, 544 Market Street, San Francisco (DOuglas 0577)

Copyright, 1940, by the California Medical Association

Subscription prices, $5 ($6 for foreign countries); single copies, 50 cents.

Volumes begin with the first of January and the first of July. Subscriptions may commence at any time.

Change of Address.—Request for change of address should give both the old and the new address. No change in any address on the mailing list will be made until such change is requested by county secretaries or by the member concerned.

Responsibility for Statements and Conclusions in Original Articles.—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the Journal and the demands on its space may permit. The right to reduce or reject any article is always reserved.

Contributions—Exclusive Publication.—Articles are accepted for publication on condition that they are contributed solely to this Journal. New copy must be sent to the editorial office not later than the fifteenth day of the month preceding the date of publication.

Contributions—Length of Articles: Extra Costs.—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

PAGE
Editorials 51
Editorial Comment 55
Original Articles 56
Clinical Notes and Case Reports 76
California Medical Association 77
Official Visits by President 82
Committee on Public Health Education 82
C. M. A. Cancer Commission 83
Committee on Postgraduate Activities 83
California Physicians' Service 83
County Societies 84
Woman's Auxiliary 89
News 92
Letters 96
Medical Jurisprudence 100
Twenty-five Years Ago; State Examining Board . 102
Index to Advertisements . . . . . . Adv. p. 8

EDITORIALS†

PLATFORM OF THE AMERICAN MEDICAL ASSOCIATION

Principles Embody the Considered Action of the American Medical Association House of Delegates.—The first editorial in the last two issues of the OFFICIAL JOURNAL had the caption, "Platform of the American Medical Association"; the December number carrying, in addition, on page 394, some explanatory comment on each of the eight principles contained therein.

Attention is again called to the origin of the set of principles of organized medicine, as expressed by our national organization: in the first instance, and at various times for the respective articles, by the House of Delegates of the American Medical Association; and subsequently, in November last, at the annual conference of secretaries and editors of state medical associations, through pronouncement by the Board of Trustees of the American Medical Association.

It is a tribute to the good judgment of those representatives of scientific and organized medicine who have made up the membership of the American Medical Association House of Delegates in succeeding years that their reactions to the medical needs of the people of the different states of the Union were so well conceived; that, when the principles that had been espoused were placed in a code form, they should excite almost general approval. True, here and there, and in our own State, from one or two of the lay proponents long associated with almost partisan espousal of a compulsory health system, an attempt has been made to point out defects in the American Medical Association platform. Criticisms from those sources, however, members of the medical profession of California, through experience in days gone by, have learned to appraise at proper value.

* * *

Secretary of Public Health in the President's Cabinet.—The medical profession of California is justified in taking a special pride in Principle 1 of the platform, namely,

> 1. The establishment of an agency of Federal Government under which shall be coördinated and administered all medical and health functions of the Federal Government, exclusive of those of the Army and Navy,

---

† Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

and this because of the prominent part taken by Dr. Thomas M. Logan of California, president of the American Medical Association in 1874, who at that time and prior thereto (as outlined in the article on page 6 of the January issue of CALIFORNIA AND WESTERN MEDICINE) may be said to have been, in all probability, the foremost protagonist in the effort of American medicine to bring that principle into being.

Almost three-quarters of a century have intervened since Doctor Logan thus challenged attention, and the people of the United States are still waiting for the establishment of this much-needed agency in our Federal Government. In the meantime, material interests of the nation have been given full recognition, even though vital needs have been forced to wait. Perhaps, however, out of the social unrest of our present period will finally come the institution of a secretary of public health in the cabinet of the President of the United States!

Under such a coördinated administration of all medical and health functions of the Federal Government, it should be possible to initiate measures of sane and practical nature through which procedures could be inaugurated, designed to remedy whatever deficiencies may exist in the adequacy of medical care to all our people.

* * *

American Medical Association Platform Worthy of Study by All Physicians.—Members who have not yet read the platform of the American Medical Association (which is also the platform of each of the constituent state medical associations) should put aside their December issue of the OFFICIAL JOURNAL, with promise to themselves to peruse the American Medical Association principles and the comments thereon, as given on page 394 of that number.

It is important, in troublous times such as the present, that we should move forward with united front. Clear understanding and whole-hearted espousal of the principles outlined in the American Medical Association platform will permit us to do so.

PRESIDENT ROOSEVELT'S HOSPITALIZATION PROPOSALS

Recent Announcement by President Franklin D. Roosevelt.—On December 22 last, at his usual press conference, President Roosevelt gave an outline of proposed aid to poorer communities in the United States, in which, in the opinion of competent local medical and other authorities, a real need for hospital facilities exists. The Chief Executive of the Nation stressed the point that his proposals were not to be of the same nature as ordinary "grants-in-aid"—that is, for the matching of federal with state funds—but comprehended, rather, a direct allocation of federal moneys to permit the erection of modest hospital units, title to which, however, would remain in the Federal Government, with maintenance to be cared for by local communities. Reason for this: the wealthier states have ample means to provide all necessary hospital facilities for their citizens; whereas, in some of the poorer states, in which hospitals were presumably inadequate, the need of certain support from the nation's treasury seems indicated. This again, on the ground that all states are part of the Union, and that it is the obligation of the Federal Government to help those commonwealths not having resources and means necessary to provide for themselves.

* * *

Significance of the Announcement.—Significant also were several other things brought out at this press conference: (1) That President Roosevelt felt the Wagner Health Bill program for 80 million dollars in the first year, and almost one billion dollars in ten years, is not warranted under existing conditions; (2) that his proposals for the erection of hospitals contemplate an initial appropriation by the present Congress of about 10 million dollars, on the supposition that a single one-story hospital unit can be built for about $150,000; and (3) that this is the first conference at which official representatives of the American Medical Association have been invited in joint audience with the Chief Executive to discuss medical needs of the country!

This change of front on the part of legislative and executive authorities at the nation's capitol is welcome news to the medical profession of the United States, whose members have not forgotten that some of the Washington governmental activities in relation to medical service and public health activities have been anything but pleasing or in line with proven methods for the maintenance of the quality and adequacy of medical service.

* * *

Proposed Plan More in Harmony With the American Medical Association Platform.—The suggested program is in line with tenets laid down in the recently promulgated American Medical Association platform, in which is implied the greater value of judgments secured from competent local sources than that which could be expected or obtained from far-distant, swivel-chair opinion in the District of Columbia. By and large, the people of the United States still believe in the value of local option and authority in the handling of community problems, both for the states and their constitutional county units, of which the commonwealths are composed.

* * *

Weakness of Political Bureaus.—Whether it is wise for the Washington Government to retain title in the hospital properties, thus laying the foundation of another bureau that would assume a certain amount of supervision or overlordship of such institutions (with prospects of extension in size, number, and scope of the federal agency involved, as usually comes to pass in all political bureaus), may be a question. The query can also be expressed, Why could not the money be loaned to the local communities, in a manner similar to loans to citizens who build homes with federal moneys? Enabling legislation, surely, might make such a procedure possible.

It is only necessary to glance back at the development and increase in number and functions of the institutions that are part of the Veterans' Facilities to find an example on how much deviation and many changes can take place from the original plans and scope of such endeavors in a brief ten to twenty years!

The hopeful feature, however, is this: that the Wagner or similar substitute bills, even though they be given much publicity in the present Congress, probably will not in this presidential year of 1940, at least, have much chance of passage.

In the meantime, if the limitations which President Roosevelt has himself conceded be made to apply to placement and construction of needed hospitals, it should be possible to learn, in the months to come, what practical responses will result from these recent announcements.

PRESENT-DAY CONDITIONS CALL FOR MILITANCY IN ORGANIZED MEDICINE

Some Recent Committees.—Movements and committees, self-constituted and otherwise, with their pronouncements of purposes to bring into existence a betterment in methods of medical practice and care, are experiences with which members of the medical profession are now quite familiar. The high-sounding names of some of these groups of recent years have not been sufficient to disguise the basic intentions of certain leaders in such efforts, who seem to be obsessed with the thought that their paper-plans would bring much more good to the citizens of the United States than the existing system of medical practice. Within the medical profession, also, there have been those who, with well-meaning purposes, but not always with oversound judgment, were willing to stand out as exponents of procedures in practice that are not and cannot be acceptable to the great majority of physicians.

* * *

American Medical Association the Favorite Object of Attack.—During this period of agitation, the one medical organization that has been picked out as the target for reproach is the American Medical Association; the attackers forgetting that our national organization is nothing more than the total membership of the constituent state medical associations and their component county medical societies. If these onslaughts had come always from committees of purely civic complexion, or from groups even within the medical profession, acting singly or in concert, the impact of the battle might not have been of much seriousness.

* * *

Menace of the Political Element.—When, however, to these forces is added a political element, such, for instance, as that expressed by Assistant Attorney-General Thurman Arnold in his press releases on the criminal indictments of officers of the American Medical Association (in connection with the litigation concerning the Group Health Association of the District of Columbia), the picture takes on a different set of color tones.

True, though it be, that the District of Columbia federal court severely criticized the procedures sanctioned by certain representatives of the Attorney-General's department in the grand jury hearing of the Group Health Association (the appellate opinion being indirectly upheld by the Supreme Court of the United States), it is likewise evident that untold harm was done the medical profession of the United States through the improper publicity carried to every corner and hamlet in the land. No wonder that President Rock Sleyster of the American Medical Association, in a recent address, referred to the "five persecution years" to which the profession had been subjected!

* * *

Deplorable Results of the Misrepresentation. The propaganda that was thus started may be said to have destroyed, in the hearts and minds of many citizens, the faith they had previously had in the high-minded devotion for public service by members of the medical profession. The essence of such poisonous whisperings lies in this—that many citizens are made to believe that, while their individual physicians are as generous as they have always believed, yet, taken collectively, doctors are a selfish and a dangerous group!

Denials made in the name of the national, the state, and the county medical associations are of little avail, because opponents promptly countered the arguments with the old cry that the "medical trust" was only trying to cover up its deficiencies.

In this dilemma, in former years scientific medicine, through its organized units, the American Medical Association and, in our own state, the California Medical Association with its forty component county medical societies, has found itself handicapped.

* * *

Public Health League of California.—Here in California, in a group with which many members of the medical profession are affiliated, and in association with dentists, pharmacists, nurses, and others, it has been possible—through the organization known as the Public Health League of California—to combat those attacking the best public health interests of the commonwealth.

To meet and rout misrepresentation concerning the motives of scientific medicine, experience has shown the advantages to be derived from having a militant front, to protect basic rights and public health interests. It is just here that is found the value for good work by an organization other than a regular medical society. Such a group should be a separate and independent entity, enrolling doctors of medicine, doctors of dentistry, pharmacists, and nurses, so that the individual and conjoint standards of those respective professions may be better safeguarded.

It is to the great credit of the Public Health League of California, in its efforts to maintain professional standards and public health service, that it has given to the people of California ample expression of its reason for being and of its real worth.

* * *

National Physicians' Committee for the Extension of Medical Service.—In like fashion, to promote and protect public health interests of the United States, it may be assumed that, under wise management, the recently formed "National Physicians' Committee for the Extension of Medical Service" will be able to make for itself an enviable record. Readers who may not have noticed, on page 360, in the December issue of the Official Journal, the article on "The Achilles Heel of American Medicine," are urged to refer to the same. In times such as the present, it behooves physicians who would be alert to present-day trends to keep abreast of all movements that bid fair to leave an impress on methods of medical practice.

As we understand it, the "National Physicians' Committee for the Extension of Medical Service" is an independent, voluntary organization having, as members, physicians in every state of the Union, who seek through it, in coöperation with other established societies such as the American Medical Association and its constituent state associations and affiliated organizations, to do all in their power to promote and bring to realization the fullest possible efficiency of the medical profession—through provision of adequate medical care to citizens in every portion of the United States.

The sponsors of the newly formed National Physicians' Committee are medical men who have been long affiliated and active in the promotion of the best interests of scientific medicine. They invite inquiries and fullest investigation, and hope for generous coöperation.*

ON VARIOUS TOPICS

California Medical Association Annual Session, Hotel del Coronado, May 6-9, 1940.—Monday, May 6, to Thursday, May 9, is not far distant. Then, or beginning, in fact, on Sunday, May 5, at the Hotel del Coronado, with unofficial conferences and clinics, will be held the sixty-ninth annual session of the California Medical Association.

Once again, appeal is made to all members who have films or scientific exhibits for presentation to communicate promptly with the Association Secretary at the headquarters office in San Francisco so that adequate facilities may be provided. Details of the arrangements for this year's annual session were discussed on page 289, in the November issue of the Official Journal, the hotel accommodations and rates being given on page 333 of the same number.

Concerning papers for any one of the twelve scientific sections, application should be submitted to the section secretaries, whose names and addresses appear in the roster to be found on page 6 in the front advertising portion of the current issue.

California Medical Association Postgraduate Conferences Increasing.—Officers of component county medical societies who failed to notice the contributions on postgraduate conferences and refresher courses, listed on page 33 of the January issue, are requested to scan those reports and ask themselves why similar courses should not be offered to the members of their own county societies? The State Association for some time has been willing to do its part, and asks for nothing more than an active, working committee of one or more local members which, on behalf of their respective unit, will assume the responsibility of faithfully carrying out the announced local program so that both guest speakers and audiences may not be disappointed. During February, clinical conferences will be held in several districts, and reports thereon will appear in next month's issue of the Official Journal. Correspondence with the headquarters office is cordially invited.

* * *

Official Visits by President Dukes and Association Secretary.—President Charles A. Dukes of Oakland, and the Secretary-Editor, Dr. George H. Kress, in their visits to component county societies have traveled almost 8,000 miles. In the different districts they were accompanied by the respective councilors, who joined with them in the presentation of organization and other problems and activities in which the members of the California Medical Association should have interest. President Dukes will probably complete his itinerary by the end of February.

President-Elect Harry H. Wilson will then take up his portion of the work, in visits to those units not in the year's schedule of President Dukes. Further notes concerning visits appear in this number, on page 82.

Truly, the honors of high office in medical societies nowadays mean much withdrawal from routine professional work for those fellows upon whom the mantles of office are placed; in fact, quite as applicable to county society as to state association officers and committees.

* * *

An Advertiser's Tribute to "California and Western Medicine."—How many readers noticed the advertisement in the January issue, opposite the masthead and first editorial page, in which the firm of Eli Lilly and Company of Indianapolis printed, in their full-page space, the following simple announcement:

1940
The 34th
consecutive year of advertising
in California and Western
Medicine

*

Eli Lilly and Company

* * *

California and Western Medicine wishes officially to express to the firm of Eli Lilly and Company its acknowledgments for their coöperation with the Official Journal of the California Medical Association during these many years. California and Western Medicine looks upon this record of thirty-four years of such advertising patronage as a tribute to its advertising worth in calling attention to the Eli Lilly pharmaceutical and other products. For this expression of confidence we are grateful, and we extend to Eli Lilly and Company the Official Journal's best wishes for continued prosperity.

---

* Address: National Physicians' Committee, 700 North Michigan Avenue, Chicago, Illinois. John M. Pratt, Executive Administrator.

May we also suggest that we believe Eli Lilly and Company of Indianapolis would appreciate letters of gratulation from individual members of the California Medical Association?

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 77.

EDITORIAL COMMENT[†]

ELECTRO-ANESTHESIA

That electronarcosis is of clinical promise is currently alleged by Doctor Silver[1] of the Department of Physiology, University of Chicago.

Successful production of anesthesia in laboratory animals, by the application of the direct electric current, was first reported about thirty-five years ago by Leduc.[2] His results were afterward both confirmed and denied by certain German physiologists.[3] This denial may have been the main reason why adequate clinical trials of electro-anesthesia have not yet been made.

In order to determine presumptive clinical applicability of the Leduc technique, Silver made numerous preliminary tests with rats. Large dry cells, an ammeter and a rheostat were connected in series, and the current passed through the bodies of rats by means of nonpolarizable electrodes. The animals were usually anesthetized with ether before inserting the electrodes, the cathode being firmly placed against the roof of the mouth and the anode in the rectum. The strength of the current was gradually increased from zero to 10 milliamperes, and the ether then removed.

Control, etherized rats without current usually emerged from the anesthesia within five minutes. As long as the current was allowed to flow, however, the experimental animals gave no response to noxious stimuli, such as cutting, burning, or powerful tetanizing shocks. Tests have been continued up to four hours, the current being reduced to 8 milliamperes after the first half-hour.

To terminate the electro-anesthesia, the current is gradually reduced to 4 milliamperes, its direction reversed for ten seconds and then discontinued. Normal reflexes are regained within five minutes, and fully normal behavior within ten minutes. Repeated periods of electro-anesthesia, up to a total of ten hours, have led to no detectable pathologic change. With the cathode placed on the shaved skin of the shoulder, the head and forelimbs are outside the path of the current, the anesthesia being confined to the hindquarters.

Studies of the site and mechanism of the electro-anesthesia have shown that the reflex-block is in the central nervous system, and not in peripheral structures.

P. O. Box 51.

W. H. Manwaring,
Stanford University.

PREVENTABLE SEASONAL SUFFERING

The time-honored platitude, that "the errors of omission are worse than the errors of commission," is recalled to every doctor's mind each time he hears of a case of an entirely preventable disease, such as smallpox or diphtheria. "It's a crime that that child was not immunized," he meditates. Every year at this time, however, with unfailing regularity at least 4 per cent of California's population suffer two or more months from preventable symptoms of hay fever and asthma due to pollen allergy. We have little control over the important pollenating trees, grasses and weeds, and even less control over the winds that carry these pollens over long distances to unsuspecting victims. With modern methods of hypodermic desensitization, however, 80 per cent of these unfortunate, wet-nosed, bleary-eyed, sneezing (or wheezing) patients can have their symptoms entirely prevented, and 15 per cent may have them so minimized as to be barely noticeable. There is little excuse for allowing people to suffer from such annoying symptoms; many thousand clinical crimes are committed annually by doctors not letting their allergic patients know that they can be relieved.

Only a small minority of pollen-allergy cases are being properly treated. The large majority of sufferers do not know that they can be helped. The remainder fall into four categories: (1) those not being treated because of previous disappointments from old-fashioned, ineffectual methods or bizarre, prematurely ballyhooed, untested methods; (2) those being treated by assorted quacks; (3) those being improperly treated by medical men under a mistaken diagnosis of "chronic sinusitis," "chronic bronchitis," etc.; and (4) those that are being treated with drugs whose effects, if any, last only a few minutes or a few hours until the given dose is eliminated. Into this latter class fall the vasoconstricting nasal sprays and packs, the oral use of ephedrine and its homologues, and the oral use of adrenal products and inorganic salt mixtures. The less said of the side actions of certain commonly used drugs, the better. Oral pollen-therapy has been productive of little nasal relief, but considerable diarrhea. The economic loss caused by unnecessary "changes of climate" because of ill-informed physicians' advice is considerable.

[†] This department of California and Western Medicine presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

[1] Silver, M. L.: Proc. Soc. Exper. Biol. and Med., 41:650 (June), 1939.

[2] Leduc, S.: Arch. d'electric med., 10:769, 1902.

[3] Von Neegard, K.: Arch. f. klin. chir., 122:100, 1933. Sack, G., and Koch, H.: Ztschr. f. d. ges. exp. med., 90:349, 1933.

Cases of pollen allergy should be thoroughly skin-tested, and individual mixtures of pollens for treatment chosen on the basis of these tests, plus a knowledge of the botanical peculiarities of the patient's residential district. Starting with a high dilution, subcutaneous injections of the individual extract should be administered at appropriate intervals, and increase of dosage governed by the individual's local reaction and progress. Most of the 5 per cent of "failures" with hypodermic hyposensitization are due to faulty testing and interpretation of skin-tests, inactive treatment material, or improper dosage. In the last analysis these faults are due to lack of experience or proper equipment, and still leave allergy with an immeasurably better record than any other branch of medicine.

Physicians can earn the everlasting gratitude of the unfortunate allergic adults and children in their practices by getting into contact with them, and explaining what the modern, rational practice of allergy can do for them. The most appreciative patients that we can have are the seasonal allergics who have found that, although pollenation is inexorable and inevitable, their seasonal symptoms are not necessarily so. If the physician is not equipped to test and treat these cases himself, he should refer them to a competent allergist rather than persist in more or less ineffectual local or drug treatments.

The foregoing ideas were put into operation on a small scale last year, with results so interesting that they are worth summarizing. In February, 1938, five general practitioners went through their records and found sixty-eight cases of seasonal hay fever. These were communicated with by telephone, and the methods of testing and desensitization explained to them. Forty-seven had never heard of such methods, and were pleased to know about them. Thirty of this latter group reported for testing and desensitization treatment to their family physician, or to an allergist recommended by him. Twenty-six received complete relief from symptoms that spring, and the remaining four enjoyed eminently satisfactory diminution of symptoms. Of great significance, too, is the fact that twenty-eight of the thirty patients treated have either continued treatment by the perennial method, or have reported again this year for preseasonal therapy.

135 Stockton Street.

MILTON M. HARTMAN,
San Francisco.

Children are not so much to be taught as to be trained. To teach a child is to give him ideas; to train him is to enable him to reduce those ideas to practice.—H. W. Beecher.

ORIGINAL ARTICLES

COMBINED NITROUS OXID-OXYGEN LOCAL ANESTHESIA*

By P. K. GILMAN, M. D.
San Francisco

FOR the third time it is my privilege to appear before the members of this section and give a brief résumé of the results of added experience with combined gas-oxygen local anesthesia.

The first report was made in 1925;[1] the second in 1932.[2] The operative cases upon which these previous communications were based were those treated at Stanford University Hospital. In the present report that practice will be continued and patients treated only in this institution included.

CLINICAL MATERIAL FOR THIS STUDY

The 435 operative cases upon which this report is based were private patients. A large number of patients were operated upon during this same period in the Surgical Clinic of the Stanford University Medical School, using similar anesthesia. These are not made use of, owing to the fact that several surgeons cared for this group and exhibited personal differences in preoperative preparation, operative technique, and postoperative routine.

It is imperative that certain points must be reaffirmed and again emphasized even at the cost of repetition. The first of these, in my opinion, is coöperation between not only the anesthetist and surgeon, but between anesthetist and patient.

As stated in previous communications, the staff of physician anesthetists at Stanford Hospital deserves the highest praise. Under the able leadership of Dr. Caroline Palmer, the prolonged use of gas anesthesia was begun instead of using it merely to introduce ether. Since Doctor Palmer's retirement, her successor, Dr. Adena Dutton, has maintained the high standard of efficiency and coöperation to which she fell heir. It has been my privilege to work with the members of this staff and help develop the use of nitrous-oxid-oxygen in all types of surgery where a general anesthetic is indicated.

Any general anesthesia, irrespective of the agent used to produce it, is the result of a definite combination of interests. These are even more important and necessary if a perfect anesthesia is to result with nitrous-oxid as the agent.

To the patient the yielding up of his consciousness is an important event, even though it be looked upon as a routine occurrence by the anesthetist. The latter should meet the patient, and be allowed to suggest necessary changes in the anesthetic program and not see the patient for the first time under the influence of preoperative medication on the operating table. There should exist a close association between the various members of the operating group, including the one adminis-

---

* Read before the Section on Anesthesiology of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1–4, 1939.

TABLE 1.—*Summary of Postoperative Complications*

Laparotomies	*Thyroidectomies*	*Hernias*	*Mastectomies*	*Rectal Cases*	*Minor Pelvic*	*Minor*	*Fractures*
201	104	21	22	18	11	49	9
ETHER Nine cases required a small amount to relax abdomen	ETHER None	ETHER None	ETHER None	ETHER One few breaths to dilate sphincter	ETHER None	ETHER One very young baby	ETHER None
RESISTANT Four stout patients One very anemic patient	RESISTANT Nine induction resistant	RESISTANT One during induction One chronic bronchitis cough	RESISTANT Two stout women resistant but satisfactory anesthesia	RESISTANT Four during dilatation of sphincter	RESISTANT None	RESISTANT One infected pilonidal cyst	RESISTANT None
SHOCK Two patients in some shock	SHOCK One split sternum huge intragoiter	SHOCK None	SHOCK None	SHOCK None	SHOCK None	SHOCK None	SHOCK None
VOMITING Twelve primary emesis in unprepared emergency patients Four slight transient nausea Three vomited more than twenty-four hours	VOMITING Four slight nausea Four primary emesis on table One vomited once after return to bed	VOMITING One during the anesthesia One primary emesis	VOMITING One primary emesis One transient nausea	VOMITING One during anesthesia	VOMITING None	VOMITING Two nausea for one day	VOMITING None
RESPIRATORY One mild bronchopneumonia Two pulmonary embolus—recovery One pneumonia in patient 61 years One prolonged cough	RESPIRATORY One massive collapse lung—recovery One bronchopneumonia, age 73	RESPIRATORY One chronic bronchitis. Cough persistent but not increased	RESPIRATORY None	RESPIRATORY None	RESPIRATORY None	RESPIRATORY None	RESPIRATORY None
DEATHS One carcinoma, rectum, pneumonia, age 61 years One empyema gall-bladder. One carcinoma gall-bladder eighth day Two embolus One general peritonitis One 70-year-old myocarditis One aneurysm celiac axis	DEATHS One pneumonia, age 73 years One age 64 years—split sternum for huge intrathoracic goiter One total for angina-cardiac death One total for carcinoma. Cardiac death One embolus	DEATHS None	DEATHS None	DEATHS None	DEATHS None	DEATHS None	DEATHS None

tering the anesthetic. This association makes for smoothness and efficiency, and all benefit, especially the central figure, the patient.

GENTLE HANDLING OF TISSUES

As a house officer more than thirty years ago, I served my time giving anesthetics. A familiar request from operating surgeons was for more and deeper anesthesia. Instead of coöperating, the surgeon was often unwilling to delay a moment, was often ungentle in his manipulations, resulting in a protective reaction on the patient's part, further interfering with the smoothness of the procedure, and usually blamed upon the anesthetist. Today our combined efforts are directed to keeping the patient as lightly anesthetized as is consistent with proper relaxation. This, in turn, results in one of the greatest safeguards for the patient by making gentle handling of tissues absolutely necessary. Light anesthesia may only be maintained if the operator's manipulations are gentle and if he will cease even these temporarily at the anesthetist's request should the patient react unfavorably.

HOSPITALIZATION AND PREMEDICATION

Unless the condition is an emergency demanding immediate surgery, all patients candidates for major procedures should be hospitalized at least twenty-four hours previously. This will allow the patient to become accustomed to his surroundings and routine, and often build up an important mental tranquillity. The effect of preoperative fluids may be determined and a proper sedation carried out. Not of least importance, the anesthetist is able to meet the patient and be in a position to offer valuable suggestions.

Each patient naturally is a separate problem demanding individual modification of any preoperative routine. In general, however, we allow as free a diet as is tolerated the day before operation, with liberal water intake. No catharsis is employed unless especially indicated, and an evening cleansing enema is depended upon to empty the lower bowel. Intravenously, the patient receives up to 1,000 cubic centimeters of a 5 or 10 per cent solution of glucose unless some contraindication exists.

Preliminary medication is instituted the evening before operation. This not only insures the patient a tranquil night's rest, but instructs the surgeon as to the reaction of the patient to the drug used and the amount required to produce the desired effect. At present we use one of the barbiturates at sleep time, and this is repeated in the morning two hours before the operation is scheduled. Half an hour before the patient is taken to the surgery a proper dose of morphin, usually combined with atropin, is given hypodermatically.

AFTER-OPERATION CARE

Such a patient demands gentle handling in order not to defeat the influence of the premedication. The bed should be wheeled to the anesthetic room, thus avoiding an extra transfer and the more or less drowsy patient expertly and gently lifted onto the table.

How many of us have awakened from sleep in our comfortable bed suffering discomfort produced by faulty position of an arm, a leg, our head and neck, or our body! If such occurs under normal sleep, with supposedly ideal conditions for comfort, how much more important a natural, unstrained position becomes with the body under a general anesthetic. The position of the patient should be as unstrained and natural as is consistent with the operation to be carried out. Gentle handling before, during and after the operation by the nurses and orderlies is second in importance only to that exhibited by the operator.

PROCEDURE FOR ANESTHESIA

The patient having reached the table, he is usually anesthetized with nitrous-oxid-oxygen before the skin is prepared. Following this the field of operation is isolated with 0.5 per cent novocain solution, containing no adrenalin. Of this solution large amounts may be used if necessary, with no untoward adrenalin effect or temporary arrest of bleeding. This is especially important when applied to the peritoneum in abdominal cases, as it renders not only entrance through this layer less disturbing, but facilitates closure. No incision should be made until the anesthetist has been consulted, and operative manipulations should cease temporarily if the patient reacts. A delay of a moment or two under such conditions will save many times that if the patient is thoroughly disturbed. Fluid is administered routinely by hypodermaclysis if the operation is any but a brief one.

As stated above, light anesthesia with nitrous oxid-oxygen, supplemented by 0.5 per cent novocain, demands delicate handling of tissues. This delicate handling, added to proper hemostasis, banishes shock. Only in rare instances has it been necessary to add a small amount of ether to produce sufficient relaxation in deep abdominal lesions. Gentle use of gauze, in as small amount as is consistent with proper intra-abdominal exposure, and the use of self-retaining retractors permits steady rather than intermittent pull. Consider, if you please, all steps in an operation under combined anesthesia as being performed under local anesthesia and let no act be ungentle enough to produce objection on the patient's part if awake.

The position of the patient is of importance not only on the operating table, but later in bed and, if the bed is not brought to the operating room, on the ambulance. A soft surface, supplemented with sufficient pillows beneath the head and knees to relax the abdominal muscles after surgery, permits the waking period to be postponed and interferes less with a smooth and deep respiratory rhythm.

As nausea is usually absent or transient, the dangers attendant upon vomiting are not present. In addition to rectal installations fluids may be administered orally earlier than with ether or other anesthesia, replacing more promptly fluids either intravenously or subcutaneously.

Granted nitrous oxid-oxygen is less simple to administer than ether, its enormous advantages over the latter for a general anesthetic far outweigh these difficulties. Not every anesthetist has learned to appreciate the fact that the use of nitrous oxid requires more concentrated attention to more details than does the use of ether.

STATISTICAL DATA

Of 201 laparotomies under nitrous oxid-oxygen combined anesthesia, nine patients required a small amount of ether to relax the abdomen during walling off manipulations. In addition, four stout patients were resistant, as was one very anemic patient. These required no ether for the satisfactory completion of the operation. Two of the 201 patients exhibited a mild degree of shock.

But three patients of the 201 vomited more than twenty-four hours, four experienced slight transitory nausea, and twelve had primary emesis before leaving the surgery, all these latter being unprepared emergency operative cases.

Respiratory complications consisted of one pneumonia in a 61-year-old rectal carcinoma patient who died, one mild bronchopneumonia followed by recovery, and two cases of pulmonary embolus. One patient's chronic bronchial cough continued unchanged after operation.

Deaths due to other than respiratory complications occurred in two patients with general peritonitis, one carcinoma of the gall-bladder, one myocarditis, and one rupture of an aneurysm of the celiac axis.

No ether was used in the 104 thyroid cases. Induction was recorded as resistant in nine patients, and shock resulting in death was present in one patient in whom it was necessary to split the sternum to remove an enormous intrathoracic extension. Four of these 104 patients had slight postoperative nausea, four primary emesis on the table at the close of the operation, and but one vomited once after returning to bed.

But two of the thyroidectomies had any respiratory complications. One recovered after a massive collapse of the lung, and a second, age 73 years, died of pneumonia. In addition, two patients died of myocarditis and one of pulmonary embolus—five deaths in all.

For details of the remaining cases the accompanying chart shows the incidence of complications.

CONCLUSIONS

After fifteen years' use, we still feel nitrous oxid-oxygen combined anesthesia possesses great advantages over all other forms.

Compared with local anesthesia, there is less strain imposed upon both patient and operator in any procedure of size. Used from the beginning, it causes less upset than if added during the course of an operation begun under local anesthesia.

Nitrous oxid-oxygen anesthesia upsets the body chemistry less than other anesthetic agents, is less irritating to the respiratory tract, and is followed uncommonly by nausea or vomiting.

The increased amount of relaxation produced by ether, and to a still greater degree by spinal anesthesia, is not an unmixed blessing. It allows rougher handling, which militates against a smooth convalescence and assists in producing shock.

The patient recovers consciousness promptly, postoperative distention is less, as are gas pains, convalescence is more rapid and uneventful.

While it may be necessary at times to vary the type of anesthesia to suit the individual, we have found nitrous oxid-oxygen to be the safest inhalation anesthetic for routine use.

2000 Van Ness Avenue.

REFERENCES

1. Nitrous Oxid and Local Anesthesia in Abdominal Surgery, Am. J. Surg. (Jan.), 1926.

2. Six Years' Added Experience with Nitrous Oxid Anesthesia, Anesth. and Analg. (Jan. and Feb.), 1933.

RECENT ADVANCES IN THE TREATMENT OF HEMATEMESIS AND MELENA*

By Grant H. Lanphere, M. D.
Los Angeles

Management of hematemesis, in order to be successful, depends upon an accurate appraisal of the condition responsible for the initiation and maintenance of the hemorrhage.

The patient may vomit blood and pass tarry stools from such conditions as esophageal varices associated with cirrhosis of the liver, carcinoma of the stomach, peptic ulcer in the form of gastric, duodenal or anastomotic ulcers, erosions of the lining of the stomach walls, rare lesions as leiomyosarcoma of the stomach, polyposis, fibrosarcoma in Meckel's diverticulum or an aneurysm which has eroded through the esophageal or stomach walls.

Peptic ulcer, as most workers agree, causes 75 to 80 per cent of acute hemorrhage from the upper part of the gastro-intestinal tract. All other conditions may be placed in the remaining 20 to 25 per cent group.

During acute hemorrhage, the differential diagnosis of lesions of the upper gastro-intestinal tract from other conditions in the abdomen is far from simple, and is difficult to make. Therefore, initial treatment is the same, no matter what the source.

The history, which the patient or a relative gives, is most important in the differential diagnosis. If there have been recurrent episodes of epigastric pain with an ulcer type of dyspepsia, the diagnosis of bleeding peptic ulcer is practically assured, although gastric carcinoma can imitate this closely. In either instance an intrinsic lesion of the stomach or duodenum is suggested.

SYMPTOMS AND SIGNS

The symptoms and signs of gross hemorrhage vary with the volume and rapidity of the loss of blood. Exacerbation or recurrence of the ulcer symptoms usually immediately preceded the onset of hemorrhage. Not infrequently, however, there is no history of ulcer symptoms.

Nausea is usually the first symptom, and may be followed by the vomiting of dark blood, liquid or clotted blood, and by fainting. Hematemesis or tarry stools may occure alone, or both may occur whether ulcer is in the stomach or duodenum. Tarry stools may not occur for some time after the hemorrhage although, if it is severe, unchanged blood may be noted in the stool. Shock often follows a massive hemorrhage, with severe pallor, dizziness, extreme weakness, headache, thirst and syncope.

Frequently it is possible to find the exciting factors which are responsible for the hemorrhage. In general, conditions which tend to produce activity of the ulcer, may provoke bleeding. Among these are unusual physical exertion, infections, particularly those of the upper part of the respiratory tract, dietary indiscretions, abuse of the use of alcohol and tobacco, as well as fatigue and nervous strain.

The physical findings are not of great value in the majority of cases, although they occasionally may be diagnostic. An epigastric mass, with or without palpable supraclavicular nodes or implants on the rectal shelf, strongly suggests the presence of gastric carcinoma. If the liver is firm, hepatic cirrhosis may be suspected. If the spleen is also moderately enlarged, supportive evidence is furnished for such a diagnosis. However, if the spleen is considerably enlarged, splenic anemia, or a form of hemorrhagic disease of the blood, is more probable. The presence of bleeding gums, purpuric spots or hematuria is further evidence of hemorrhagic disease.

Bleeding, which is one of the most common complications of peptic ulcer, occurs in from 20 to 30 per cent of cases. It is always an indication of activity of the ulcer and is often, but not always, preceded by other evidence of activity, such as the appearance of increase of pain or dyspepsia.

Ulcers in the stomach or along the anterior wall of the duodenum are more likely to heal than those in the posterior wall of the first and second portions of the duodenum. The latter show more tendency to become chronic and to cause severe bleeding. The invasion of the retroduodenal and pancreatic

---

[*] Read before the Section on General Medicine of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1–4, 1939.

tissue by an ulcer of the posterior wall of the duodenum causes an inflammatory process with adhesions to the periduodenal structures, thereby holding the ulcer open and enhancing chronicity. Fatal hemorrhage usually is caused by an erosion of a large artery along the posterior wall of the first or second portion of the duodenum.

KINDS OF BLEEDING

The bleeding from a peptic ulcer may be classified into three groups, according to severity.

1. A slight ooze, which causes no symptoms, except occult blood in the stools.
2. The larger hemorrhage, which is manifested grossly in the stools, but does not cause the usual symptoms of internal bleeding.
3. The massive hemorrhage, which is manifested by hematemesis and melena.

PROGNOSIS

According to Crohn,[1] the age incidence and mortality rate of hemorrhage revealed that the greatest number of hemorrhages occurred at thirty to fifty year age period, during which the mortality was rather low. After the fifty-year period there was a decline in morbidity, but an increase in the mortality rate.

The highest percentage of patients with gastric, duodenal, and anastomotic ulcers, who had a complication of hemorrhage, were in the fourth decade of life, and the greatest number of patients who died were in the fifth and sixth decades of life.

This demarcation and delimitation of morbidity and mortality, as influenced by age, is extremely significant in determining the prognosis in hemorrhage from ulcer.

Available records indicate that, on an average, ten days to two weeks elapsed between the onset of hemorrhage and death when treated by the older methods. Under recent management, except in a few instances, death occurs within two to three days. This is true in patients younger than fifty years of age, as well as those older patients with a prolonged history of recurrent hemorrhage in whom arteriosclerosis probably prevented the rigid vessels from closing. Every physician who has seen a gaping blood vessel fixed in the wall of a callous ulcer realizes that any conservative method of management sooner or later must end in disaster if it is routinely applied.

I do not contend that all patients, irrespective of age, who come to the hospital in severe shock, systolic blood pressure below 75 millimeters, erythrocyte count below the two-million mark, can be saved by the use of a liberal program of medical care. However, I have begun treatment with a modified Meulengracht regimen in most cases seen with hematemesis and melena, but I have found that it has been necessary to revert to a program of personalized therapy for individual cases.

The first hemorrhage in our series of patients was seldom fatal. However, I did observe that in those patients who had repeated attacks of hemorrhage the subsequent periods of bleeding became more and more severe. Hemorrhage, recurring at short intervals, was most apt to prove fatal. Death was due to the actual loss of blood from the tissues, or complications such as pneumonia and uremia.

TREATMENT METHODS

At present there are several methods used to treat patients who have severe hematemesis.

First Method. The method advocated by Sippy[2] consisted of absolute rest in bed, opiates, ice coil on the abdomen, control of the free hydrochloric acid with adequate doses of calcium carbonate and magnesia oxid during the day and night for the first forty-eight to seventy-two hours. Then hourly feedings of milk and cream, bland foods, with alkalies during the first week. Later the patient was given his regular ulcer management. Sippy contended that, as a rule, acute hemorrhage did not recur after such management.

Second Method. Later, blood transfusions and intravenous glucose solutions were added to the Sippy management and are now generally used in most hospitals. Blood transfusion, as a replacement therapy, and its effect on the coagulability of the blood and on hematopoiesis, has been widely adopted in this country as an important adjunct to the general conservative method.

The ease and readiness with which blood transfusion may be given is a tribute to medical science. But lurking behind this achievement is the possible incrimination of the procedure as one of the factors responsible for the increased mortality rate. An analysis of those of our patients who received one or more transfusions shows its usage did not avert a fatal outcome. Probably one of the best indications for transfusions is to prevent, if possible, the systolic blood pressure from falling below 90 millimeters of mercury. The amount of blood given should average between 250 to 400 cubic centimeters at one time.

Third Method. An interesting and radical innovation was introduced by Meulengracht[3] of Copenhagen, who reported a sensationally low mortality of less than one per cent among 251 patients having severe hematemesis and melena. He fed these patients an abundant and varied diet in pureed form the first day of admission to the hospital. He believed that food and alkalies, by neutralizing the gastric acidity, would prevent further penetration by the ulcer and reduce the gastric motility, while the supply of nourishment and vitamins would favor healing processes and lower the mortality figures. Meulengracht found that he had to use blood transfusions in about 10 per cent of his patients.

Fourth Method. The treatment of hemorrhage from ulcer by a continuous drip, as suggested by Winkelstein and its recent application by Woldman,[4] with aluminum hydroxid is a successful form of therapy. The patient is fed by this method, day and night, through a small indwelling nasal tube which functions best if not introduced beyond the cardia. In addition to the continuous drip method, Woldman gives small feedings per mouth for ten days; then removes the tube and places the patient on ulcer management.

I have observed, by series of blood counts, how regeneration of blood rapidly occurs under the liberal feeding plan following hemorrhage with the immediate use of iron preparations. Even in elderly patients convalescent periods were definitely shortened. Freedom from symptoms, rapid return of strength, ability to eat, better stools, absence of irritability concerning too little and too monotonous diet, are important factors in shortening a convalescent period. Regardless of whether or not mortality rate has been lowered, there is little doubt that convalescence has been more rapid and pleasant under liberal feeding.

Many times gastric analyses have been made at once or within a few days after the patient entered the hospital. Invariably it was found that those patients who had bled so extensively that the hemoglobin was as low as 30 per cent had free hydrochloric acid values which were 15 to 40 degrees. Later, when they had normal blood counts, the hydrochloric acid rose to high values, as is usually observed in patients with gastric or duodenal ulcer. Therefore, it is unlikely that there is very much acid in the stomach to neutralize in the majority of patients with severe hemorrhage.

The value of liberal feeding in extreme hemorrhage is partly explained by the fact that there is available a greater supply of carbohydrates and proteins which protect the liver, prevent acidosis and promote regenerative process throughout the body.

However, the crucial question remains: Does liberal feeding reduce immediate mortality?

COMMENT

Portnoy[5] found that patients with ulcer complicated with hemorrhage showed the greatest deficiency of vitamin C. Also that a sufficiently severe C avitaminosis is associated with increased capillary fragility. He concludes that the diet of these patients with ulcer and hematemesis should be amplified by addition of vitamin C, while the parenteral administration of ascorbic acid in the first few days following severe bleeding should be of considerable value in reaching a rapid saturation of the tissues.

Analysis of Meulengracht's reports indicate that his series of cases were not restricted to peptic ulcer, but included all types of bleeding from any source whatsoever. Nevertheless, the fact remains that he has been able to have fewer deaths by use of his liberal diet, while his colleagues report no change or an increase. Observations made from our series indicate that most of those patients who had slight or severe bleeding could follow the Meulengracht regimen without untoward effects. However, there was a small percentage of patients who could not eat food or drink liquids because of nausea, vomiting and continued bleeding, and some of these terminated fatally.

The younger patients were given conservative care, usually the first twenty-four hours after admission, and then given liberal and frequent feedings with liquids and iron. Seldom was lavage of the stomach done or a blood transfusion given. In the group past fifty years of age, due consideration was given in each case, if the bleeding continued, as to the possibility of operation for direct approach and treatment of the hemorrhage.

The age of our patients played a more important rôle in the mortality than almost any other factor. The percentage of patients past fifty years of age who bled increased proportionally as the patients increased in age. This we believe is due to the more sclerosed vessels beyond middle life, making adequate clot formation difficult. The chronicity of the ulcer, habits of the patient, occupation and previous bleeding seemed to have less effect on the mortality than the age.

It is not difficult, as a rule, to recognize the rare cases of bleeding ulcer which will not recover from medical treatment. This is the type of case in which direct treatment of the bleeding point by operation is likely to be impossible, so that even when the operation is performed by surgeons of great experience, and the patient has been adequately prepared by transfusion, the mortality after operation must necessarily be extremely high.

However, if operation is reserved for the rare cases in which it seems probable that the source of bleeding is a large hole in a sclerotic vessel exposed at the base of a chronic ulcer, and if transfusion is given only under circumstances and in the amount described above, it should be possible to obtain a still further reduction in the already low death rate from hemorrhage in gastric, duodenal and anastomotic ulcer.

The first and most urgent problem, then, is to determine, if possible, whether the bleeding comes from a superficial ulceration or from a deeply penetrating ulcer. The question is not a case of surgery versus medicine. On the contrary the coöperation of the internist and the surgeon is most desirable. Each case must be evaluated in the light of the history of repeated hemorrhages, the age of the patient, and the type of bleeding. If surgical operation appears to be indicated, it should not be unduly delayed.

CONCLUSIONS

1. Hemorrhage occurs at least in 30 per cent of gastro-intestinal, duodenal and anastomotic lesions.

2. The complication of hematemesis occurs most often in the fourth decade of life. Subsequent attacks of bleeding become more and more severe.

3. Since most patients stop bleeding before they arrive at the hospital, 90 per cent can be treated successfully with medical management. Those who continue to bleed while on management prove to be the most difficult patients to manage. Failure of both medical and surgical procedures often occurred in this small group.

4. Blood transfusions, with proper indications, are most valuable aids in the treatment of gross hemorrhage.

5. Ample and varied diet in pureed form, alkalies and iron as advocated by the Meulengracht method, favor healing of the ulcer, more comfort to the patient, and promotes more rapidly regenerative processes in the tissues of the body.

6. Mortality after operation of acute gross hemorrhage is extremely high.

7. The first two methods described for the treatment of hematemesis and melena are similar but

conservative. The third method described is liberal in ample food, somewhat radical but apparently very effective. The fourth method described is a safe and successful procedure of therapy. The third method, therefore, is, in my opinion, the best because it affords the possibility of reducing immediate mortality from gross hemorrhage by liberal feeding.

1908 Wilshire Boulevard.

REFERENCES

1. Grohn and Lerner: Gross Hemorrhage as a Complication of Peptic Ulcer, Am. J. Digest. Dis., Vol. 6, No. 1 (March), 1939.

2. Sippy, B. W.: Ulcer of the Stomach and Duodenum, The Oxford Medicine, 3:123-171, 1923.

3. Meulengracht, E.: Treatment of Hematemesis and Melena with Food, Acta Med. Scandinav. Supp., 59:375, 1934.

4. Woldman and Rowland: A New Technique for the Continuous Control of Acidity in Peptic Ulcer by the Aluminum Hydroxide Drip, Am. J. Digest. Dis. (Nov.), 1935.

5. Portnoy and Wilkinson: Vitamin C Deficiency in Peptic Ulcers and Hematemesis, British M. J. (March 12), 1938.

CHRONIC NONHEALING LESIONS OF THE NOSE*

By Russell Fletcher, M. D.
San Francisco

REPORT OF CASE

Case 1.—Miss C., a white woman of 40, came to me in July, 1935, because of discharge from the left side of her nose. During the past year she had been to several ear, nose, and throat men, and had not been relieved. Examination of the nose showed slight irritation in the left vestibule, which extended onto the inferior turbinate a short distance. The mucous membrane looked rather punched out. There was a small amount of thin discharge. X-rays of the sinuses were negative. I treated the nose locally for about a year and there was only a little improvement. The patient went East for a year and was treated by another ear, nose, and throat man; but her nose was never clear of irritation. In December, 1937, she returned to me. Examination then showed the original lesions on the inferior turbinate and vestibule completely healed; but on the septum, at the mucocutaneous junction, there was a reddened indurated area, nearly one-quarter inch in diameter, with a small ulcerated center. I cauterized this area, and treated it locally and with ultra violet light. As the lesion on her septum got worse instead of better, in March, 1938, I removed a liberal piece of the tissue, which was diagnosed tuberculosis. Instead of getting worse, this area healed up within a short time and has remained healed. The skin of the left side of the vestibule, however, again became irritated and has remained so since. Recently, when the human, bovine, and avian tuberculin tests were all done at the same time, this irritation in the vestibule flared up, but has since quieted down. Guinea pig check on the tissue was not done. The x-rays and examination of her chest are essentially negative. The x-rays of her bones show no sarcoid lesions. The Wassermann and other tests are negative. The tuberculin tests were all strongly positive.

TUBERCULOSIS OR SARCOID

Last summer, shortly after her biopsy had shown tuberculosis, I heard Dr. Frank Kistner of Portland, Oregon, give his paper at the American Medical Association, in which he reported a case of sarcoid of the nose. I then wondered if my case might come under that classification. I talked to Doctor Kistner about it, and sent him a microscopic section. He wrote me that it might be a sarcoid.

As I had never heard the term sarcoid before, I began to investigate this subject. I found that there is a very interesting controversy as to whether sarcoid is a form or phase of tuberculosis or not. There is extensive literature upon this subject, but to me there was one outstanding article: "Noncaseating Tuberculosis," written by Dr. Max Pinner and published in the *American Review of Tuberculosis* for June, 1938. It is a thirty-page article in which he analyzes the literature to date. He lists 217 references. He is a recognized authority and writer on tuberculosis and its pathology. To me his reasoning and conclusions are the clearest and most logical. He believes that tuberculosis and sarcoid are simply different manifestations of the same morbid process, and that the etiology in both is the tubercle bacillus.

Pinner feels that all the various forms of sarcoid are essentially the same disease which overlap each other clinically. Boeck, in 1899, was the first to use the term "sarcoid." Typically Boeck's sarcoid included involvement of the skin and mucous membranes, and lymph nodes. Gradually new regions were found involved and given the name of a new disease, such as Jüngling's disease, involving the bones; the uveoparotid fever, involving the uveal tract and parotid gland; and Mikulicz's syndrome, involving the lachrymal and salivary glands. There are many other combinations and forms that have been described and named, which I will not try even to tabulate; for, as Pinner says: "The terminology of Boeck's sarcoid and related lesions is confusingly and unnecessarily involved, particularly regarding the dermatological morphology, and the main difference is one of localization."

Probably the most important evidence that all sarcoids belong in one group is their uniform histology, whose unit is the epithelioid tubercle without caseation. Another factor is that most sarcoids have tuberculin anergy, which means "abnormal inactivity," and in the case of sarcoids it means negative tuberculin skin tests.

PATHOLOGY

The etiology of sarcoid is a controversial subject. Although there are a few men who believe that leprosy, rhinoscleroma, etc., are the cause of sarcoid, the greatest controversy is between those who believe it is due to the tubercle bacillus and those that do not. Pinner lists eight reasons why he thinks it is due to the tubercle bacillus:

1. Kyrle found the tubercle bacillus in the tissue during the first ten days of the lesion, but not afterwards.

2. The histological picture of sarcoid is characteristic of the noncaseating phase of tuberculosis.

3. Cases of sarcoid sometimes develop into classical tuberculosis.

4. Tuberculin anergy, he says, may be due to the skin itself, or to substances in the blood serum which neutralize the skin reactivity to tuberculin tests.

---

* Read before the Section on Eye, Ear, Nose and Throat of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

5. Serological data (anticutins and procutins).

6. Sarcoid lesions disappear with the development of frank tuberculosis.

7. At the same time sarcoid lesions appear, other lesions may occur that are definitely or probably tuberculosis.

8. There is a close similarity between sarcoid reactions in humans and in certain animal species.

Pinner feels that all the sarcoids should be called noncaseating tuberculosis. The term "noncaseating" tuberculosis should not be understood as a separate type of tuberculosis, but rather as a *phase of tuberculosis;* and while usually chronic or stable, they may transform into a caseating form. Some lesions show minimal caseation; others more advanced. "There is no rigid dividing line between caseating and noncaseating phases; the typical representatives are clear-cut and easily recognizable, but transformation from the noncaseating to the caseating form and the border-line cases occur occasionally. The particular conditions that favor persistence of the noncaseating lesions are insufficiently understood. Failure to react to tuberculin is commonly associated with the noncaseating phases of tuberculosis. Whether this anergy is cause or effect, whether it is dependent on the infecting strain, on the constitutional or on immunological peculiarities of the host, or on the modalities of the apparently intermittent hematogenous dissemination, all these questions must wait for further studies to be solved."

INCIDENCE

Tuberculosis and sarcoid lesions of the nose are surprisingly rare in this region. I have asked many ear, nose, and throat specialists, as well as men specializing in diseases of the chest and tuberculosis, and I have written to several large sanitaria asking how many cases of tuberculosis of the nose they had had. Other than the three cases I am reporting today, I have found very few proven cases.

Sarcoid lesions of the nose are also rare. As sarcoid is a disease reported mostly by dermatologists, I have asked several of them how many cases they have seen. Their usual answer is that they have seen many cases; but when you limit it down to cases of sarcoid in the nose proven by biopsy, it becomes a rarity. There are at least two cases on the Pacific Coast reported in the literature. One is the case I previously mentioned of Dr. Frank Kistner. That report appears in the *Journal of the American Medical Association* for November 26, 1938.

The other case was reported by Dr. F. G. Novy and Dr. Nelson Keeler of Oakland in California and Western Medicine for July, 1936. As they were kind enough to let me examine the patient recently, I wish to give a brief progress report on this case. She originally complained of nose-bleeds and nasal discharge. Several months later she had skin nodules. Biopsies were then taken from her nose and from skin nodules which were diagnosed sarcoid. Tuberculin tests were negative. At that time she had no x-ray evidence of bone lesions, but since that report she has developed five different bone lesions. One involves the terminal phalanx of a finger, where the bone is almost completely destroyed and the end of the finger is swollen to double its size. It is reddened and has drained a small amount, but is not very tender.

Following a septum operation she developed a perforation of the hard palate into her left nares at the site of one of these nodules. This has practically closed at present. There is no perforation of the septum. There is still marked crusting in both nares.

Besides the case report given at the beginning of this discussion, I wish to report the following two cases of tuberculosis that we have had at our office:

REPORT OF CASES

Case 2.—H. G., a white man of 35, had had an external frontal operation done, at San Quentin, for an acute sinusitis. Following this, he had several flare-ups and fistulae that had been incised, necessitating reopening of the wound. In December, 1927, after a bad flare-up, he was again reoperated. Some tissue was removed from the ethmoid and turbinate region which showed typical tuberculosis. The external wound healed normally, but it was very slow. He went to Arizona later, as he had lung involvement. Two years later he was seen again, and the nose was in very good condition, externally and internally.

* * *

Case 3.—Miss R., a white woman of 30, had a simple mastoid operation in 1929, and during a normal short convalescence she complained of nasal discharge. Examination showed a small granular mass, the size of a pea, on both sides of the nasal septum about one inch from the anterior tip. Microscopic sections of this tissue showed typical tubercles. No check of tissue was made on the guinea pig. Repeated sputum examinations were negative. X-rays of the chest showed considerable scarring, and calcification in the right lung and hilum as well as the cervical and axillary regions. These x-rays were repeated three years later, and again in April, 1939, and showed no essential change. X-rays of the bones showed no involvement. Tuberculin tests were not done in 1929; but two weeks ago the human and bovine tuberculins were strongly positive and the avian was mildly positive.

I treated the original lesions by removal of tissue for biopsy and cauterization with chemicals for about a year. The nose of the patient improved, but did not heal. She was not seen again until 1934. The nose was the same as before, but there was no extension of the process. Another biopsy again showed tuberculosis. I treated it as I had before, and also gave a long course of ultra-violet light treatment for eight months. It improved but did not heal. She moved from San Francisco and was not seen again until April, 1939. To my surprise, the nasal septum had completely healed, and there was no perforation of the septum, while the mucous membrane was perfectly smooth. However, the anterior tip of the left inferior turbinate looked somewhat granular to me. There was no ulceration, but, because of the previous lesions, I took a biopsy of this tissue. Again I was surprised, as it also showed tuberculosis.

TREATMENT

There is practically nothing in the literature on treatment. I tried every medication I knew of, including ultra-violet light treatments locally. None of them were effective. However, all three cases that I have treated healed at the site where the biopsy was taken. The two cases on the septum healed without perforation of the septum. Therefore, in the future, if I had a small localized lesion that I was suspicious of, or knew was tuberculosis, I would excise it.

IN CONCLUSION

We all know that there are various infections, such as syphilis, leprosy, glanders, rhinoscleroma, infected foreign bodies, and some forms of malignancy or new growth, that may produce lesions that look like tuberculosis. Also, the microscopic picture of these lesions may look like tuberculosis. These conditions must, of course, be eliminated in any differential diagnosis of a chronic nonhealing lesion of the nose. These other causes have been fully discussed at meetings and in the literature in recent years.

However, as the relationship of sarcoid to tuberculosis has not been discussed at our meetings, I felt that it would be worth while to limit my discussion to this subject. It is my belief that sarcoid is not a separate disease, but should be considered as a phase of tuberculosis.

490 Post Street.

IMMUNITY: CLINICAL AND EXPERIMENTAL OBSERVATIONS*

By H. E. Thelander, M.D.
San Francisco

IMMUNITY is the topic of conversation by lay people almost as commonly as is the weather. At any bridge or tea will be heard such remarks as, "Johnny is just like his father; he catches everything that comes along. He has had measles three times. Susan never gets anything," etc. Many such popular beliefs, though not all, are supported by clinical observation; but when an attempt is made to measure immunity it remains one of the most intangible problems of science.

A cross section of a sample of the population at any age level should show a considerable variation in different individuals' ability to combat disease. Also a longitudinal study of any one person from birth to death should show a change in his resistance to infection or to any given infection at different times.

Even at birth may be revealed considerable variations in individuals' immune mechanism. At a delivery everyone is aware of the tension with which is awaited the first cry, indicating the establishment of respiration and circulation in the detached infant. The newborn has made a happy landing—so we think. There are, however, other functions than breathing and circulation which must become established, and one of these is the ability to live in an unsterile environment. Occasionally an infant in the nursery, even with normal heart and lungs, develops a breast abscess or pyelitis or even septicemia or meningitis. Frequently the causative organism is the ordinary staphylococcus or B. coli. A good doctor does, and rightly should, look for the source of infection in the environment—faulty technique, contamination of food, infection in an attendant, etc.—but in most instances he looks in vain, for the fault probably is within the baby himself. Some infants undoubtedly are inherently incapable of surviving bacterial invasion. Their bodies behave more like a culture medium than a living organism mobilizing to combat an invader. These babies simply turn sour and die.

If the newborn period is survived uneventfully, differences may manifest themselves later. A few years back a child died in our ward of measles encephalitis. The history of the boy brought out the interesting fact that he had had measles a few years previously. Second attacks of this disease are very unusual, and physicians of long experience will report only its rare occurrence. In this instance there was no reason to doubt the diagnosis because the same doctor had seen the child with both attacks, and in his records of the first was noted the presence of Koplik spots. Furthermore, the child had been vaccinated twice within a period of a few years, with a take each time. This, too, is unusual. He probably was a child with a defective immunizing mechanism. It is surprising he survived to childhood. At any age-level such differences manifest themselves. They should be less apparent later in life because of the toll along the way. Although modern care and precautions will safeguard many to later periods, yet the chances are great that some infection will catch up with them before they have traveled very far into time.

The longitudinal study of the individual is equally fascinating. Whether he has a good or poor resistance, his own reactions to a given infection may change. Thus, during the first few months of life he is immune to measles; this period is followed by increased susceptibility during the next year or two, and then during childhood the disease, if contracted, is not unduly severe. One attack confers immunity. In contrast to this, erysipelas, untreated, has a mortality of nearly 100 per cent in the newborn period. After that children withstand erysipelas well, and only in adult life, particularly old age, again is it a severe disease. It confers no lasting immunity.

To some infections the normal response is permanent immunity. This is true of chicken-pox, smallpox, measles, mumps, scarlet fever, and a number of other diseases. However, permanent immunity to the first infection of even these diseases is only relative. As pointed out earlier, authentic cases of second attacks of measles and chicken-pox are rare, but of whooping cough and scarlet fever are not uncommon. Within the last few years reinfections in poliomyelitis have been reported and ancient manuscripts record second attacks of smallpox. In other types of infection, such as tonsillitis, immunity is established gradually after repeated infections; attacks are frequent in childhood and gradually decrease with age. Other infections may make the individual more instead of less susceptible to repeated exposures. This appears to be the case with erysipelas and influenza. Still other organisms, notably the tubercle bacillus, produce entirely different manifestations in primary and secondary invasions. This latter characteristic has not been studied carefully in other diseases. It is possible that it manifests itself in rheumatic fever, nephritis, and others.

Immunity is not only intangible, it is at times capricious. Occasionally an individual is found

---

* From the Children's Hospital, San Francisco.

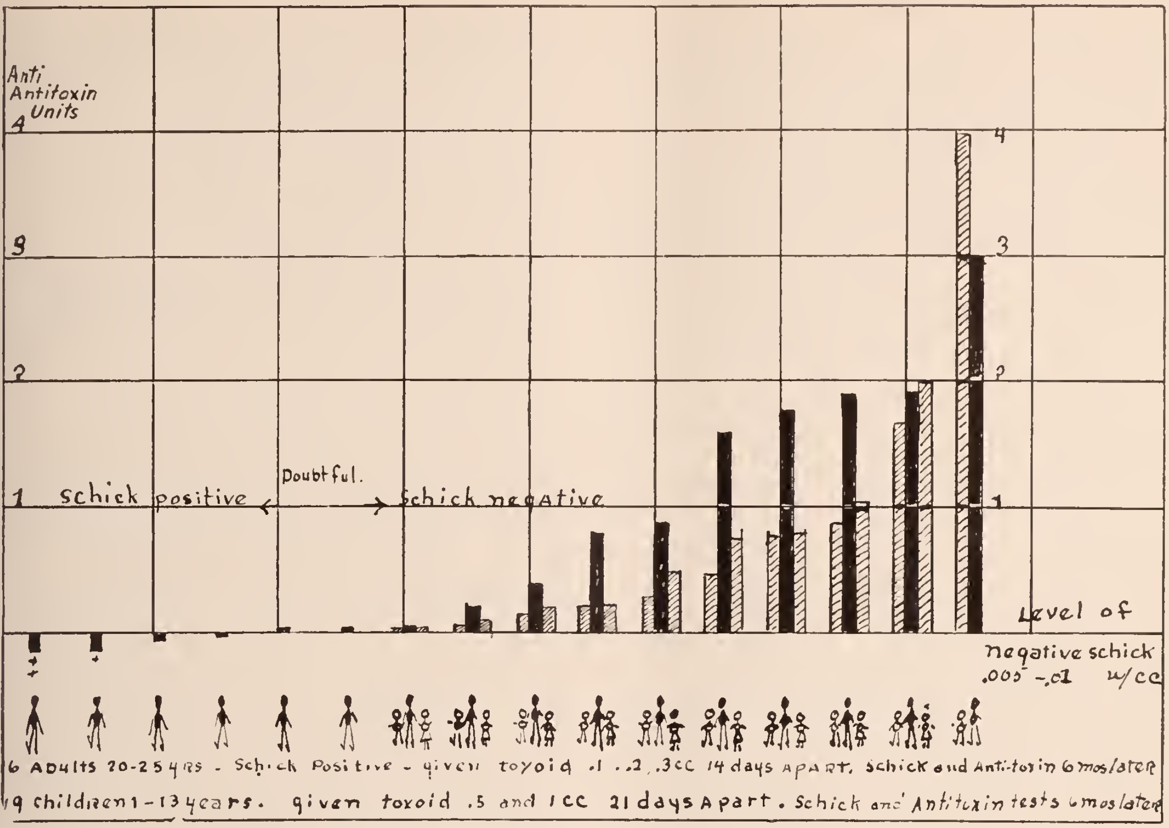


Chart 1.—Variations in serum antitoxin six months after immunization.

whose immune mechanism can best be described as going into reverse. Thus, a young man "hyperimmunized" to the hemolytic streptococcus, when exposed to scarlet fever in the course of his work developed a very bizarre form of the disease. He had pneumonia, thyroiditis, multiple soft tissue abscesses, and jaundice. He appeared to be sensitized to the organism instead of immunized.

At other times a person's immune mechanism appears to be completely paralyzed. As an example, a baby given an overdose of codein by mistake developed a streptococcic meningitis. Direct examination of the spinal fluid looked like a cultural growth; there were practically no white blood cells and the organisms appeared in chains of eight or ten cocci. Other peculiar phenomena occur, such as the sudden invasion of the body with the Staphylococcus aureaus or albus. The portal of entry may be an insignificant scratch or blister. Whether an accident of this type is due to a suppression of immunity or a synergistic action of two or more organisms or some totally unexplained phenomenon is not known.

One of the most sporting studies in science has been the attempt to establish immunity by artificial means. A milk-maid's remark about cow-pox started Jenner on the path which led to immunization against smallpox by vaccination. Toxoid in the prevention of diphtheria, although lacking as romantic a beginning, has an equally fascinating history. These two discoveries remain the brilliant examples of successful artificial immunization. Others are in use with varying degrees of success.

There is probably no bodily function that lends itself so poorly to accurate investigation as immunity. We know, for instance, that the serum of an individual who has recovered from measles has protective substances in it that, if given in certain dosage early after exposure, will protect the recipient against the disease. This property does not lend itself to any accurate measurements.

The only substance which can be studied with any degree of accuracy is the diphtheria antitoxin content of serum. Various methods, all similar, have been used, but the technique perfected by Claus Jensen of the Serum Institute in Copenhagen is the easiest and most accurate and, therefore, has been generally accepted. Dr. Mary Schmeckebier has used, with some modifications, this technique in our laboratory. The shaved and depilated rabrit's back and sides are used for the determinations. A standard toxin, treated with a standard antitoxin in various dilutions, is used as a control on each rabbit. The control is paralleled by the standard toxin in the same amounts treated with various dilutions of the serum of unknown antitoxin content. The neutralization point is readily determined and the units or fraction of unit per cubic centimeter can be computed. Reactions can be read accurately down to 1/2500 of a unit.

With the use of this technique many interesting studies have been made. The absorption curve of antitoxin when administered for diphtheria, as well as the rate of disappearance of it, have been determined by Madsen. Jensen made many studies on antitoxin production and elimination after toxoid injections.

The purpose of this paper, however, is to show that a study of antitoxin in human serum supports for this one content our theory of individual variations.

In Chart 1 the plottings represent two groups, one of nineteen children, one to thirteen years, in whom antitoxin determinations were made six months after two doses of toxoid one-half and one cubic centimeter each, twenty-one days apart, had been given; and one of sixteen medical students, twenty-two to twenty-five years of age. This latter group were Schick-positive originally, then immunized with three doses of toxoid, 0.1, 0.2, and 0.3 cubic centimeter fourteen days apart. The antitoxin determinations and Schick tests were done six months after the immunizations. The children were all Schick-negative, but varied in antitoxin content from 1/25 to 4 units per cubic centimeter. Among the adults were four positive and twelve negative reactors with variations in antitoxin from less than 1/250 to 3 units per cubic centimeter. This latter group, having been chosen on the basis of a positive Schick, were more select than the children not so chosen. The level at which our skin tests were negative was between 1/200 and 1/100 unit. This figure is lower than the original of 1/30 unit per cubic centimeter, but is the level most other recent workers have found for a negative Schick. Some Schick-positive adults are very resistant to immunization, and interesting observations on them have been made, but that study is beyond the scope of this paper.

A longitudinal study of several individuals has been started. Determinations have been made at intervals throughout the past year. When the figures are plotted the curves tend to rise through the winter and spring months.

This rise, however, is not constant, but broken by many fluctuations. The cause of these fluctuations is not known. One reason for making this type of study of individuals was the hope that by repeated tests at short intervals we might be fortunate enough to pick up any sudden change in the amount of neutralizing substances, should such a change occur. There are many popular beliefs and considerable scientific literature on the subject of the effect of endocrines, vitamins, fatigue, illness, etc., on immunity. Even if changes occur, it obviously will be extremely difficult to interpret them without a vast amount of material. The field has unlimited problems for future exploration. Experimental evidence, however, does support the clinical observations that immunity is fluctuating and not static. Variations occur both in a cross section of the population and in a longitudinal study of individuals.

This method of studying immunity is crude. It measures rather roughly the neutralizing properties of serum for diphtheria toxin, but tells us nothing of the character of this substance or substances and nothing of cell immunity. Both the serum and cells are complicated structures which in physics and chemistry can be broken down into molecules, atoms, protons, etc. Each is a system as spacious in its own little self as is the solar system to us. Where in this structure then is immunity? The patient can be bled and the immune properties are restored to the blood; cells are replaced after wear and tear by new ones that possess the same property. And yet, as noted above, immunity, as we know it, may suddenly disappear. To those who like to chase rainbows this intangible and capricious factor of life remains a fascinating subject.

384 Post Street.

IDIOPATHIC ULCERATIVE COLITIS: THE EFFECTIVENESS OF LIVER EXTRACT IN ITS TREATMENT*

By Garnett Cheney, M.D.
San Francisco

DESPITE an intense interest in idiopathic ulcerative colitis, the etiology of this condition remains unknown. Consequently, the effectiveness of any form of treatment must be judged from clinical observation rather than scientific experimentation. In presenting a new form of treatment it is not only important to give the results obtained by this treatment, but also to review the probable causes of the disease and their theoretical relationship to the mode of therapy applied.

ETIOLOGY OF COLITIS: CURRENT VIEWS

At present the majority of the investigators studying ulcerative colitis believe it is primarily due to an infection involving the bowel mucosa. Evidence in favor of this has frequently been presented by Bargen of the Mayo Clinic. No specific organism has been agreed upon, and vaccine and serum therapy have been most disappointing. In the past the cause has been vaguely designated as "diminished resistance" of the colon to infection, and recently Felsen[1] has emphasized that a previous attack of bacillary dysentery may make the bowel wall more susceptible to bacterial invasion. Diet and vitamine therapy, based on the lowered resistance hypothesis, have been equally disappointing. That some cases may be due to food allergy is now well recognized; but it is a rare case indeed in which the removal of some type of protein from the diet will produce a cure or even a satisfactory remission. An important and little-understood factor in causing ulcerative colitis is the effect of nervous-system influences on the activity of the colon. Nervous, highstrung patients may develop their attacks coincident with shock, great fatigue or prolonged nervous tension, and may develop remissions on sedative therapy alone. The effects of these four factors on the colon have been schematically presented in Figure 1. It is important to appreciate that one or more of these factors may contribute to the illness of any given patient, and that all of them must be considered in each individual.

LIVER THERAPY: RELATION TO ETIOLOGIC FACTORS

In what way could any beneficial effect of liver therapy be correlated with these etiologic factors?

---

* Read before the Section on General Medicine of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

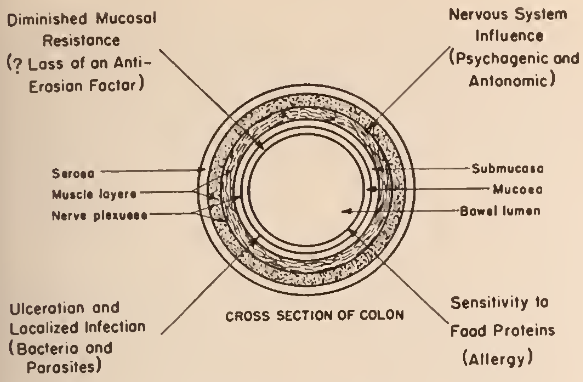

Diminished Mucosal Resistance (? Loss of an Anti-Erosion Factor)
Nervous System Influence (Psychogenic and Antonomic)
Serosa
Muscle layers
Nerve plexuses
Submucosa
Mucosa
Bowel lumen
Ulceration and Localized Infection (Bacteria and Parasites)
CROSS SECTION OF COLON
Sensitivity to Food Proteins (Allergy)

Fig. 1.—Diagram of the factors involved in the causation of ulcerative colitis.

It would not directly combat infection. It might well contain some as yet unidentified factor, possibly connected with the vitamine B complex, which would increase the resistance of the colonic mucosa to ulceration much in the same way that the chick antigizzard erosion factor will prevent or clear up superficial gastric ulcers in chicks.[2] The diminution or absence of such a factor may be the basic cause of the ulceration, and the other factors would then be only contributory. Untoward nervous-system influences on the colon might be alleviated in part at least by the vitamine B_1 content of liver, as has already been shown,[3] but thiamin chlorid is not of prime importance in preventing ulceration.[3] There is also some evidence accumulating to show that liver extract may contain some substance, probably vitamine B complex, which has to do with diminishing a patient's sensitivity to foreign proteins. On theoretical grounds, then, at least one might expect that liver therapy would be beneficial in treating idiopathic ulcerative colitis.

CLINICAL EVIDENCE

What clinical evidence is there that the administration of liver extract is of any value in the management of patients with ulcerative colitis? Up to the present time only a relatively small number of cases have been so treated, and the majority of these have shown very satisfactory improvement. It is the writer's belief that the analysis of a large number of records of patients with ulcerative colitis, for the purpose of establishing the benefits of a certain form of therapy, is of very little value compared to the careful personal observations of a small group of patients over a long period of time. Also there is only one form of the disease which lends itself well to a study of this sort, and that is the patient with chronic diarrhea which has persisted without remission for months or years. In patients with illness of short duration, or of the recurrent form when spontaneous remissions naturally occur, no evaluation of a particular form of treatment can be made without years of observation. In most of the large series of cases of ulcerative colitis which have been reported, detailed case observations have been lacking and the majority of the patients have apparently not been suffering chronically from constant diarrhea.

AUTHOR'S SERIES

In the writer's series of twenty-one cases treated with injections of liver extract which have already been reported,[3, 4] and in four other cases more recently observed over a period of six months or more, it has been possible to follow the majority of them with repeated observations as to the relationship of their therapy not only to their clinical manifestations, but also to their proctoscopic findings. All but three have been definitely benefited, and diarrhea has ceased entirely in twenty patients while maintained on adequate liver therapy. Nine of this group have been chronic sufferers from ulcerative colitis, and all but two have developed satisfactory remissions. It has been possible to stop treatment in this group and have relapses appear, and then resume treatment and have the symptoms clear up again. The improvement in some of these patients is almost as remarkable as that occurring in pernicious anemia treated with liver extract.

COMMENTS

Only parenteral liver extract has been used in treating these twenty-five cases, and it has usually been given in the concentrated form. Oral therapy is apparently not effective except in very rare instances. Ten to twenty U. S. P. units injected three times a week for the first two weeks, and then twice a week thereafter until a complete remission develops, has usually proved adequate. Maintenance therapy is essential to maintain good health. An injection of 20 U. S. P. units every one to three weeks is usually sufficient, but the necessary dose of liver extract will vary with the individual patient. Signs of improvement, such as diminution of the diarrhea, formed stools, increase in appetite and gain in weight, are usually noticeable by the third week of treatment, but may not be evident before the second month. There is no correlation between the severity of the disease and the time of response. Patients gravely ill may show early improvement, while ambulatory patients in good physical condition may not respond until after many weeks of injections. The only other forms of treatment usually employed besides the injection of liver extract are a high caloric, low residual diet, paregoric symptomatically, and bed rest for the acutely ill patient. Occasionally a vegetable muceloid or kaolin is given to solidify the stools during the early course of treatment. Rectal installations have been avoided.

Patients who do not seem to do well on liver-extract therapy must be carefully scrutinized to detect any factors which are acting as a barrier to their recovery, as concentrated liver-extract therapy alone may be ineffective. These factors are likely to fall into one or more of four categories:

First: The diagnosis may be incorrect: if the patient has diarrhea due to amebiasis, a remission is not likely to occur without administering an amebacide.

Second: The contributory factors of infection, allergy and nervous system instability already considered, may be of such importance as to nullify any beneficial effect of the liver. Patients with high fever and leukocytosis and marked prostration who are not benefited by liver injections should be given a trial of neoprontosil, as the element of infection may so dominate the clinical picture that the bowel lesions cannot heal until this is overcome. Serum and vaccines have not proved helpful under these conditions—at least in the writer's experience. The question of food sensitivity is difficult to analyze; it must be given careful consideration in stubborn cases. The removal of a single offending protein food, such as milk, from the diet may make the difference between complete relief and interminable relapse. Probably the most difficult factor to combat is the overexcitable nervous system. Diarrhea as a manifestation of this condition is most troublesome to control, whether the bowel wall is ulcerated or not. Large doses of thiamin chlorid may be beneficial. Sedatives are often helpful. Failures with liver therapy are most likely to be in this group.

Third: The extent of the destructive process in the bowel wall must be considered. If the colon has become a narrowed, immobile tube, any improvement occurring will be slow and incomplete. The stools are likely to remain frequent in occurrence and unformed as the normal peristaltic and dehydration functions of the large bowel are lost. Patients with such damage to their colons cannot be expected to make a complete recovery on liver therapy, although the forward march of the pathologic process may be halted.

Fourth: The choice of liver extract may have an important bearing on the outcome of treatment. Up to the present time highly concentrated liver extract has been used. However, "highly concentrated" applies only to the anti-anemic substance, fraction G, and in liver extract so concentrated practically all of vitamine B_1 and B_2 are eliminated. It is not only probable that any substance effective in the treatment of ulcerative colitis may also be lost in the concentration process, but the administration of an unconcentrated liver solution parenterally to four cases recently indicates that it may be more effective than the concentrate. It was given intramuscularly in a dose of five cubic centimeters two or three times a week, representing only 5 U. S. P. units (anti-anemic) per dose.*

IN CONCLUSION

The effectiveness of liver extract in the treatment of idiopathic ulcerative colitis may best be summarized by stating that it is evidently beneficial in the majority of cases; in a few the results are truly brilliant, and in a few no definite benefit is obtained. In introducing a new form of therapy for any disease as uncontrollable as ulcerative colitis, overenthusiasm must be avoided, and failures, rather than condemning the treatment as a whole, must be extensively studied to ascertain the cause if possible. The probable reasons for such failures have been pointed out. As more cases are treated and our knowledge of this treatment is increased, not only may the results be improved, but the indications for success or failure may be more clearly defined. When liver therapy was first shown to be effective in treating pernicious anemia, it was thought that all macrocytic hyperchromic anemias should respond. Gradually, over a period of years, it has been shown that many do not, because the mechanism of their production differs from that of pernicious anemia. In a like manner the future may show us that what we now call ulcerative colitis of unknown etiology represents different groups of cases varying in their basic etiology, and consequently in their response to liver therapy. At present all cases of idiopathic ulcerative colitis should be given a thorough, prolonged trial of parenteral liver treatment.

210 Post Street.

REFERENCES

1. Felsen, Joseph: Clinical Notes on the Use of Color Filters in Sigmoidoscopy, Am. J. Digest. Dis., 5:38, 1939.
2. Cheney, Garnett: Gastric Acidity in Chicks with Experimental Gastric Ulcers, Am. J. Digest. Dis., 5:104, 1938.
3. Cheney, G.: Vitamin B_1 and Liver Extract in Treatment of Nonspecific Chronic Diarrhea and Colitis, Am. J. Digest. Dis., 6:161-169 (May), 1939.
4. Cheney, G.: Injections of Highly Concentrated Liver Extract in Treatment of Idiopathic Ulcerative Colitis, Arch. Int. Med., 63:813-829 (May), 1939.

EPIDERMOPHYTOSIS OF THE HANDS AND FEET: ITS TREATMENT*

By Harry E. Alderson, M. D.
San Francisco

THIS much-discussed subject is interesting because the disease is so very prevalent and its various manifestations tax one's therapeutic resourcefulness more than most any other dermatological problem. The fact that there are recommended literally hundreds of remedies does not necessarily mean that none of them are effective, but rather is due to variations in the reactions of individuals to the infection and to the therapy applied. No attempt will be made here to cover all of the various methods of treatment, for it is hoped that this will be done by the discussants. One must be prepared to quickly modify the treatment to meet changing conditions. In my experience the results are much more satisfactory if the patient is seen often. During a week's absence from the office an application which helps at first may rapidly become irritating on account of some change in the host—due to foods, fatigue, or something else.

FACTORS TO BE CONSIDERED IN TREATMENT

First, one must consider the patient's general health, habits, and environment. Naturally a warm, moist skin that is not kept clean offers excellent soil for the growth of fungi. Where the sweat is more concentrated it has some fungicidal action, but where it is very dilute, as a result of excessive perspiration, this is absent. I have seen a longstanding fungus infection of one foot in a patient with acrodermatitis chronica atrophicans clear up shortly after a nerve-blocking injection had stopped excessive sweating in that extremity.

---

* Horse liver extract may be more effective than beef liver extract.

* From the Department of Dermatology and Syphilology, Stanford University Medical School.

Read before the Section on Dermatology and Syphilology of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

We all have observed the bad effects on this disease of a high carbohydrate diet and the abuse of alcohol. Trichophytin and polyvalent "vaccine" injections have not been successful in my experience. Nor has the internal administration of iodin.

LOCAL TREATMENT

The local treatment naturally will vary with the case and must be modified from time to time to meet changing conditions. In the very acute phase, where there is much inflammation, swelling, and lymphadenitis, complete rest and continuous compresses with liquor aluminum acetate, boric acid, or Epsom salt solutions are indicated. Frequently more relief is had when these solutions are cold. Permanganate soaks are useful at all stages, and even in the acute inflammatory phases soaking in dilute solutions (1-2,000, to 10,000) for half an hour, twice daily, will help, at the same time continuing the compresses between soakings. As soon as the inflammation and edema subside, various procedures are available. The application of a 10 to 20 per cent mixture of tannoform in talcum and zinc oxid will often further allay irritation and inhibit secretions. At this time, sponging with a 5 to 10 per cent solution of citric acid, or with plain vinegar, following the soakings, will not only inhibit fungus growth, but will remove some of the permanganate stain. Before using the tannoform powder, one may try a powder containing 2 per cent menthol and 5 per cent salicylic acid in boric acid, zinc oxid, and starch. Frequently this will be effective in its fungicidal action and in relieving pruritus. During all the stages the permanganate soaks are continued, unless the skin becomes too dry. Also the vinegar or citric acid may be continued. For denuded or whitish, sodden areas between the toes, I often use the Castellani or Berwick's dyes. When the process becomes less active, the use of salves may be attempted, starting with 8 per cent salicylic acid, and 10 per cent sulphur in zinc paste. Individual vesicles may be opened and the small cavities painted with the Castellani's dye or a one per cent solution of iodin in alcohol. At times Berwick's dye, containing one-half per cent iodin, is useful in this manner.

I rarely use the salicylic benzoic acid (Whitfield's) salve, much preferring the salicylic-sulphur combination. In the later subacute or sluggish stages, I use the various tars in ointments, preferring cadeberry or crude coal-tar.

For a quickly stimulating, infiltration-dissipating, and antipruritic effect, I often use, instead of the tar, a butane gas freezing spray. The antipruritic action is definite and may last for several hours.

It is only in very occasional, stubborn cases that I find roentgen therapy desirable. I have seen too many examples of roentgen atrophy and depigmentation in cases that have gone the rounds of physicians, never giving any one of them a fair chance. It is these wandering patients who often get into trouble, and whose dermatophytosis is unduly prolonged.

COMMENT

It is interesting to observe the prompt benefit that follows the use of lemon juice or citric acid solutions, or vinegar. For the prophylactic and after-treatment, these acid preparations are quite valuable. The fact that the most useful local remedies are acid is of interest in connection with the well-known and valuable work of Peck.[1] He devised a successful method of treating the disease locally with mixtures of ingredients of sweat (lactic acid, propionic acid, butyric acid, and ascorbic acid). Ormsby and others, for years, have recommended acetic acid solutions. For several years I have used vinegar as a wash in all of my cases. Last year Dr. John C. Belisario of Sydney told me of his lemon-juice "cure." He rubs the cut surface of a lemon into the areas several times daily. Last summer, while en route to Honolulu, I had an acute vesicular attack on one foot and one hand, and used lemon vigorously several times daily. The condition cleared up inside of two weeks. A Stanford medical student who had had vesicular dermatophytosis of the palms for two years cleared up completely within two weeks with frequent use of lemon juice. In the later stages, and after apparent recovery, 5 per cent citric acid in a salve is valuable. I find that, for several weeks after recovery, it is necessary to continue the frequent application of some grease.

These remarks are based on rather extensive personal experience, and it is hoped that, in the discussion to follow, many more ideas will be presented, for it is usually the general discussion that makes a paper worth while.

490 Post Street.

REFERENCE

1. Peck, Samuel M.: Sweat as a Fungicide, Arch. Dermat. and Syph., Vol. 39, No. 1, pp. 126-148, 1939.

HYPEREMESIS GRAVIDARUM*†

By Abraham Bernstein, M. D.
San Francisco

Of late, great interest has been evidenced in the etiology and treatment of hyperemesis gravidarum; and in reviewing the literature pertaining to this subject, we have been directed to the part played by hormones and vitamins.

Varied and sundried treatments and theories of etiology have been attributed to either hormones or vitamins, or both. Of particular concern in this field have appeared the value and significance of suprarenal cortex and vitamin therapy, especially vitamin B_1.

The underlying thought in using vitamin B_1 is that it aids in oxidizing the accumulation of lactic and pyruvic acids, which accumulate in the smooth muscular tissues. This, in turn, assists in the carbohydrate metabolism.

---

* From the Department of Obstetrics and Gynecology, University of California Medical School and Franklin Hospital, San Francisco.

Read before the Section on Obstetrics and Gynecology of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

† A clinical study of 120 cases treated with vitamin B_1 and suprarenal cortex.

Many investigators have drawn the conclusion that vitamin B_1 has a definite effect on carbohydrate metabolism. R. A. Peters[1] and the rest of his group have definitely shown this.

Mendel and Osborne[2] point out the effect of B_1 in overcoming loss of appetite through B_1 avitaminosis. Some of the experimenters believe that anorexia is in part due to a relaxed state of the gastro-intestinal musculature, and to suppression of the digestive secretions (gastric and pancreatic).

McCarrison[3] produced atony of the bowel and degeneration of the mucous membrane of the colon in monkeys by feeding diets lacking in B_1, but high in carbohydrate content. This might reasonably lead one to believe that B_1 is a vital factor in bringing about the utilization of the carbohydrates, as well as in noting its effect on the gastro-intestinal tract in general.

As regards the fate of vitamin B_1 in the body, it is to be observed that it is not stored, but that the body is dependent for its supply on the food intake. It is not how much one eats, but how much one is able to assimilate, that counts. B_1 is excreted in the urine and feces, and can be isolated from both. Weiss[4], Strauss[11], and Wilkins[4] have pointed out that massive dosages (by massive dosages, they write of a dosage of 15,000 international units, given daily for fourteen days by the intravenous method of administration), should be used at the onset in adult patients.

THE SUPRARENAL CORTEX IN PREGNANCY

The suprarenal cortex is greatly increased in size during pregnancy, indicating that the cortical hormones are much more needed during that period than at other times. This increase in size and function is slow in developing, and this temporary deficiency of the cortex seems to be the cause of the nausea and vomiting (hyperemesis gravidarum) of early pregnancy, which usually appears during the fifth week. When the cortex fails to meet this increased demand upon it, death may supervene as a result of the hyperemesis gravidarum; and at autopsy suprarenal glands have been found to be greatly atrophied. Conversely, the hyperemesis has been prevented, and the nausea and vomiting of early pregnancy relieved or cured, by the administration of cortical extract.

The exact function of the cortical secretion in pregnancy is unknown, but it appears to be concerned with the production of blood cholesterol and the increased fat content of the blood as seen in pregnancy. It also neutralizes toxins arising from body metabolism or from extraneous sources. It is, besides, thought that the suprarenal cortex counteracts the increased secretion of the pituitary ketogenic hormone, thereby controlling fat metabolism.

N. W. Kemp,[5,6,7] of Vancouver, B. C., was the first to advocate the use of suprarenal cortex therapy in the treatment of vomiting due to pregnancy. In a report of two hundred cases of hyperemesis gravidarum treated with suprarenal cortex preparations, he obtained undoubted success in 85 per cent of the cases.

In 1935, Freeman and Melick[8] announced the cure of a case of pernicious vomiting due to pregnancy, by the administration of suprarenal cortex.

In 1937, Freeman, Melick and McClusky[9] of Worcester, Massachusetts, reported 79 consecutive cases of nausea and vomiting due to pregnancy, but cured by suprarenal cortex preparations. Also, there, suprarenal cortex therapy was resorted to only after other accepted treatments had failed to give relief.

> Forty-seven of these patients, with less severe nausea and vomiting, were treated orally, being given 3 grains three times daily.
>
> Only two of the patients, or 4.3 per cent, failed to receive any benefit from the treatment. Fifteen patients who had severe nausea and vomiting, and sixteen patients who were classed as having pernicious vomiting, were first treated by injecting 1 c.c. three times daily for three days after the disappearance of all signs of vomiting, when the injections were replaced by oral administration. All members of the two latter groups were completely relieved of their symptoms in from three to five days, while most of them were markedly relieved within the first 24 hours.

AUTHOR'S GROUPS

In our series of 120 patients we used both the suprarenal cortex and vitamin B_1 therapy. We divided our series into three groups. The first group included those patients who vomited and were nauseated occasionally and infrequently. This group was classified as the "reflex vomiter."

In our second group the patients were nauseated and vomiting regularly, but not severely. In this group the patients were ambulatory and were themselves able to administer the medicine that was prescribed for them. We termed this group the mild type of nausea and vomiting.

In addition to the above groups we have the third type, which included the serious continuous vomiters, and which were classified as pernicious or toxemic type of vomiting. This group of patients had to be hospitalized or treated in bed at home with special nurses.

Table 1 shows the classification and number of patients we had in each group, and also their parity:

TABLE 1.—*Classification*

Parity	Reflex Vomiters	Mild Nausea and Vomiting	Pernicious or Toxemic Vomiting
Primipara	5	65	10
Multipara	3	34	3

Williams[10] states that the mild type of nausea and vomiting is the most frequent type, while pernicious vomiting is the most serious.

AUTHOR'S CLASSIFICATION AND RESULTS

Patients were classified as reflex vomiters when they responded to almost anything suggested. In the eight cases of so-called reflex vomiting, we had three patients with retroverted uteri. Lifting up the uterus with a tampon stopped the nausea and vomiting.

In the treatment of this group the hormone and vitamin therapy was only resorted to after the ordinarily-accepted remedies—such as alkalies, dry diet, sedatives in large amounts, hypodermoclysis, and the like—failed to give relief.

In ninety-nine cases (classified as our mild nausea and vomiting), suprarenal cortex tablets, grains three, and vitamin B_1 tablets, 1,000 units, were administered orally. Patients were instructed to take one tablet of each preparation three times a day, one-half hour before eating. If at the end of ten days, patients showed no improvement, they were instructed to come to the office daily for intramuscular injections of 1 c.c. of suprarenal cortex and 1,000 units of B_1.

The following tables show results obtained with the above therapy:

Table 2.—*Type of Therapy Received in Group of Mild Nausea and Vomiting*

99 Cases		
Parity	Oral Therapy Given	Intramuscular Therapy
Primipara	48 cases	4 cases
Multipara	42 cases	5 cases

Table 3.—*Results Obtained*

Number of suprarenal cortex injections.	Average, five intramuscular injections. Patients all improved.
Number of vitamin B_1 injections.	Average, four intramuscular injections. Patients improved.
Oral therapy.	All patients in this group showed marked improvement in eight days.

Thus we see that the above ninety-nine patients responded very well to hormone and vitamin B_1 therapy.

COMMENT

We did not see many cases of pernicious vomiting. Our group of thirteen patients was necessarily small. Half of this group belonged to other doctors, and they were kind to allow me to use the above therapy. Out of this group of thirteen, two patients failed to respond. However, we were able to carry both of these patients to term by treating them continuously and keeping them at home. Both of these patients vomited daily, but not as frequently as before therapy was instituted. One gained eight pounds for her entire period of pregnancy, while the other gained eleven, showing that they definitely were under control—assuming that weight increase indicated the well-being of the patient.

In the thirteen cases of pernicious vomiting it was necessary to administer vitamin B_1 intravenously in very large doses.

Five patients responded to 3,000 units daily of vitamin B_1 intravenously and five injections of 1 c.c. each of suprarenal cortex intramuscularly, over a period of five days, with subsidence of symptoms.

In seven patients it was necessary to increase dosages to as high as 9,000 units of vitamin B_1 and ten injections of 1 c.c. each of suprarenal cortex before symptoms subsided; these being administered over a period of ten days before results were obtained.

In two patients, symptoms persisted despite the following treatment: Each of these cases was treated at first with 9,000 units of vitamin B_1 intravenously and 2 c.c. of suprarenal cortex intramuscularly over a period of eight days. Following this the dosage was increased to 12,000 units of vitamin B_1 intravenously and 2 c.c. of suprarenal cortex intramuscularly over a period of six days. After this course of therapy there was an apparent decrease in the severeness of the vomiting, as evidenced by the fact that the patients were able to retain some of their food.

Although our series of cases was small, it is to be noted that no toxic manifestations were obtained at any time with the above outlined courses of therapy.

The usual technique of intravenous therapy was observed, solutions being administered at the rate of 1 c.c. per minute. Each cubic centimeter of vitamin B_1 used contained 10 mg. of Bethiamin, which was equivalent to 3,000 international units.

As soon as response to intravenous therapy was noted, oral administration of vitamin B_1 and suprarenal cortex was instituted. This consisted of vitamin B_1 tablets containing 1,000 units each, three times a day in conjunction with three grains suprarenal cortex tablets.

IN CONCLUSION

In conclusion we may state that from our study of 120 cases of nausea and vomiting in pregnancy, we have noted definite beneficial results with our method of therapy. But it must be realized that our series is small, wherefore further studies are being continued.

SUMMARY

1. One hundred and twenty cases of nausea and vomiting studied.
2. Ninety cases treated by oral therapy of vitamin B_1 tablets, 1,000 units each, and three grains suprarenal cortex tablets, three times a day—after all other forms of therapy had failed.
3. Nine cases of mild nausea and vomiting needed five intramuscular injections in addition to oral therapy.
4. In thirteen cases of pernicious vomiting, eleven patients responded and two showed definite improvement.

350 Post Street.

REFERENCES

1. Peters, R. A.: Brit. M. J., 2:903-905 (November 7) 1936; Biochem. J., 30:2206-2218 (December) 1936; Practitioner, 138:340-346 (April) 1937.
2. Osborne and Mendel: J. Biol. Chem., 63:233, 1925.
3. McCarrison, R.: Brit. M. J., 2:256-257 (August 7) 1937; Brit. Med. J., 2:611-615 (September 26) 1936: M. Officer, 56:185 (October 3) 1936.
4. Weiss, Soma, and Wilkins, Robert W.: J. A. M. A. (September 4) 1937, page 786; Ann. Int. Med., 11:104, 1937; Proc. Soc. Exp. Biol. & Med., 35:584-585 (January) 1937.
5. Kemp, N. W.: Endocrinology, 16:434, 1932.
6. Kemp, N. W.: M. Rec. (September) 1934.
7. Kemp, N. W.: Brit. M. J. (June 12) 1937.

8. Freeman, W. and Melick, J. M.: Obst. & Gynec., 29:602, 1935.

9. Freeman, W., Melick, J. M., and McClusky, D. K.: Am. Obst. & Gynec., 33:618 (April) 1937.

10. Williams, J. W.: Textbook of Obstetrics, page 578, D. Appleton & Co., 1923.

11. Strauss, M. B.: J. A. M. A. (March 26) page 953, 1938; Am. Med. Sc., 190:811, 1935; Am. J. M. Sc., 194:772, 1937.

RUPTURED MEMBRANES PRIOR TO THE ONSET OF LABOR*

By Raymond D. McBurney, M.D.
Los Angeles

Progress in modern obstetrics has produced many innovations, not all of which, unfortunately, have added to the safety of the patient and her baby.

Much discussed and practiced in late years has been artificial rupture of the membranes. It has been demonstrated fairly conclusively that once labor has been established following rupture of the membranes, its course is usually shorter than the generally accepted limits of normal labor. Not infrequently labor may be prolonged, or may never become effective; and operative intervention becomes necessary. Operative procedures are considered more hazardous when the membranes have been ruptured for long periods of time, and it is with such instances that this paper is primarily concerned.

RAMSBOTHAM'S VIEWS

Lest we consider our problems in this field of obstetrics as having arisen only in recent years, the following quotation is presented:

> It has of late become very much the practice to evacuate the liquor amnii in all cases where the uterus is acting feebly; and some instances have come under my own observation, in which not only has this act disappointed the intention of the operator, but been followed, after the lapse of some time, by such symptoms as required that the labor should be terminated instrumentally. I do not mean to assert that a protracted case is always a necessary consequence of such interference; for in many instances where the os uteri is perfectly dilatable, where it has acquired a diameter the size of a crown, and especially where there is an excessive quantity of liquor amnii present, the evacuation of the water—by causing the head to bear more decidedly on the os uteri—will increase the vigour of the contractions, and will bring about a more speedy termination. But I allude to it as a generally adopted principle; and cannot but consider that such an interruption of nature's ordinances requires in practise the greatest possible judgment and discrimination.

The foregoing paragraph was printed in Ramsbotham's "Process of Parturition," published in 1845. From this it would seem that, instead of being a problem brought before obstetricians in the last quarter century, the sanctity of the membranes was being definitely questioned nearly one hundred years ago.

A large percentage of women ask for and expect relief of pain during labor. This is an understandable desire, and the obstetrician is undoubtedly justified in most of his attempts to make his patients comfortable, in addition to promoting more rapid progress in labor by the attendant relaxation obtained with the use of analgesia.

DRY LABORS

In some cases following the spontaneous or artificial rupture of the membranes, effective labor may not be established for some time. The attending physician's uneasiness increases with the passage of the nonproductive hours. In attempts to hasten the onset of labor, various oxytocic drugs and procedures are used, with varying degrees of success. As a result of these drugs, painful contractions may begin, analgesia is started, and often the contractions stop. More stimulation is employed, and these procedures may be repeated many times.

Dry labor has by no means been neglected by modern investigators. Schulze, in 1929, presented a review of 6,500 cases at the University of California Hospital, and found that dry labor occurred in approximately 10 per cent of the cases. Some of her conclusions were as follows:

1. Labor begins in twenty-four hours or less in 90 per cent of cases (following rupture of the membranes); of those delaying longer, two-thirds are premature. The longest delay was nineteen days.
2. Castor oil and quinin were successful in inducing labor in over 90 per cent of the cases in which they were used.
3. The average length of the first stage of labor was considerably shorter than that usually accepted for normal in both multiparae and primiparae.
4. Labors prolonged over twenty-four hours were less frequent than reported in unselected series. Dry labors which were prolonged, and also the cases developing dystocia requiring serious operative intervention, showed other abnormalities, as malpresentation, contracted pelves, overlarge children, etc., in a high percentage of cases.

ON RUPTURED MEMBRANES AT THE ONSET OF LABOR

Krahulik, in 1934, presented a paper on ruptured membranes at the onset of labor. In this paper an attempt was made to curb the rising enthusiasm for the induction of labor by the rupture of the membranes. Some of his conclusions are as follows:

1. Rupture of the bag of waters is an effective way of inducing labor.
2. When castor oil was necessary to initiate labor after the membranes had been ruptured, the labors were shorter when it was given after ten or twelve hours.
3. Intranasal pituitary extract to initiate labor is not very efficient unless rupture of the membranes is preceded by preliminary castor oil.
4. Labor is more easily initiated when the expected date has been reached.

---

* From the Department of Obstetrics and Gynecology, University of Southern California School of Medicine, Los Angeles.

Read before the Section on Obstetrics and Gynecology of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

Table 1.—*Percentages for Clinic and Private Patients*

Delivery	*Clinic*	*Private*	*Total*
Spontaneous Elective low forceps	24—54.5% 5—11.4% 29—65.9%	16—26.7% 14—23.3% 30—50.0%	40 19
Low forceps	8	8	16
Mid-forceps	1	6	7
Cesarean sections	1— 2.7%	12—20%	13
Abnormal presentation			
Breech	2	4	6
Twins	1	2	3
Transverse presentation	1 4— 9.1%	0 6—10%	1
Contractions stimulated	4— 9%	10—17%	
Spontaneous	2—50%	4—40%	
Operative	2	6	

It is only natural that one be most impressed by those obstetrical cases which result tragically, or which cause the most concern and effort; and in judging the importance of rupturing the membranes, one is influenced greatly by the difficulties experienced following such a procedure.

CLINICAL MATERIAL FOR THE STUDY

This paper has been prepared in an effort to arrive at some definite conclusions in regard to the spontaneous rupture of the membranes prior to the onset of labor.

So that a more general cross-section of obstetrical work might be obtained, material was gathered both from a private hospital and the Los Angeles General Hospital.

For several months records were kept of those patients entering a private hospital and the Los Angeles General Hospital, in whom the bag of waters had ruptured prior to the onset of contractions.

Sixty cases were obtained from 556 deliveries at the private hospital, an incidence of 11 per cent. Only forty-four were obtained from 1,773 deliveries at the General Hospital, the small number undoubtedly being due to lack of proper records because of a frequently changing birthroom personnel.

In both series, the multiparae and primiparae each formed nearly 50 per cent of the cases, 7.0 per cent of the General Hospital cases, and 6.6 per cent of the private series being premature.

The latent period, that time elapsing between rupture of the membranes and the onset of contractions, varied from one-fourth to forty hours in the clinic cases, and from one-fourth to forty-eight hours in the private cases.

The data given in Table 1, although too meager to prove anything conclusively, would tend to show that the incidence of various factors connected with premature rupture of the membranes differs very little in clinic and private patients.

Some 47 per cent of these patients were in labor within five hours after rupture of the bag of waters. In an attempt to further learn what happened to those patients in whom the latent period was more prolonged, another series of cases was studied. Some of these cases were also in the first presented series.

For a period of nineteen months, all the patients entering a private hospital were noted in whom the bag of waters had ruptured six hours or more before the onset of contractions. A similar but much shorter series was obtained from the Los Angeles General Hospital. Fifty-four such cases were obtained from the private hospital, an incidence of 3.4 per cent, and thirty-one cases were obtained from the clinic service, an incidence of 3.1 per cent.

The data obtained are summarized in Tables 2, 3, 4, and 5.

COMMENT

As may be noted from the data appearing in the tables, there is very little difference in the results

Table 2.—*Private and Public Hospital Series*

Latent Period	*Private*	*Clinic*
6– 9 hours	10	2
9– 12 hours	7	5
12– 15 hours	8	4
15– 18 hours	8	5
18– 21 hours	2	..
21– 24 hours	0	5
	35 or 65%	21 or 84%
24– 27 hours	5	2
27– 30 hours	4	1
30– 33 hours	1	1
36– 39 hours	1	3
39– 42 hours	..	1
42– 45 hours	1	..
48– 51 hours	3	..
51–336 hours (14 days)	4	2
	54	31

Table 3

(Latent Period Six Hours or More)	*Clinic Patients*		*Private Hospital Patients*	
	Stimulated	*Nonstimulated*	*Stimulated*	*Nonstimulated*
Total cases	5	26	21	33
Average latent period	28¾ hours	21 hours	19¼ hours	24½ hours
Average first stage	2½ hours	10 hours	9 hours 50 min.	10 hours

obtained in those instances where labor was stimulated and where it was not. This might seem to indicate that when the patient is ready to go into labor the uterus will begin to contract, regardless of the administration of oxytocic drugs.

In a high percentage of the cases studied, the presenting part was not engaged, frequently being at a minus three or four station, and with little cervical dilatation. Often the cervix is found to be eccentrically placed. Despite the apparent absence of uterine contractions during the latent period, examination when uterine contractions start will show the cervix thinned out, more anterior and nearer the mid-line, and starting to dilate. There is a preparatory stage, which, if not completed before rupture of the membranes, must in many instances be completed before contractions begin. Stimulants of various forms many times prove ineffective when given too early in the preparatory stage, or may start inefficient contractions which soon stop, especially if analgesia is administered before they are well established. As pointed out by Krahulik, stimulation was more effective when delayed twelve hours or more after rupture of the membranes.

The most commonly used medication was castor oil. This was frequently combined with quinin, either in single or repeated doses. Occasionally this medication was combined with pituitary extract, either intranasally or in small doses hypodermically. Lately, quinin-calcium has been used, but its effects in some instances have proved so startling as to necessitate great care in its use.

DIFFICULTIES IN PROGNOSIS

It is difficult to foresee with accuracy the outcome of any obstetrical case. In many instances a patient presents herself with ruptured membranes, the presenting part not engaged, the cervix is thick and dilated not more than one centimeter. Soon contractions start, the cervix thins out, and dilatation and labor proceed rapidly without incident. At intervals, however, more favorable-appearing cases will go many hours without contractions. Finally they begin, and labor progresses very slowly. The head may not descend below a zero station. The cervix dilates to 7 or 8 centimeters and progress ceases. It is generally considered too late to do a cesarean section, so Dûhrssen's incisions are made and a difficult mid- or high-forceps results. Everyone who has had any reasonable obstetrical experience will remember such a case. The immediate obstetrical difficulties do not complete the picture. One must also consider maternal morbidity, invalidism, fetal injuries, and even death.

ON CONSERVATISM IN OBSTETRICS

"Conservative" is a term frequently used in obstetrics. Various obstetricians are recognized as radical or conservative, too often from the number of cesarean sections performed. All too frequently a doctor is called conservative when, after allowing a patient to labor sixty hours, with membranes ruptured fifteen or twenty hours longer, he is able, with the aid of manual dilatation or scissors, a pair of forceps, strong shoulders, and a nonyielding table foot-rest, to deliver a baby through the woman's normal channel of childbirth. Regardless of the baby's macerated features, not to mention brain hemorrhage and paralyses, the patient did not require a cesarean section because a conservative doctor was at the helm. In contrast is the often-termed radical obstetrician, who, in evaluating the conditions present, believes abdominal delivery will offer a safer outcome for both mother and baby and, therefore, does a cesarean section before there has been a true test of labor.

One dictionary definition of "conservative" is, "having the power or tendency to preserve in safe or entire state." This definition may well apply to

Table 4

Delivery	*Clinic Patients*		*Private Hospital Patients*	
	Stimulated	*Nonstimulated*	*Stimulated*	*Nonstimulated*
Spontaneous *Elective low forceps*	3 } 60%	16 5 } 80%	5 9 } 67%	7 14 } 64%
Low forceps	1	3	2	3
Mid-forceps	0	1	1	4
Cesarean	0	1	3	3
Breech	1	0	1	1
Int. pod. ver. and extrac.	0	0	0	1

Table 5

	Clinic Patients		*Private Hospital Patients*	
Maternal morbidity	0	4	3	3
Maternal mortality	0	0	1	0
Fetal mortality	0	0	1	0

(Maternal mortality—an acute flare-up of a subacute bacterial endocarditis.)

the truly conservative doctor. Many times, persistence in doing a difficult vaginal delivery is much less likely to "preserve in a safe or entire state" than would a cesarean section.

It is frequently the fear of complications that may arise after it is too late to do a cesarean section that rushes the attending physician into premature efforts to stimulate contractions after the membranes have ruptured.

It is true that labor, when once established, usually progresses fairly rapidly following rupture of the membranes. It is true that needless cesarean sections are done for apparent complications that might have been corrected if the patient had been allowed to go into actual labor.

It is also true, however, that certain patients, allowed to wait following rupture of the membranes, develop complications in labor after the safe period for operation has passed, thereby jeopardizing mother and baby.

CESAREAN SECTIONS

Various techniques for extraperitoneal cesarean sections have been devised, the best probably being the Latzko. There are also different forms of peritoneal exclusion operations. None of these techniques is very widely used on the Pacific Coast.

The Porro cesarean is used in infected cases at times when abdominal delivery is considered necessary. Unfortunately for the patient, however, this prevents future pregnancies which may be tragic if the first baby is lost. In competent hands, one of the above-mentioned types of operation would seem to offer a much safer course when conditions are such as to make vaginal delivery hazardous, and when the conditions for low cervical cesarean are poor.

For those of us who are not competent to perform such an operation or who do not believe in such procedures, it is necessary to decide early in labor, and before the safe period has passed, whether or not a cesarean section is advisable.

Occasionally one may question the history of ruptured membranes. A modification of the test presented by Berlund of Brooklyn in the December, 1932, issue of the *American Journal of Obstetrics and Gynecology,* is used routinely at the Los Angeles General Hospital.

Cotton applicators are dipped in a 0.2 per cent solution of dibrom-thymol-sulphone-phthalein crystals in absolute alcohol. In an acid medium the indicator remains an orange color. Any change to a blue or green color, indicates ruptured membranes. An applicator may be inserted into the vagina with no other preparation than spreading the labia. Contamination with water or lysol will also cause a green color.

In a series of over one hundred cases, slightly more than 90 per cent of the results proved correct, including cases with ruptured and nonruptured membranes.

CONCLUSIONS

1. Obstetrical cases from a clinic and private service in which the membranes had ruptured prior to the onset of contractions were studied.
2. Although the general results are comparable, there are more attempts to stimulate contractions and more operative intervention in the cases from a private hospital than on the clinic service.
3. Each patient at term, with ruptured membranes and not in labor, should be considered as a potential source of danger.
4. Such patients should be carefully examined with regard to size and type of pelvis; size of baby; station of the presenting part; consistency, dilatation and effacement of the cervix.
5. Stimulation of contractions should be delayed until the preparatory stage is well advanced.
6. Analgesia should be withheld until contractions are well established and regular.
7. With the latent period prolonged, and borderline conditions present, operative intervention must be considered while still in the "safe period."
8. More watchful waiting may be employed if the attending physician is skilled in some form of extraperitoneal or peritoneal exclusion operation.

825 South Alvarado Street.

X-Ray May Help Prevent Peritonitis.—Indications that high voltage deep x-ray treatment, given from four to six weeks before operation, may be valuable in preventing peritonitis following operation have been found by W. A. Altemeier, M. D., and H. C. Jones, M. D., Detroit, in a series of investigations which they report in *The Journal of the American Medical Association.*

Peritonitis, an inflammation of the membrane lining the abdominal wall, frequently is fatal. The two Detroit men were led to conduct their investigations by the report of a surgeon which showed no peritonitis following operation for removal of the lower part of the intestines of fifty-one patients suffering from cancer.

Their observations in animals showed that the maximal degree of immunity to peritonitis occurred from four to six weeks after x-ray treatment, a period which corresponded with that in the cancer patients. They were unable, however, to determine the manner in which this protective action was brought about.

The first sure symptoms of a mind in health are rest of heart and pleasure found at home.—Young.

CLINICAL NOTES AND CASE REPORTS

REACTION TO EUCUPIN

By Anton S. Yuskis, M. D.
La Jolla

ERUPTIONS caused by the use of drugs are numerous and varied. A search through the literature fails to reveal a report of a reaction following the use of eucupin or isoamylhydrocuprein. The purpose of this report is to record such an observation.

REPORT OF CASE

A white female, seventy-six years old, was receiving treatment for a varicose ulcer on her left leg. The ulcer was fairly large, dirty and surrounded by an area of induration, edema and dusky discoloration. It was badly infected. During the course of her treatment, urea was used in its various preparations; the use of urea in such infections was recently described by Holder and MacKay.[1] Because of the discomfort so produced, a special preparation was used which contained eucupin in addition to the urea. This type of treatment proved to be very effective in removing all of the infected necrotic tissue. After seven to ten days of continuous treatment with urea and eucupin, the patient developed a cutaneous eruption, which was characterized by purplish-red papules and nodules, in patches, almost symmetrical, on the dorsum of the hands and feet, the legs and forearms, and on the face and neck. There was slight swelling of the affected areas, except the ears, eyelids, lips and neck, where the tumefaction was very marked. The itching was very severe and the patient was very uncomfortable. The temperature on several occasions reached 100.2 degrees Fahrenheit, but only the significant laboratory data will be mentioned. The white blood cells were 9,800, of which 73 per cent were neutrophils, 15 per cent lymphocytes, and 12 per cent eosinophils. The reaction cleared up after eleven days of symptomatic treatment, and the discontinuation of urea and eucupin.

Three weeks later a cutaneous scratch test was done with urea and eucupin separately. A negative reaction occurred with urea, but a positive one with eucupin. Headache occurred within a few minutes after the skin tests, but no connection was made as to its significance.

COMMENT

Dawson and Garbade[2] observed that headache was the earliest symptom, and long before any of the objective cutaneous lesions in quinin idiosyncrasy. A search of the literature on quinin idiosyncrasy appears to show that most of the cases reported are of the acquired type. My patient was not tested for quinin sensitivity, but had taken quinin many years ago for a malarial infection.

Eucupin is a synthetic alkaloid closely related to quinin. The reader is referred to the literature for the various reports on its uses. Being closely related to quinin, one wonders why reactions are not more common. Dawson and Garbade[3] of the University of Texas in 1930 carried out some investigations on the idiosyncrasy to various quinin derivatives. They stated that reactions to eucupin were not observed. In a later report, however, this statement was modified to the effect that such reactions were rare, and that one or two cases of urticaria had been observed following the use of eucupin-procain solution.

IN CONCLUSION

A reaction following the use of eucupin was observed. This reaction corresponded in type to those of the multiforme erythema variety, and may be of the acquired type.

7819 Girard Street.

---

[1] Holder, H. G., and MacKay, E. M.: Use of Urea in Treatment of Infected Wounds, J. A. M. A., 108:1167-1169 (April), 1937.

[2] Dawson, W. T., and Garbade, F. A.: Idiosyncrasy to Quinin, Cinchonidin and Ethylhydrocuprein, and Other Levorotatory Alkaloids of Cinchona Series; Further Chemical Delimitation of Idiosyncrasy; Alteration in Sensitiveness, J. Pharmacol. and Exper. Therap., 39:417-424 (Aug.), 1930.

[3] Dawson, W. T., and Garbade, F. A.: Idiosyncrasy to Quinin, Cinchonidin and Ethylhydrocuprein, and Other Levorotatory Alkaloids of Cinchona Series: Preliminary Report, J. A. M. A., 94:704-705 (March 8), 1930.

ALUMINUM CHLORID IN FOLLICULITIS OF THE NOSE

By H. O. Veach, M. D.
Hollywood

FOLLICULITIS of the nose is a condition frequently encountered by the general practitioner. It is characterized by redness, swelling and pain, limited to the vestibular portion. Several of the patients I have known with this condition have been annoyed chiefly in winter, when the cold air apparently lowers the resistance of the nasal mucosa to infection. In some individuals the disease becomes almost continuous in the winter months. One of my patients aptly named his disease "red nose." The infection begins in the mucosa, with suppuration resulting in a few days. The abscess breaks usually through the mucosa, but may perforate externally. There may be single or multiple abscesses. In the incipient stage, many such infections can be cured by hot fomentations and application of antiseptics to the mucous membrane. Others stubbornly resist treatment.

REPORT OF CASE

I followed an intractable case over a period of seven years. It was that of an adult male who was first annoyed by nasal folliculitis in the winter of 1931. During that and the following six winters, various treatments were employed, including local application of glycerin, diluted and full strength tincture of iodin, solutions of mild silver protein, boric acid, and epsom salt, ointment of yellow oxid of mercury, merthiolate cream, and tinctures of metaphen, merthiolate, and mercresin. The mercurial tinctures were the most useful of these agents, but they were of little value. In addition, hot fomentations, staphylococcus and mixed catarrhal vaccines, ultraviolet light, and x-ray treatments were used. but all of them were of little benefit.

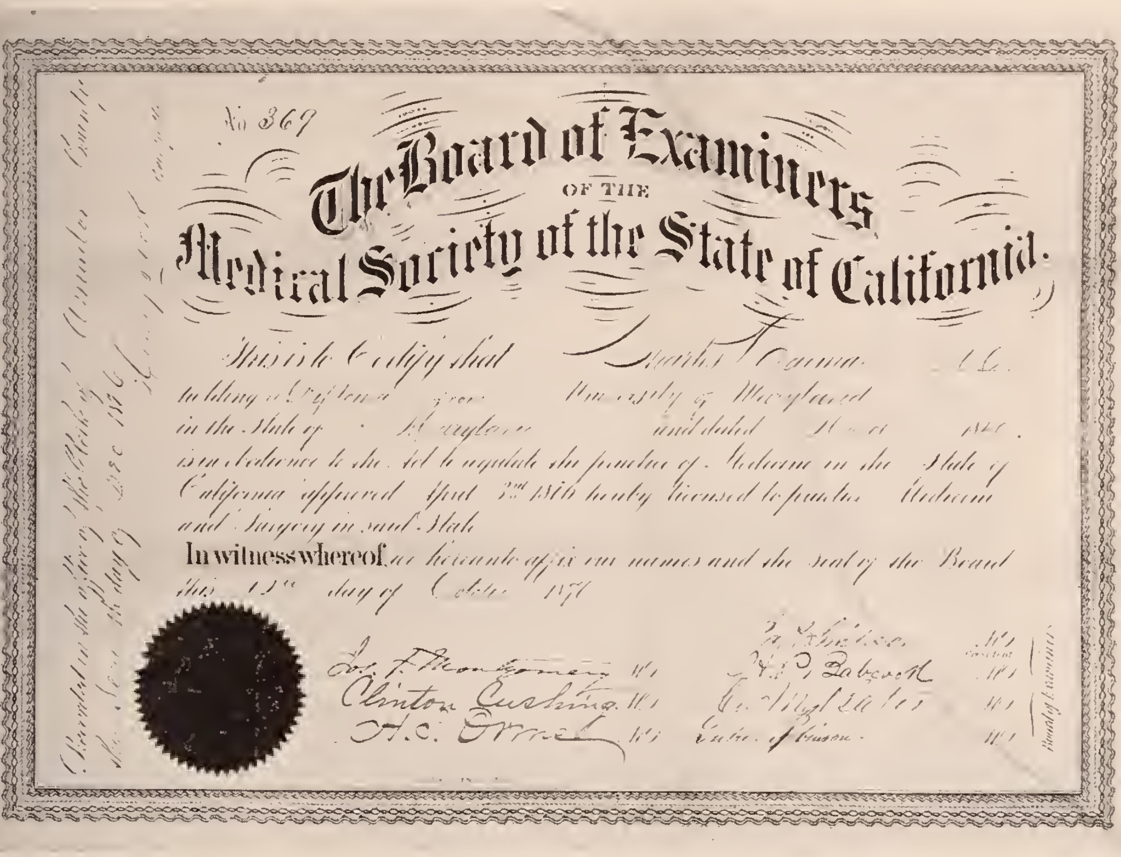
Finally, in November, 1938, I applied 25 per cent aqueous solution of aluminum chlorid to the mucosa, with resultant immediate improvement. Successive applications caused disappearance of the inflammation. The aluminum chlorid was less painful than the mercurial tinctures, and was free from stain. Since that time the patient has been entirely free from nasal folliculitis, though he applies the aluminum chlorid solution two or three times weekly as a prophylactic measure.

More recently I have treated three patients having chronic folliculitis of the nose, with this solution, and with similar results. They also had previously tried a variety of antiseptics with little or no benefit.

6777 Hollywood Boulevard.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.



No 369

The Board of Examiners of the Medical Society of the State of California.

This is to Certify that Charles Boarman M.D. holding a Diploma from University of Maryland in the State of Maryland and dated [illegible] 18[illegible]. in obedience to the Act to regulate the practice of Medicine in the State of California approved April 3rd 1876 hereby licensed to practice Medicine and Surgery in said State

In witness whereof we hereunto affix our names and the seal of the Board this 13th day of Octo. 1876

Jos. F. Montgomery M.D.
Clinton Cushing M.D.
H. C. [illegible] M.D.

[illegible] M.D. President
H. P. Babcock M.D.
[illegible] M.D.
[illegible] M.D.

Board of Examiners

Certificate of Registration granted to Charles Boarman in 1876, at a time when the State Medical Association was authorized by the State of California to grant certificates, licensing the holders to practice medicine in California. See also January issue of CALIFORNIA AND WESTERN MEDICINE, on page 30, for a reproduction of a membership certificate of Charles Boreman, M. D. (correct spelling is Boarman).

CALIFORNIA MEDICAL ASSOCIATION†

CHARLES A. DUKES	President
HARRY H. WILSON	President-Elect
LOWELL S. GOIN	Speaker
KARL L. SCHAUPP	Council Chairman
GEORGE H. KRESS	Secretary and Editor

INDEX

1. *Proposed Amendment to Article XV of the California Medical Association Constitution.*
2. *Minutes: Council Meeting of January 6, 1940.*
3. *Official Visits by President Charles A. Dukes and Party.*
4. *Committee on Public Health Education: Special Assessment Committee.*
5. *C. M. A. Cancer Commission.*
6. *Committee on Postgraduate Activities.*
7. *California Physicians' Service.*
8. *County Medical Societies: Reports.*
9. *Woman's Auxiliary to the California Medical Association.*

OFFICIAL BUSINESS

Proposed Amendment to the Constitution of the California Medical Association

At the annual session held in Del Monte on May 1, 1939, an amendment was proposed as follows:*

A Resolution Amending Article VII, Section 1, of the Constitution. Introduced by William Voorsanger, San

---

† For complete roster of officers, see advertising pages 2, 4, and 6.

* Article XV of the Constitution outlines the procedure regarding amendments to the constitution:

ARTICLE XV.—AMENDMENTS

Section 1.—Procedure to Amend Constitution

Any member of the House of Delegates at any meeting of any regular annual session thereof may present an amendment or amendments to any article or articles or any section or sections of any article or articles of this Constitution.

Such proposed amendment or amendments shall be in writing and shall be filed with the Secretary and shall thereafter be published at least twice in separate issues of the official journal of this Association prior to the next regular session of the House of Delegates.

At the said next regular session of the House of Delegates, such proposed amendment or amendments shall be submitted to the House of Delegates, for consideration at any meeting of the House of Delegates during that annual session, and if two-thirds of the Delegates present and voting vote in favor thereof, the same shall be adopted.

Francisco, for the San Francisco delegation. Resolution follows:

Resolved, That Section 1 of Article VII of the Constitution of this Association, California Medical Association, be and is hereby amended as follows:

By striking out all of the third paragraph of said Section 1 of Article VII, reading as follows:

> The nine district councilors shall be elected as follows: Prior to the time set for the election of District Councilors, the delegates of each councilor district for which a councilorship is about to become vacant, shall meet, organize and in due form elect one or more members of the said councilor district, as a nominee or nominees for the said vacancy in such councilor district. Such nomination or nominations shall be submitted in writing, signed by at least two delegates who were present at such meeting, and shall be given to the Secretary-Treasurer, by him to be transmitted to the House of Delegates. The House of Delegates may make additional nominations from the floor of the House, and in the event that the delegates from a councilor district fail to submit a nomination or nominations, shall on its own account proceed to make nominations for each district councilor vacancy; and a vote shall then be taken by the House of Delegates to determine who shall be elected to the vacant councilorship.

and by inserting in lieu thereof the following:

> The nine district councilors shall be elected as follows: Prior to the time set for the election of District Councilors, the delegates of each councilor district for which a councilorship is about to become vacant, shall submit in writing to the Secretary-Treasurer the names of one or more nominees to fill the said vacancy. The Secretary-Treasurer shall transmit the names of such nominee or nominees so submitted to him to the House of Delegates on or before the time set for the election. A vote shall be taken by the House of Delegates upon the nominee or nominees so submitted and, in the event that only one nominee has been submitted, the House of Delegates may, by a majority vote, either elect or refuse to elect said nominee. If the House of Delegates shall reject the sole nominee of the delegates from the councilorship district concerned, then said delegates must immediately thereafter submit an additional nominee or nominees and the House shall proceed to vote thereon; if there is but one nominee, the House may elect or reject. If, after such time as the Speaker may allow, delegates within such councilor district fail to submit an additional nominee or nominees, the House of Delegates may then proceed to make nominations from the floor of the House and a vote shall then be taken by the House of Delegates to determine who shall be elected to the vacant councilorship. All nominees for district councilorships must be members in good standing residing within the district in which the vacancy exists.

Speaker Goin stated that, in accordance with constitutional provision, this amendment to the Constitution would lie over for one year and would be considered at the 1940 session of the House.

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Two Hundred and Eightieth (280th) Meeting of the Council of the California Medical Association

The meeting was held in Room 302 of the Sir Francis Drake Hotel, Sutter and Powell streets, San Francisco, on Saturday, January 6, 1940. The Council convened at 9 a. m.

1. Call to Order.

The meeting was called to order by Chairman Schaupp. The following members were present: President Charles A. Dukes, President-Elect Harry H. Wilson, Past President William W. Roblee, Speaker Lowell S. Goin, Chairman of the Council Karl L. Schaupp; Councilors C. O. Tanner, Calvert L. Emmons, George D. Maner, Louis A. Packard, Axcel E. Anderson, C. Kelly Canelo, Henry S. Rogers, William H. Kiger, Philip K. Gilman, E. Earl Moody, Elbridge J. Best, Frederick N. Scatena; Chairman of Public Relations Committee George G. Reinle, Secretary-Treasurer George H. Kress.

Present by invitation: Dewey R. Powell, Vice-Speaker; J. B. Harris, Chairman of Committee on Public Policy and Legislation; Mr. Hartley F. Peart and his associate, Mr. Howard Hassard, legal counsel; Mr. Ross Marshall, Public Relations Counsel for Committee on Public Health Education; and Mr. Ben Read, Executive Secretary of the Public Health League of California. Doctors A. R. Kilgore, T. Henshaw Kelly, and Ray Lyman Wilbur were present at the afternoon session during the discussion of California Physicians' Service.

Absent: O. D. Hamlin, ill; F. A. MacDonald, on ocean trip.

2. Minutes.

Council.—It was moved by George Reinle, seconded by C. A. Dukes, that the minutes of the 279th meeting of the Council, as published in the November, 1939, issue of CALIFORNIA AND WESTERN MEDICINE, be approved. Carried.

Executive Committee.—It was moved by George Reinle, seconded by C. A. Dukes, that the minutes of the 168th meeting of the Executive Committee, held on November 11, 1939, as published in the December issue of CALIFORNIA AND WESTERN MEDICINE, be approved. Carried.

Committee on Public Relations.—It was moved by George Reinle, seconded by Calvert Emmons, that the minutes of the Committee on Public Relations meeting, held on September 10, 1939, as printed in CALIFORNIA AND WESTERN MEDICINE, be approved. Carried.

3. Financial Expenditures of Committee on Public Health Education.

As secretary of the Committee on Public Health Education, Doctor Schaupp called attention to certain expenditures made by the Committee in cases of emergency, which had not been formally approved by the Council.

It was moved by Charles Dukes, seconded by George Reinle, that the action taken by the officers of the Committee on Public Health Education, in regard to certain emergency financial expenditures and policies, be approved. Carried.

4. Financial Reports.

In his financial report for the month of December, Treasurer Kress presented a summary report on the income and expense of the calendar year 1939.

It was moved by Earl Moody, seconded by George Reinle, that the financial statement for the month of December, 1939, be approved. Carried.

5. Membership.

Secretary Kress reported as follows:

1. Total number of members listed on the 1938 roster as of date, December 31, 1938	6,101
2. (*a*) Total number of former and new members whose current 1939 dues had been paid to date, December 31, 1939	6,379
(*b*) Gain in 1939 membership over year 1938	278
3. Total number of 1938 members who have not paid their 1939 dues to date, December 31, 1939	168
4. (*a*) Total number of new members for 1939 whose dues had been paid to date	533
(*b*) Total number of new members in 1938	558
(*c*) Excess of new members in 1938	5

6. Committee on Public Health Education.

The Association Treasurer submitted a report on the income received from the special assessment levied as of date of June 1, 1939, by the Del Monte House of Delegates at its meeting on May 3, 1939:

5. (*a*) Total number of paid-up members as of date, June 1, 1939	6,015
(*b*) Total number of members who, to date, have paid the Special Assessment of June 1, 1939, levied by the House of Delegates, is	4,914

	(*c*) Total number of 1938 members who had not paid their dues on or before June 1, 1939	415
	(*d*) Total number of 1938 group who paid annual dues in period June 1-December 4, 1939	146
	(*e*) Total number of dues paying members liable for Special Assessment	6,101
	(*f*) Total number of liable members who have not paid the Special Assessment	1,151
6.	(*a*) Total amount received from Special Assessments and placed in American Trust Company (Union Saving Bank) to credit C. P. H. E. ($49,140 in Special Assessments; $277 in refunders.*)	$49,417.00
	(*b*) Balance in C. P. H. E. Fund at date of this report	31,418.99

It was moved by Calvert Emmons, seconded by William Kiger, that the report on finances of the Committee on Health Education be approved. Carried.

7. Audit of Association Accounts.

It was moved by George Reinle, seconded by Charles Dukes, that the action of the Chairman of the Council and Executive Committee in ordering Ernst & Ernst, Certified Public Accountants, to make an audit of the accounts of the Association for the year 1939, at a cost of $375, be approved. Carried.

8. Taxes.

Treasurer Kress reported that, during the calendar year, taxes were due from the Association in the following amounts:

(*a*) Federal Social Security taxes and penalties for years:		
1936	$370.58	
1937	709.35	
1938	122.28	
Total of taxes and penalties		$1,202.21
(*b*) Federal Social Security taxes for year 1939		315.86
(*c*) California Unemployment Reserve taxes for year 1939		1,068.26
(*d*) California sales taxes on OFFICIAL JOURNAL		789.70
(*e*) City and County personal property tax for 1939		53.65
Grand total of all taxes due from the California Medical Association for year 1939		$3,429.68

9. Loans.

Initial Loans of House of Delegates.—The Treasurer reported that loans up to $15,000 had been authorized by the House of Delegates at its special session held on December 17 and 18, 1938 (official transcript of minutes on page 289). Also that, in accord therewith, the Council of the Association had borrowed from the "Trustees Of The California Medical Association" the sum of $15,000, and had loaned the same, without interest, to the California Physicians' Service as per authority granted at the Council meeting of January 14, 1939 (Item 17 in Council minutes as printed in the February, 1939 issue of CALIFORNIA AND WESTERN MEDICINE, on page 133).

Subsequent Loans.—In addition to the above, the Council on October 7, 1939 (as per minutes in CALIFORNIA AND WESTERN MEDICINE, November, 1939, page 331, item 14), authorized a further loan of $12,000. Of this amount, $6,000 had been paid by check on December 26, 1939, leaving $6,000 still available under the loans to the California Physicians' Service, as authorized by the Council.

10. Budget.

The budget for the calendar year 1941, as prepared by the Auditing Committee and approved by the Executive Committee, was presented. Copies were given to the councilors for study, and for consideration at the next meeting of the Council.

11. Indemnity Defense Fund.

General Counsel Peart read a letter dated November 11, 1939, addressed to the Board of Directors of the Trustees Of The California Medical Association, who at present hold written assignments covering nine-elevenths of the interest in the moneys of the Indemnity Defense Fund. Mr. Peart outlined a legal procedure by which the loan of the Association's equity in the Indemnity Defense Fund could be made, with provision through insurance in Lloyd's of London, to cover any liabilities through future judgments against the fund.

Mr. Peart also read a supplemental statement having date of December 21, to the report he had rendered to the Board of Directors of the Trustees Of The California Medical Association on date of November 11, 1939.

It was pointed out that the term of Dr. Howard Morrow, as one of the trustees of the Indemnity Defense Fund, expired January 1, 1940. (Board of Trustees of the Indemnity Defense Fund consisted of Howard Morrow, 1940; Lemuel P. Adams, 1941; and Junius B. Harris, 1942.)

P. K. Gilman nominated Karl L. Schaupp as a trustee of the Indemnity Defense Fund for a period of three years, term expiring January 1, 1943. The nomination was seconded by William H. Kiger, and carried.

It was moved by Charles A. Dukes, seconded by Harry H. Wilson, that the Council recommend to the Board of Directors of the Trustees Of The California Medical Association that a policy be secured covering reinsurance of any claims which might occur under the Indemnity Defense Fund during the period of the next five years; such policy to provide coverage protection to the approximately nine-elevenths interest in the Indemnity Defense Fund, which, through action by former members of the Indemnity Defense Fund, had been assigned to the Trustees Of The California Medical Association. Legal Counsel Peart stated that Lloyd's of London would grant such coverage for the sum of $350, plus tax. Motion carried.

12. Public Relations Counsel.

Mr. Ross Marshall, Counsel on Public Relations of the Committee on Public Health Education, reported on his activities during the past few months in relation to the chiropractic initiative, which had a place on the November State election ballot, compulsory health publicity, health education publicity, and other activities.

13. Constitution and By-Laws.

Doctor Roblee expressed the opinion that amendments should be made to the Association's By-Laws that would permit special assessments to be carried through without legal or other complications.

It was moved by W. W. Roblee, seconded by A. E. Anderson, that the Legal Counsel formulate amendments to the By-Laws which would permit future assessments to be made in proper form. Carried.

Dr. George Maner suggested that a complete revision of the Constitution and By-Laws would be advisable to clear up conflicts in the present provisions.

It was moved by George D. Maner, seconded by P. K. Gilman, that a committee of three be appointed to study and bring in a complete revision of the present Constitution and By-Laws, for consideration at a future meeting of the Council, and future reference, to the House of Delegates. Carried.*

14. Special Assessment.

Discussion was had of the matter of protests of the special assessment and specific requests for refund of the assessment paid.

---

* The difference between 5 (*a*) and 6 (*a*), amounting to $277 is explained because it was necessary to return to county societies and members not liable for the assessment, $190, and for partial payments, $32. It was also necessary to transfer to the California Medical Association General Fund the sum of $55, because assessment checks also contained checks for annual dues. These together made a total of $277.

* Committee appointed consists of George D. Maner, Los Angeles (chairman); Dewey R. Powell, Stockton; and E. T. Remmen, Glendale.

It was moved by P. K. Gilman, seconded by C. A. Dukes, that, inasmuch as the special assessment of June 1, 1939, had been levied by the Del Monte House of Delegates on May 3, 1939, the status of members who had not paid the assessment, and protests and requests for refunds be referred to the House of Delegates at Coronado, in May, 1940.

15. Public Health League of California.

Mr. Read, Executive Secretary of the Public Health League of California, who was present by invitation, reported on the activities of the League in public health work. Mr. Read called attention to certain legislation which his organization considered to be inimical to the health interests of the citizens of the State.

16. Reinstatement of Members.

A list of 763 physicians who had allowed their memberships to lapse on account of nonpayment of 1939 dues prior to April 1, 1939—date of delinquency provided in the Constitution and By-Laws—but who had subsequently paid their 1939 dues, was presented.

It was moved by George D. Maner, seconded by Harry H. Wilson, that all members who had failed to pay their dues prior to April 1, 1939, but whose dues had been subsequently forwarded to the Association by their respective county societies, be reinstated to membership. (By-Laws, Chapter II, Section 2 (b). Carried.

17. Santa Barbara County Society Memberships.

Full discussion was had of the membership status of two former members of Santa Barbara County Medical Society who are now residing in Kern County, and whom the Santa Barbara County Medical Society had continued to carry on its membership rolls.

On motion of Lowell S. Goin, seconded by William H. Kiger, it was

Resolved, That the Council of the California Medical Association interprets Chapter II, Section 11, of the By-Laws to mean that Doctors W. H. Eaton and J. G. Ware have ceased to be members of the California Medical Association by reason of their failure to apply for membership in Kern County Medical Society as provided in said Chapter and Section of the Association By-Laws.

18. Legislation.

Mr. Heerman and Mr. Burrell of the Associated Hospital Service of Southern California appeared before the Council concerning prospective legislation of interest to hospitals. Mr. Burrell called attention to the Supreme Court decision, which held that nonprofit and charitable hospitals were liable for all acts of negligence on the part of their employees.

Mr. Burrell then spoke of the proposed amendment to Chapter 17 of the Civil Code which provided, in essence, that any institution or hospital which provides teaching courses must have at least $50,000 capital invested in equipment used exclusively for teaching purposes. Mr. Burrell explained that this would jeopardize nurse training schools in hospitals.

J. B. Harris, Chairman of the Legislative Committee, emphasized the necessity of thorough study of all legislative measures.

It was moved by Lowell S. Goin, seconded by C. Kelly Canelo, that the proposed legislation on negligence of employees in nonprofit hospitals, and amendments to Chapter 17 of the Civil Code, be referred to the Committee on Public Policy and Legislation. Carried.

19. Los Angeles and Ventura County Society Membership.

Discussion was had of the legality of membership of a member residing in Ventura County and holding membership through the Los Angeles County Medical Association.

The matter was referred to the legal counsel, Mr. Peart, for report; the Secretary to give the respective county societies all data concerning residence and other information on file in the headquarters office.

20. California Physicians' Service.

Alson R. Kilgore, Secretary of the Board of Trustees of California Physicians' Service, gave a progress report on the work of that nonprofit corporation. Doctor Kilgore stated that there was a steady increase in membership and that this increase to date had practically paralleled the estimated increase set by the Trustees. Doctor Kilgore submitted figures taken from the accounts of the California Physicians' Service, showing that receipts from dues were increasing and stated that by May or June, 1940, the Trustees believed all current expenses would be covered.

Ray Lyman Wilbur, President of the Trustees of the California Physicians' Service, addressed the Council, outlining the necessity of support of the venture from the standpoint of the profession and the health of the people.

Discussion was had of the value of investment in the organization by professional members, in order to increase the professional members' interest in the success of the plan and to assure a self-sustaining organization.

21. Luncheon Recess.

At this point, a recess was declared for luncheon. Invited guests included representatives of the Board of Trustees of the California Physicians' Service and of the three nonprofit hospitalization corporations (Insurance Association of Approved Hospitals, Intercoast Hospitalization Insurance Association, and Associated Hospital Service of Southern California).

22. California Physicians' Service.

Further discussion was had of the financial needs of the California Physicians' Service. It was pointed out that $6,000 was still available under the loan authorized by the Council on October 7, 1939.

It was moved by Charles Dukes, seconded by Louis Packard, that a further loan of $10,000 to the California Physicians' Service be authorized. Carried. . . .

23. Appeal of Dr. A. T. Martin.

At this point the Chairman announced that the Council was convened pursuant to resolution adopted at its meeting held on November 7, 1939, at Los Angeles to consider further the appeal of Dr. A. T. Martin from the decision of the Los Angeles County Medical Association.

The Chairman announced that Dr. Lowell S. Goin, who had acted as prosecutor at the meeting before the Los Angeles County Medical Association, Dr. E. Earl Moody and Dr. George Maner, who had appeared on behalf of the Los Angeles County Medical Association at the oral argument, were all disqualified to participate in the deliberations of the Council or in the decision on said appeal. Doctors Goin, Moody, and Maner thereupon retired from the room.

The Council then proceeded to a consideration of the transcript of the testimony taken before the Los Angeles County Medical Association, and the exhibits attached thereto, and to a consideration of the transcript of the arguments made at the hearing before the Council at its meeting held on October 7, 1939, at Los Angeles. After consideration of the charges and answer thereto, the testimony and exhibits and the oral arguments, a decision was reached by the Council as follows:

It is the judgment of the Council, in the matter of the appeal of Dr. A. T. Martin, that the decision of the Los Angeles County Medical Association be affirmed in so far as findings of fact are concerned, but that the period of suspension ordered by said association be modified by reducing the period of suspension from one year to one month. All members of the Council present concurred in the foregoing decision except Doctor Wilson, who voted "No."

The findings of the Council and its decision were thereupon ordered reduced to writing, and communicated to the appellant and to the Secretary of the Los Angeles County Medical Association.

24. Sacramento Society for Medical Improvement.

A letter, dated December 7, from the Sacramento Society for Medical Improvement, incorporating a resolution adopted by that component county society on November 21, 1939, and rescinding a prior resolution adopted on August 15, 1939 (on the subject of relations between the Sacramento Society for Medical Improvement and California Physicians' Service), was read. Informal discussion followed. No action taken.

25. Los Angeles County Medical Association Hearing.

The Secretary reported on a hearing before the Los Angeles County Medical Association on charges of violation of medical ethics by a member, stating that the case had been closed after censure of the member by the Council of the Los Angeles County Medical Association.

26. Retired Memberships.

After consideration of membership data presented, and on recommendation of their respective county medical societies, the following retired memberships were granted:

Frank Paul McManus, Esparto (Yolo-Colusa-Glenn County Medical Society).

Lewis D. Remington, Los Angeles (Los Angeles County Medical Association).

Andrew F. Wagner, Los Angeles (Los Angeles County Medical Association).

Wallace I. Terry, San Francisco (San Francisco County Medical Society).

Peter Andrew Jordan, San Jose; Samuel B. Van Dalsem, San Jose; and Roy M. Fortier, Berkeley (all members of the Santa Clara County Medical Society).

27. Committee on Public Health Education.

As secretary of the Committee on Public Health Education (the committee in charge of the activities covered by the special assessment fund of the House of Delegates), Doctor Schaupp brought to the attention of the Council certain items of policy and others entailing expenditure of funds as follows:

(a) *Data on Medical Service and Health Service.*—The recommendation of the Committee on Public Health Education regarding the employment of an economist to compile health insurance data, as presented in letters dated December 15 from representatives of the Public Health League of California (Doctors Glenn F. Cushman, John W. Cline, and Thomas F. Mullen), was discussed in detail. The estimated expense of possibly $10,000 to $15,000 for employment of a competent economist and staff was discussed. Attention of the Council was called by several members to the fact that the National Physicians' Committee for the Extension of Medical Service may be compiling data of similar nature, as well as the Bureau of Medical Economics of the American Medical Association, and that it might be possible to secure information from these authentic sources that would be equally effective and less expensive.

It was moved by Elbridge Best, seconded by Lowell S. Goin, that the Committee on Public Health Education assemble all the fundamental facts possible on health insurance and medical service, without, at the present time, the employment of an economist, or any major added expense to the Association. Carried.

(b) *Publicity on Health Topics.*—The Council approved an expenditure of $100 from the funds of the Committee on Public Health Education for literature on public health and scientific medicine, for distribution in high schools and colleges; the plan to be first tried out at Pomona College.

(c) *Annual Essay Contest on Health Subjects.*—On motion of Elbridge Best, seconded by Earl Moody, the Council approved the recommendation of the Committee, that a subcommittee of the Committee on Public Health Education be appointed with instructions to develop an annual essay contest on a health subject. Participants to be limited to seniors in high schools and students in junior colleges of equivalent scholastic years; and that $200 be set aside for first, second, third, and other prizes. Certificates of award also to be granted.

(d) *California Physicians' Service.*—Attention was called to the fact that, in visits to the component county societies, the counsel on public relations, Mr. Marshall, had not spoken on the California Physicians' Service.

It was moved by William H. Kiger, seconded by Henry S. Rogers, that the Council of the California Medical Association believes it to be expedient and proper that the Counsel on Public Relations of the Committee on Public Health Education, in his speaking tours, give information and answer questions propounded regarding the California Physicians' Service. Carried.

28. Guest Speakers.

Secretary Kress reported that, in accordance with past custom and former report, the Association's Committee on Scientific Work contemplated extension of invitations for three guest speakers at the annual session at Coronado; one to be invited by the section on medicine and associated specialties, one by the section on surgery and associated specialties, and one by the President of the Association. Doctor Kress stated that the surgical section, through Dr. F. S. Foote, had invited Dr. I. S. Ravdin, Professor of Surgery, University of Pennsylvania; that the section on medicine, through Dr. Russel V. Lee, was in correspondence, but had not yet reached a final decision on its speaker; and that the President was awaiting the decision of the sections before making his final selection.

It was moved by George Maner, seconded by C. Kelly Canelo, that the matter of approval of names of the guest speakers be left to the joint decision of President of the Association and the Chairman of the Auditing Committee. Carried.

29. Council Report.

It was deemed desirable that the annual report of the Council should be prepared sixty days in advance of the annual session for publication in the Pre-Convention Bulletin, so that the facts contained therein may be brought to the attention of all delegates.

30. Annual Conference of County Society Officers and Standing Committees.

After discussion, on motion of Elbridge Best, seconded by Henry Rogers, the date of the annual conference of county society secretaries with officers of the Association and members of California Medical Association standing committees, was set for Sunday, February 18, 1940, the meeting to be held in the Sir Francis Drake Hotel, in San Francisco.

31. Date of Next Council Meeting.

On motion of George Maner, seconded by Kelly Canelo, the date of the next meeting of the Council was set for Saturday, February 17, 1940, at San Francisco.

32. Report of Legal Counsel.

(a) *Smith* vs. *Kern County Medical Society.*—Legal Counsel Peart stated that Joe Smith had entered an appeal from the decision rendered in the case of *Smith* vs. *Kern County Medical Society.*

(b) *Jordt* vs. *State Board of Education.*—Legal Counsel Peart stated that a decision had been rendered in the case of *Jordt* vs. *State Board of Education* granting to osteopathic physicians and surgeons the right to obtain health and development certificates.

(c) *Humboldt County.*—The Legal Counsel submitted a progress report on industrial practices in Humboldt County.

33. Cancer Commission Exhibit.

The matter of participation in the 1940 Golden Gate International Exposition by the Cancer Commission was referred to Doctors Gilman and Kilgore for report and recommendation to the Council.

34. Sun Attendant Agency.

It was moved by George Maner, seconded by C. Kelly Canelo, that the correspondence regarding the Sun Attendant Agency be received. Carried.

35. Industrial Practice.

Correspondence regarding abuses in industrial practice was presented. No recommendations were made.

36. Needy Physicians.

It was moved by George Maner, seconded by C. Kelly Canelo, that the transportation expense of a meeting of the Committee on Needy Members, to be held in Fresno, be approved. Carried.

37. Adjournment.

There being no further business the meeting adjourned.

Approved:

Karl L. Schaupp, *Chairman.*

George H. Kress, *Secretary.*

OFFICIAL VISITS BY PRESIDENT CHARLES A. DUKES AND PARTY

President Charles A. Dukes of Oakland, accompanied by Secretary-Editor Kress and District Councilor C. Kelly Canelo, met on Thursday, January 4, with the county societies of Monterey, Santa Cruz, and San Benito, in a tri-county meeting that was held at the Hotel Del Monte. At this meeting the guest speaker on a scientific topic was Dr. Dwight L. Wilbur of San Francisco, who discussed "Vitamines."

President Dukes and Secretary Kress took up organization problems and the various activities of the California Medical Association, and Councilor Canelo gave a progress report on California Physicians' Service. The attendance was good, and much interest was evidenced concerning the various matters brought up for consideration. Dr. Mast Wolfson, President of the Monterey County Medical Society, presided.

* * *

On Tuesday, January 9, President Dukes and Secretary Kress, with Councilor Axcel E. Anderson of Fresno and Dr. Dwight L. Wilbur of San Francisco, were the guest speakers at the meeting of the Fresno County Medical Society, held in the University-Sequoia Club in the city of Fresno. A large attendance was present, and here again talks were given on organization activities in medicine, with special reference to pending and prospective legislation, but particularly to medical and hospitalization service plans. Much interest was shown in these matters, both during and after the meeting.

* * *

On invitation from the Sacramento Society for Medical Improvement, President Charles A. Dukes and Association Secretary George H. Kress, accompanied by Dr. Dwight L. Wilbur of San Francisco, were guest speakers before this oldest of all the county medical units in the California Medical Association. Doctor Wilbur took as his topic, "Functional Indigestion."

President Dukes and Secretary Kress spoke on the background of pending and prospective federal and state legislation in relation to medical practice. A general discussion followed.

* * *

On Wednesday, January 24, President Dukes and Association Secretary Kress, accompanied by Mrs. Frederick N. Scatena, President of the Woman's Auxiliary to the California Medical Association, journeyed to San Mateo, two meetings being held: the one of the County Medical Society and the other, the Woman's Auxiliary. A large number of members were present. The meeting was followed by the presentation of a talking film, given under the auspices of the Woman's Auxiliary, and dealing with historical events in San Mateo County.

* * *

Other county societies to be visited by President Dukes and his party include the San Joaquin County Medical Society at Stockton; the Merced County Medical Society at Merced; the Alameda County Medical Association at Oakland; the Santa Clara County Medical Society at San Jose; and the Tulare County Medical Society at Visalia.

COMMITTEE ON PUBLIC HEALTH EDUCATION[†]

Your Committee on Public Health Education started the new year facing a mass of work.

Sets of speeches were forwarded to all county medical society speakers' bureaus. These mimeographed speeches were obtained from the American Medical Association and furnished to speakers' bureaus with the idea of saving the time of doctors who secure requests to make speeches before organizations. They cover a variety of medical subjects, and include one speech on the subject of voluntary versus compulsory health plans. Additional and more informative speeches on this latter subject, which is of great importance this year, are being prepared and will be forwarded upon completion.

Two publicity stories were mailed during the last month to all newspapers in California, and a considerable number of the papers published the stories; one dealt with the disadvantages of compulsory health systems; the other publicized the fine work done by San Joaquin Valley doctors among the migratory workers.

Your public relations counsel made speaking appearances, explaining the program of the Committee on Public Health Education before the following county medical societies: Stanislaus, San Mateo, Solano, and Butte.

The Committee on Public Health Education Bulletin No. 2 was mailed to all members of the California Medical Association. This bulletin contained affiliation postcards to be returned after being filled out by the members. At the publication deadline last month, almost 1,500 cards had been returned. It is urged that all members who have not filled out the cards do so and post them at once, as this information is of extreme importance to your committee and is needed to combat the compulsory health campaign that will be directed against us this year. Officials of the Los Angeles County Medical Society Speakers' Bureau consider this information so valuable that they requested a copy of it, in so far as it applied to Los Angeles County. Please do your part to help us help you.

[†] The Committee on Public Health Education was established through Substitute Resolution No. 6 at the Del Monte annual session, May 3, 1939.

The Committee on Public Health Education consists of Frank R. Makinson, chairman, Oakland; Karl L. Schaupp, secretary, San Francisco; Samuel Ayres, Jr., Los Angeles; Thomas A. Card, Riverside; Lowell S. Goin, Los Angeles; Junius B. Harris, Sacramento; Dewey R. Powell, Stockton; Charles A. Dukes, (ex officio), Oakland. Mr. Ross Marshall is the public relations counsel of the Committee, and may be addressed at 408 South Spring Street, Los Angeles (telephone TUcker 2312), or 244 Kearny Street, San Francisco (telephone YUkon 2212).

Your Committee has investigated the situation in secondary schools and colleges and finds there is considerable need of a public health education program therein. As a result, plans were advanced during the month to place educational literature secured from the American Medical Association and similar sources, in California colleges in order that our future citizens may have the proper perspective regarding the advisability of consulting doctors of medicine rather than cultists. The Committee learned that cultists have made considerable inroads in this field.

Extending our program into the high schools, your Committee is formulating a plan for an annual essay contest among high school pupils, with prizes of nominal amount and yet sufficient to be attractive to the students. More will be reported on this when the plan has been advanced.

Your Public Relations Counsel has reported to the Committee that there are eighty-five forums conducted by adult education classes in high schools throughout California, in which discussions are held weekly on matters of current interest. Among the subjects being considered is that of medical care by the present and by the proposed state systems. Your Committee immediately started an investigation of this angle of public relations with the intention of meeting the situation promptly.

The public relations counsel, Mr. Ross Marshall, attended the annual convention of the California Newspaper Publishers' Association and reported a very favorable reaction among publishers in response to the paragraph in our Bulletin No. 2, urging that some printing business be given to newspapers with job-printing plants.

Mr. Marshall also reported several speaking engagements before county medical societies lined up for the following two months.

C. M. A. CANCER COMMISSION†

A recent letter sent out by the Cancer Commission of the California Medical Association gives information concerning a meeting held in Santa Barbara on January 28. Report thereon will be made in a subsequent issue. Letter follows:

"You will recall that a few years ago, under the sponsorship of the Cancer Commission, numerous committees formulated reports concerning the diagnosis and treatment of cancer. These were combined in reprint form and later in booklet form for distribution to the physicians of California. Since the treatment of cancer is anything but static, and since the public through educational programs is becoming more and more cancer-conscious, it behooves us all to be able to give the cancer patients the best treatment he or she can receive at the earliest opportunity. For this reason the Cancer Commission is considering the desirability of revising these reports.

"Accordingly a meeting is being called, to be held at the Bissell Auditorium of the Cottage Hospital in Santa Barbara on Sunday, January 28, 1940, at 10 a. m. This meeting is to consider the advisability of this undertaking, which will be a tremendous one, and also to consider ways and means of accomplishing this revision. It is desired that all the men who were instrumental in preparing the previous reports be present at this meeting.

"Unfortunately there is not enough money in the budget to pay the necessary individual traveling expenses for such a meeting, so that each individual will have to pay his own expenses. Such an expense, however, should not be a burden to anyone. It is hoped that you will make every effort to be present. Inasmuch as we must know how many will be present in order to arrange for lunch at the Hospital, will you be so kind as to return the lower portion of the second sheet of this letter with your response to the undersigned at your earliest convenience. . . .

"May we have an early reply, and with many thanks for your interest, I am

Very truly yours,
Otto H. Pflueger, M. D.,
Secretary."

384 Post Street, San Francisco.

COMMITTEE ON POSTGRADUATE ACTIVITIES†

Portland Course in Ophthalmology and Otolaryngology

The annual course in ophthalmology and otolaryngology is to be given this year on April 1 to 6, inclusive, in Portland, Oregon. The guest speakers are two outstanding men in their respective fields—Dr. Meyer Weiner, professor of ophthalmology in the Washington University School of Medicine, St. Louis, Missouri, and Dr. Marvin Jones, professor of otology in Columbia University Medical School, New York City. There will, also, be demonstrations of eye surgery and the usual demonstration of surgery of the ear, nose, and throat in the evenings. Preliminary programs will be out about March 1.

Further information may be obtained from Guy L. Boyden, Secretary, 510 Stevens Building, Portland, Oregon.

* * *

University of California Medical School: Refresher Course

Record Number of Physicians Take Graduate Course.—A record number of physicians from all parts of California attended the vacation refresher course which opened on January 3 at the University of California Medical School, according to a report from the Dean's office.

Fifty-nine physicians enrolled, the largest number ever registered at the University in this type of postgraduate work.

The course included discussion of the newest developments in treatment of pneumonia, syphilis, anemia, encephalitis, tuberculosis, and other serious ailments, and a series of clinical demonstrations.

Because the present course and earlier ones have been so successful, plans are now under way for another course to be held in the late spring or summer of this year, and still another for January, 1941.

CALIFORNIA PHYSICIANS' SERVICE‡

Progress Note.

Number of members	7,500
Number of groups	233
Unit value for November, 1939	$1.60

---

† For roster of members of the Cancer Commission of the California Medical Association, see page 2 in the front advertising section (bottom of the second column).

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary.

‡ Address: California Physicians' Service, 333 Pine Street, San Francisco. Telephone EXbrook 3211. Alson Kilgore, M. D., secretary. Mr. Allen Widenham, manager.

Copy for the California Physicians' Service department in the Official Journal is submitted by that organization.

For roster of nonprofit hospitalization associations in California, see in front advertising section on page 3, bottom left hand column.

Comment.

"Chiseling."—We heard a lot before California Physicians' Service was started about what would be done to it by "chiseling" doctors. So far over five hundred bills have been received from professional members, and the Medical Director is unable to detect any chiseling yet. Coöperation by the doctors has been excellent. California Physicians' Service is their own plan, not just another insurance company.

Lack of understanding of rules and of contract provisions has cost money in a few instances, but this is inevitable while we are all learning how to make this service work.

Hospitalization.—In October, Intercoast Hospitalization Insurance Association declined further issue of the "uniform contract" sold by Associated Hospital Service of Southern California and Insurance Association of Approved Hospitals in the Bay Area, offering only its former contract at a higher rate. In December, Associated Hospital Service voted to extend its territory as far north as (and including) Fresno County. We hope for early arrangements which will again offer the "uniform contract" in the remainder of the territory served by the Intercoast.

Medical Directors.—Doctors should realize what medical directors are for. It is not their function to teach professional members how to practice medicine. But it is their business to protect the fund from improper expenditure of money. Before starting extensive diagnostic or therapeutic work, it will pay to find out from the medical director whether or not the patient is entitled to the service. If bills are paid that should not be paid, the unit value will inevitably suffer.

Note.—The medical directors are all serving without pay so far.

No patient has been taken away from any doctor by any medical director.

No patients are referred to any doctor by California Physicians' Service offices or medical directors.

COUNTY SOCIETIES[†]

KERN COUNTY

The Kern County Medical Society held a regular meeting at the Padre Hotel in Bakersfield on the evening of January 18, with Dr. C. S. Compton presiding.

Doctor Compton announced that Dr. Roderick Ogden is to fill the place of Dr. L. A. Packard on the Board of Directors due to the resignation of Doctor Packard.

Dr. J. Headen Inman announced that the postgraduate conference would be held in Bakersfield on March 16, with six speakers listed for the all-day session.

Dr. Lloyd Fox, Chairman of the Program Committee, introduced Dr. Charles E. Smith of Stanford University Medical School, who spoke on *Coccidioidal Granuloma in Relation to Erythema Nodosum.* As the investigation of so-called valley fever or erythema nodosum in the San Joaquin Valley, under the Rosenberg Foundation, was largely carried on in Kern County, physicians and technicians who coöperated in the survey with Doctor Smith were especially invited to be present at the meeting. Many of the personnel of the Kern County Health Department attended.

Doctor Smith gave an interesting report of the study of 432 cases of erythema nodosum, the majority of cases being studied in Kern County. He stated that none of these cases developed coccidioidal granuloma or serious sequelae, but that practically all were due to the coccidioides fungus. Doctor Smith summarized the symptoms, incubation period, x-ray and laboratory findings, and demonstrated slides and motion pictures showing the seasonal distribution, sex incidence, and the typical lesions.

Everyone present felt that this was an interesting epidemiological study and are looking forward to further studies by Stanford Medical School in this field.

Eric Colby, *Secretary* (S. M. L.).

⁂

PLACER COUNTY

The Placer County Medical Society held its December meeting at the Freeman Hotel in Auburn on the 19th. President Miller called the meeting to order at 8 p. m. In addition to Doctor Miller, there were present the following members and visitors:

Members—Doctors Banks, C. C. Briner, Empey, Eveleth, Louis E. Jones, Peers, Russell, Smith, and Weddle.

Visitors—Dr. Ellen S. Stadtmuller of San Francisco, Chief of the Bureau of Child Hygiene, Division of Public Health Education, Department of Public Health; Miss Georgie Barbiere of Roseville, Health Center nurse; and Miss Lu Crandell of Auburn, Supervisor of Child Welfare for Placer County.

The ordinary order of business was dispensed with and Doctor Miller called upon Doctor Stadtmuller. Doctor Stadtmuller explained a proposed plan of the Bureau of Child Hygiene to give up Well-Baby and Prenatal Clinics and to turn such clinics over to private physicians. Doctor Stadtmuller outlined the present method of financing of these clinics and the proposed plan for the payment of private physicians who might take over the work.

Doctor Empey, for the Society, spoke at length upon the matter of responsibility for the care of children, outlining the point of view of the members of the medical profession relative to the matter of the responsibility of the parents, of the medical profession, and of the state in the care of children in the low-income group. After lengthy discussion the President and the Secretary stated it as their opinion that the function of the County Society in the matter would be to decide merely on the matter of policy and ethics.

A motion was made by Dr. C. C. Briner, seconded by Dr. Louis E. Jones, and carried, that it is the sense of the members of the Society that, while they do not care to recommend a change, there is no objection to any arrangement made by individual members to take charge of well-baby or prenatal clinics as proposed by Doctor Stadtmuller. It was unanimously agreed among the members present that each was willing to see in his office, free of charge, children of needy parents when application is made for such consultation by a public health nurse.

At this point the ordinary business was resumed. . . .

A resolution relative to the death of Dr. Vernon V. Rood was read.

The application of Dr. John R. Topic of Nevada City for membership in the Placer County Medical Society was read for the second time, and he was unanimously elected to membership.

Correspondence from Dr. John H. Napier, Jr., Principal of the Placer Union High School and Placer Junior College, relative to the various medical problems which have been presented to the County Society by Doctor Napier was read and discussed. In this connection, President Miller reported on a visit which he and the Secretary made to the Grant Union High School in North Sacramento for the purpose of inspecting their clinic, and also on the meeting between the President and the Secretary and Doctor Napier and the High School Board of Trustees.

After very thorough discussion, it was the sense of the members that the Society should continue to maintain the position adopted at a previous meeting when the Society went on record as favoring the appointment of a full-time registered nurse at the high school. It was the opinion of the members that the appointment of a part-time physician might gradually lead to a form of social medicine inside the high school and junior college, whereby the taxpayers would be paying for medical and surgical care for all students irrespective of their ability to pay.

[†] For roster of officers of component county medical societies, see page 4 in front advertising section.

There being no further business, the meeting was adjourned. Robert A. Peers, *Secretary.*

RIVERSIDE COUNTY

The Riverside County Medical Association held its regular meeting at the Riverside Community Hospital on January 8 at 8 p. m.

A paper on *Allergy in General Practice* was presented by Dr. Robert W. Lamson of Los Angeles.

It was reported that Orange County is again joining with us in the Tri-County Postgraduate conferences this year to be held at the Ebell Club in Santa Ana on January 25. Philip Corr, *Secretary.*

SACRAMENTO COUNTY

The regular meeting of the Sacramento Society for Medical Improvement was called to order by the president, Dr. Manuel Azevedo, at the Auditorium on November 17, 1939.

There were forty-five members and guests present.

The paper of the evening was presented by Dr. Howard Brown, his subject being *Peripheral Nerve Injuries.* Doctor Brown discussed the peripheral nerve injuries commonly seen in general practice, first considering the diagnosis and treatment of the acute injuries. Methods for lengthening the severed nerves were taken up in detail. He then discussed the chronic phases, especially those injuries produced by trauma from cast pressure, fractures, during open reduction, dislocations, manipulation, tourniquets, and splinting. Doctor Brown also went into detail in the method for doing a neurolysis and some of the newer surgery on injuries to the facial nerve. Discussion was opened by Doctor Van Den Berg, and continued by Doctors Wallerius and Rulison.

The applications for membership of Doctors J. Chambers, Ugo Pucci, E. Varanini, Frank McCullough, Aaron Rosenoff, and George Akamatsu were read for the second time, and all were elected to membership in the Sacramento Society for Medical Improvement. . . .

There being no further business the meeting was adjourned.

* * *

The regular meeting of the Sacramento Society for Medical Improvement was called to order by the president, Dr. Manuel Azevedo, at the Auditorium on November 21, 1939. There were thirty-eight members and guests present.

Dr. M. A. Harada presented the paper of the evening, on *Practice of Medicine in Japan.* Doctor Harada stated that the German influence was most noticeable in Japan, then the American, English, and French. Most of the private practitioners have their own hospital with their own nurses, pharmacists, and chauffeurs. General hospitals are rare. Doctor Harada mentioned the fees for some of the commoner ailments. As to technique, he stated that there was a lack of sterile technique, as compared with our methods, and that most of the equipment was of cheaper manufacture. The common illnesses treated are typhoid, tuberculosis, cholera, dysentery, avitaminosis, and venereal diseases. He stated that preventive medicine is not so well advanced, but that general surgery is fairly well developed. The medical specialties are not so well developed as in the United States. Doctor Harada was also impressed with the fact that such high requirements are necessary here for entrance to medical schools, and most students need English, German, French, along with their native Japanese language. The paper was very interesting and exceptionally well presented.

The applications for membership of Drs. Teru Togasaki and Maude Tillotson were read for the first time. . . .

There were no reports of committees.

There being no further business the meeting was adjourned.

* * *

The regular annual business meeting of the Sacramento Society for Medical Improvement was called to order by the president, Dr. Manuel Azevedo, at the Auditorium, on December 19, 1939.

There were fifty-two members and guests present.

The minutes of the last annual meeting were read and approved; the report of the Board of Directors was read by the President; the financial and membership report of the Secretary was read and approved. . . .

The following were elected as members of the Board of Directors for the year 1940: Doctors Norris Jones, Frank W. Lee, Wayne Pollock, Ralph Teall, Paul Christman, Ray Wallerius, Orrin Cook, Manuel Azevedo, and George Briggs.

The following were elected as delegates: Doctors Wayne Pollock, Ray M. Wallerius, and Manuel Azevedo; and the following were elected as alternates: Doctors H. M. Kanner, Ralph Teall, and Paul Guttman.

Dr. Glenn E. Millar was nominated and elected to the office of secretary-treasurer for the year 1940. . . .

G. E. Millar, *Secretary-Treasurer.*

SAN BERNARDINO COUNTY

The regular meeting of the San Bernardino County Medical Society was held at the San Bernardino County Charity Hospital on Tuesday, December 5, 1939.

The meeting was called to order by the president, Dr. Walter S. Cherry, at 8:15 p. m., when about sixty-five members and guests were present.

Dr. C. G. Hilliard, administrative member of the California Physicians' Service, reported on the recent meeting of the administrative body in Fresno. The California Physicians' Service is progressing nicely, and the unit at present is worth $1.75.

Dr. P. M. Savage, Sr., also reported on the meeting, and stated that there had been twelve cases handled so far. He stressed making the reports properly, and sending them in before the 15th of the month.

The program of the evening was then given:

Immediate Cervical Repair, by Emil J. Krahulik of Los Angeles; and *Intermediate Cervical Repair,* by Norman H. Williams of Los Angeles. Discussion was opened by Howard Hill of Redlands.

Review of the Technique of Episiotomy and Repair was read by Philip A. Reynolds of Los Angeles. Discussion by Delbert B. Williams and P. M. Savage, Jr., of San Bernardino.

Following a good general discussion, the meeting was adjourned at 9:45 p. m., after which refreshments were served. Arthur E. Varden, *Secretary.*

SAN JOAQUIN COUNTY

The regular meeting of the San Joaquin County Medical Society was held in the Medico-Dental clubrooms in Stockton on Thursday, January 4, preceded by the customary supper meeting at the Hotel Wolf, at which twenty members and guests were present.

The meeting was called to order by President Neill P. Johnson at 8:20 p. m. The application of Dr. James O. Greenwell for admission into the Society was recommended by the Admissions Committee of the Society and, there being no objections from the floor, it was accepted. Doctor Johnson then thanked the Society for the coöperation given him in the year of 1939, and turned the meeting over to President-Elect Hugh Bolinger of Lodi. Doctor Bolinger next introduced the speaker of the evening, Dr. Harry Blackfield, who spoke on *The Treatment of Burns in General Practice.* This paper was very interesting, especially since it was well illustrated by slides, and provoked considerable comment. The meeting was declared adjourned at 9:55, when refreshments were served.

G. H. Rohrbacher, *Secretary.*

⁂

SAN MATEO COUNTY

The annual meeting of the San Mateo County Medical Society was held on December 27 in the banquet room of the Benjamin Franklin Hotel, with Dr. N. D. Morrison presiding.

Nominations were opened for the office of vice-president and, on motion made and seconded, nominations were closed. The following officers were then elected without opposition: Carl Benninghoven, president; Harvey Whitney, vice-president; and Robert Monteith, secretary.

Members of Board, Roswell D. Borley and William A. Key.

The following delegates to the annual session of the California Medical Association were elected: Hartzell Ray and J. Garwood Bridgman. Alternates: N. D. Morrison, Sr., and H. Wade Macomber.

The Secretary then made an announcement concerning the fact that a local organization in San Mateo County had been formed to carry on the work of the *March of Dimes* campaign for sufferers of infantile paralysis, stating a fund something over $4,000 would be available in 1940. The local committee had asked for coöperation on the part of the San Mateo County Medical Society in the disposition of these funds. The following physicians were appointed as a committee to consider this matter: Norman Fox, Phillip Seeley, and Albert Miller.

The Secretary then submitted the financial statement for the year 1939, which was approved.

This was followed by a report on activities during the past year, including the immunization program carried on among school children; a discussion of the defeat of the compulsory health insurance measure and the chiropractic initiative; and a discussion of the matter of license taxes for revenue which had previously been considered in a board meeting of the Society. The Secretary recommended that this matter be further studied in the hope that action similar to that recently taken in San Francisco might be accomplished in San Mateo County. The Secretary's report further considered the United States Public Health Survey of the County Department of Public Health and the inactivity of the San Mateo County Medical Society in connection with the findings of the survey. In closing, the Secretary urged those present to consider Chapter 3, Section 5 of the by-laws of the San Mateo County Medical Society, which reads as follows: "The Board of Directors may consider and investigate any matters related to public health and any legislation having any relation to medical care, practice or the professional interest of the members, and must make such investigation on the vote of the Society at any regular or special meeting, and shall take such action as the Board shall deem proper. It shall have the right to coöperate with similar committees from other organizations whose purpose is for the betterment of social conditions." He further expressed the hope that the new officers and Board members would receive the wholehearted coöperation of the medical society during the coming year.

Mrs. Ruth Close, Executive Secretary of the San Mateo County Tuberculosis and Health Association, presented a sound film, titled *Diagnostic Methods in Tuberculosis,* which was enthusiastically received.

The guest speaker of the evening, Mr. Ross Marshall, Public Relations Counsel of the California Medical Association, was then introduced. Mr. Marshall outlined very clearly the work to be done by the Committee on Public Health Education prior to the next session of the legislature, with emphasis on, first, sound public health education and, second, the defeat of politically controlled health insurance measures which would seriously affect the public health of the people. Mr. Marshall supplied additional information in connection with the present status of the California Physicians' Service, and expressed the feeling that further success in the development of the Service was to be anticipated. There was some discussion following Mr. Marshall's address, after which the meeting was adjourned. J. Garwood Bridgman, *Secretary.*

⁂

VENTURA COUNTY

The annual meeting and election of the Ventura County Medical Societly was held at the Saticoy on December 12, 1939, when the following officers were unanimously elected: H. E. Barker, president; James W. Moore, vice-president; A. A. Morrison, secretary-treasurer; and G. C. Coffey, alternate delegate.

Doctor Homer made a motion, seconded by Doctor Shore, that the Secretary send a letter of thanks to the Woman's Auxiliary for their coöperation in the recent election. The motion was unanimously carried.

Mr. William G. Ebersole, from the California Physicians' Service, addressed the members on the present status of that organization. The meeting then adjourned.

A. A. Morrison, *Secretary.*

⁂

YUBA-SUTTER COUNTY

The Yuba-Sutter County Medical Society held a dinner meeting on Tuesday, December 5, 1939, at 7 p. m., at the Hotel Marysville. A turkey dinner was enjoyed by the Society.

In the absence of President P. E. Thumen, the meeting was called to order by Vice-President B. F. Miller, the following members being present: Doctors Hoffman, Delamere, Loomis, Miller, Hamilton, Swift, Parkinson, Morris, Wisner, Higgins, Duncan, Whitney. Visitors: Doctors Sidney J. Shipman, Thomas G. Lupo, Harold R. Hennessy, Charles B. Kimmel, and Mr. William Ford Higby, Executive Secretary of the California Tuberculosis Association.

Membership applications of Dr. Thomas G. Lupo and Dr. F. B. Lawton were read before the Society by Doctor Miller and held over until the next meeting. . . .

The next business was the annual election of officers. Those elected were: B. F. Miller, president; Romayne B. Whitney, vice-president; Leon M. Swift, secretary-treasurer; Stanley Parkinson, delegate; and R. Lucian Hamilton, alternate.

Dr. Philip Hoffman then asked the Society for its opinion in the case of a malpractice suit in which he was advised to settle for $100.

Discussion followed by Doctors Loomis, Hamilton, Shipman, Miller, and Wisner—all voicing sentiment against settling any malpractice suit for a nuisance value.

The following motion was made by Dr. Neal M. Loomis, and seconded by Dr. R. Lucian Hamilton: Resolved, That no member of the Yuba-Sutter County Medical Society shall settle a (malpractice) suit for a nuisance value.

This motion having been discussed, was unanimously carried.

A balance of $5.80 in the treasury of the Inactive Study Club, which has not had a meeting during 1939, was reported.

It was also voted to again set the annual dues at $10 per member, and note was made that California Medical Association dues are $10 also.

Doctor Hennessy expressed thanks to the medical society for its coöperation with the County Health Unit, and also mentioned that some of the taxpayers are opposing him, while Sutter County is still pressing him to examine the public school children.

Dr. Philip Hoffman introduced a resolution that the Yuba-Sutter County Medical Society endorse the work of the Bicounties Public Health Unit.

Dr. Francis P. Wisner was next asked to introduce Mr. Higby, who spoke briefly for the California Tuberculosis Association. He was followed by the speaker of the evening, Dr. Sidney J. Shipman of San Francisco, who chose for his subject, *General Chest Diagnosis,* particularly from the physiologic standpoint. His address was well illustrated with clinical x-ray pictures.

Following the talk, Doctor Shipman conducted a clinic at the Yuba County Hospital, being assisted by Dr. Anthony Fratis, and presented several interesting cases.

* * *

The Yuba-Sutter Medical Society met on Tuesday evening, January 9, at eight o'clock, at the Hotel Marysville, Marysville.

President Ben F. Miller was absent at the appointed time, but the meeting was called to order by the vice-president, Dr. Romayne B. Whitney.

The Secretary's report, including the annual financial statement, was read and approved.

Routine and new business were transacted, including consideration of three new applications for membership. That of Dr. Harold R. Hennessy was passed favorably, and he was unanimously elected to membership in the Society. The other two applications were held over until the next meeting.

The members present included Doctors Parkinson, Gray, Hamilton, Thunen, Wisner, Duncan, Whitney, Miller, Swift, and Linstrum.

Visiting physicians present were Doctors Anthony Fratis, T. G. Lupo, and C. W. Barnett.

President Miller having arrived and taken the chair, called upon Dr. Harold R. Hennessy, Health Officer of Bicounties Public Health Unit, to discuss the venereal disease clinic, which is now being conducted at the Yuba County Hospital, and which, because of the increased amount of work entailed thereto, necessitates various changes and improvements being made. Doctor Hennessy mentioned that the State will furnish $600 toward the establishment of a venereal disease clinic, supervised by the Bicounties Public Health Unit, the personnel to direct such a clinic to be elected by the Yuba-Sutter County Medical Society. The members present then vigorously discussed the various phases of the clinic work in all its details.

A motion was made by Dr. P. E. Thunen, and seconded by Dr. R. Lucian Hamilton, that the Yuba-Sutter County Medical Society adopt the proposed plan as suggested by Doctor Hennessy, the new location of the clinic and personnel to be decided later. The motion was carried.

Reports of standing committees were submitted.

Doctor Wisner, reporting for the Medical Advisory Board for SRA and Agricultural Workers Health and Medical Association, stated that there had been some criticism because two physicians, whose names do not appear on the medical panels for these two groups, have been caring for patients. It was also brought to light that these two organizations accuse local physicians of attempting to drum up business by referring relatives of certified clients to call at the respective office and ask for medical care. It was stated, too, that these two relief organizations had asked physicians to write refill prescriptions, without being willing to issue an authorization for a consultation at a physician's office. Various discussion followed, in which evidence was elicited to show that some physicians were writing such prescriptions gratis, without further checkup, while other physicians refused to do this. All the points brought up and discussed were referred to the Committee, and President Miller asked them to bring in a report and recommendation at the next regular meeting. President Miller then called attention to the tuberculosis plan as outlined and forwarded to the Society members by Bicounties Public Health Officer, Dr. Harold R. Hennessy, and instructed the Committee to report on the next regular meeting.

Mention was made that Dr. Francis P. Wisner was called to, and did assist Doctor Lentz at the Sutter County Hospital in an emergency case of surgery, this being in direct opposition to a previous ruling by the Society. Doctor Wisner stated that he obtained permission from President Miller.

Doctors Parkinson, Whitney, and Hennessy discussed affairs of the well-baby clinic, Doctor Hennessy stating that those in charge were attempting to limit the clinic to patients in the low-income brackets.

Dr. Francis P. Wisner introduced the guest speaker of the evening, Dr. C. W. Barnett of the Stanford University Medical School, director of the antisyphilitic clinic, who spoke on *Treatment of Syphilis,* and illustrated his subject with lantern slides.

A buffet luncheon was served following the lecture, and the meeting was adjourned until the next regular meeting on February 6. LEON M. SWIFT, *Secretary.*

CHANGES IN MEMBERSHIP

New Members (26)

Alameda County

Percy H. Jennings, Jr.
Dorothy McDonald
Edmund H. Padden
Alexander Silverglade
Benton Van Dyke Scott

Placer County

John R. Topic
Charles M. Wood

Sacramento County

Pearson Kellogg

San Francisco County

J. Karl Beck
Harry J. Borson
Rafael P. Bricca
Evelyn Hart Case
Cavins Deter Hart
Frank H. Hatlelid
Elizabeth Shreve Hicks
Maurice E. Leonard
Frank W. Lusignan
William Edward Shea

San Joaquin County

Julius Zelman

San Mateo County

Herman Biermer
Thomas E. Farthing
Edward S. Schulze

Santa Cruz County

Lorin W. Denny
Ruth Frary
Jerome A. Ludden, Jr.

Transfers (4)

Benton M. Colver, from Los Angeles County to Douglas County, Omaha, Nebraska.

James P. Donelan, from Los Angeles County to Calhoun County, Michigan.

Dorothy G. Sproule, from San Francisco County to Alameda County.

Grace F. Thomas, from Mendocino County to Ventura County.

Resigned (2)

Leonard Greenbaum, from Los Angeles County.
Frank Zelinsky, from Los Angeles County.

In Memoriam

Domann, Arthur Henry. Died at Orange, December 7, 1939, age 60. Graduate of the College of Physicians and Surgeons, Los Angeles, 1911, and licensed in California the same year. Doctor Domann was a member of the Orange County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

* * *

Ruggles, Howard Edwin. Died at St. Helena, December 29, 1939, age 53. Graduate of Harvard University Medical School, Boston, 1913, and licensed in California the same year. Doctor Ruggles was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

* * *

Teass, Chester James. Died at Los Angeles, December 23, 1939, age 65. Graduate of Cooper Medical College, San Francisco, 1897. Licensed in California in 1898. Doctor Teass was a member of the San Luis Obispo County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

* * *

Wilson, Horace Plummer. Died at Whittier, December 26, 1939, age 68. Graduate of Northwestern University Medical School, Chicago, 1896. Licensed in California in 1907. Doctor Wilson was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

* * *

OBITUARIES

Howard Edwin Ruggles

1886–1939

"Rugg is dead . . ."

This tragic news dampened the festive holiday spirit of all who heard it. At the young age of fifty-three, at the height of his enviable career, coronary disease reached out to strike down another of our profession. He was a native of San Francisco, received his A. B. from Stanford University in 1907, and his M. D. from Harvard in 1913. During the war he was a captain in the medical corps of the army and roentgenologist at base hospital No. 30. At the age of twenty-seven he was appointed roentgenologist to St. Luke's Hospital, and the next year to the University of California Medical School. Both of these appointments were retained until his death. Since 1927 he had been clinical professor and head of the department in that institution. He was also chief consultant to Southern Pacific Hospital, Children's Hospital, Shriners' Hospital, and the U. C. Service at the San Francisco Hospital. He was a member of the American Medical Association, the California Medical Association, the American Roentgen Ray Society, and of the San Francisco County Medical Society.

His collaboration with Doctor Holmes of Boston produced a textbook in roentgenology, first edited in 1918 and reëdited several times since; for over twenty years it has been an outstanding volume not only in America, but in England and in other English-speaking countries. In 1936, with Dr. Miley Wesson, he wrote a book on urological roentgenology; his contributions to journals were numerous.

To have worked with him, thus really to know him, was a rare privilege. He needs no review of his ability; anyone in contact with him was cognizant of that. Roentgenology has lost one of its favorite scholars; American medicine has lost a true disciple of Hippocratic practice, and we, above all this, have lost a real friend. Howard went out of his way to help the recent graduate at the threshold of a career; his office in the Fitzhugh Building was more like a large family wherein his devoted employees remained with him on and on through the years. He was a dynamo of energy; he was never a fence-straddler; whatever he believed he spoke and defended, right or wrong, but rarely was he wrong. His sense of humor was ever prevalent, and when his hearty laughter rang out it was from a face verily wrinkled with mirth. For fully six years he had known of the circulatory danger ahead, but with courage and silence he faced it; his recent forced retirement irked him greatly, but he made the most of it in relaxation with his family and his lifelong hobby of photography.

Our society has sent its deep and understanding sympathy to his surviving wife and four sons.

If this once, a personal note has crept into an obituary, I beg indulgence. Through the years Howard Ruggles interpreted many films for us; futilely now I try to interpret him as many of us knew him.

"Memory is the guardian and treasury of all things."

H. M. F. Behneman, M. D.

* * *

Barton J. Powell, Sr.

1873–1940

Dr. Barton Jerome Powell was born at Eureka, Nevada, on September 4, 1873. His preliminary education was received at Boone's University School at Berkeley. Doctor Powell was graduated from the Jefferson Medical College at Philadelphia, Pennsylvania, in 1894. After graduating, he came to California and was licensed to practice medicine in 1895. He was at the Southern Pacific Hospital when it was located at Sacramento (for one year, under Doctor Huntington), and then settled in Eureka, California, where he practiced as a general practitioner for two years.

He then went to Europe and spent a year in the clinics of London and Vienna, where he had the advantage of studying in his chosen specialty. In 1900, Doctor Powell went to Stockton, California, and practiced continuously in that locality since. During his forty years' residence in Stockton, Doctor Powell earned and received many honors from the medical profession. He was a member of the San Joaquin County Medical Society, serving as its president; was a member of the California Medical Association, serving as chairman of the Eye, Ear, Nose, and Throat Section; was a Fellow of the American Medical Association. Doctor Powell was among the first practicing physicians in Stockton to be elected as a Fellow of the American College of Surgery. He was president of the Northern Eye, Ear, Nose, and Throat Society, a member of the California Academy of Medicine, a member and past president of the staffs of Saint Joseph's Hospital in Stockton and the San Joaquin General Hospital at French Camp. During the war he was a consultant for the Draft Examining Board.

In a long and busy professional career, Doctor Powell always found time to serve the poor and needy in the San Joaquin district, having for many years been on the staff of the Out-Patient Clinic of the San Joaquin General Hospital. In addition to the above activities, Doctor Powell was consulting oculist and aurist for the Southern Pacific and Western Pacific railroads for this district. Besides his professional activities, he found time to participate in the social activities of Stockton, being a member of several lodges, clubs, and an active supporter of his church. Up until very recent years, he was an ardent lover of the outdoor life, taking many trips into the High Sierra. He found much relaxation from his practice in hunting and fishing.

The medical profession of Stockton feels the loss of Doctor Powell very keenly, for he was an active leader in every phase of organized and scientific medicine. Moreover, he always had time to discuss problems with his colleagues. There were few, if any, practicing members in this locality who had not been benefited from his sage counsel, both on medical problems and those apart from the practice of medicine. His advice was always wise and timely, based upon many years of experience both as a physician and as a man.

For many years he was associated with his brother, Dr. Dewey Powell, in the practice of ophthalmology and otolaryngology. In addition to his brother, Doctor Powell leaves his wife, Adelaide Powell, a son, Dr. Barton Powell, Jr., and a daughter, Mrs. Phil O'Connell.

Dr. Barton J. Powell passed away in Stockton, January 15, 1940. GEORGE H. ROHRBACHER.

+

Chester James Teass

1874–1939

Dr. Chester James Teass of San Luis Obispo died in Los Angeles on December 23, 1939, where he had gone for an investigation of his difficulty in swallowing. A mediastinitis developed rapidly and was the direct cause of his death.

Doctor Teass was born on October 26, 1874, in Warrington, Missouri. He was educated at Cooper (Stanford) Medical College, where he was graduated in 1897. He followed up his medical education by study in eastern clinics and abroad, and was for some time at the Crile Clinic, where his surgical ability won him recognition from the staff. His return to California was followed by appointment to the surgical direction of the hospitals of several large mining companies around Redding, where he settled and did work which attracted state-wide attention to his judgment and ability. At sectional meetings in Redding he presented the case of a man shot directly through the heart who survived through his skillful care, and his studies of goiter in that region were widely known.

In 1910 he came to San Francisco, where he was associated with Dr. George Somers of the gynecological department of Cooper College, and later taught one year in the University of California Medical School, and then in the San Francisco Polyclinic. Later he moved to San Luis Obispo, where he was chief of staff in the San Luis Obispo General Hospital for ten years, ending in 1937. He served as captain in several base hospitals during the war. His final illness was of rapid onset and progress.

Those who knew Chester Teass well found in him an indefatigable worker and student, with a most kindly heart beneath his impulsive manner. He was known for his generous spirit and great loyalty to his friends, and intolerance of anything small with which he came in contact. While distinctly an individualist, he was a good listener and a thorough student, and his fund of good stories from his vast experience, chiefly in his work with miners, should have been preserved in print. Not only did his great skill lead him to undertake work which most surgeons might have passed up, but his accounts of his thrilling experiences with the Indian and mining laborers won him a reputation as a perfect raconteur.

His death is a loss to the profession and the community, who will long remember his readiness to take on any responsibility or danger for the chance to benefit his fellow men. P. K. B.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION[†]

MRS. FREDERICK N. SCATENA..............................President
MRS. WILLIAM C. BOECK.................Chairman on Publicity
MRS. KARL O. VON HAGEN..Asst. Chairman on Publicity

News Letter

We are proud to welcome two new county auxiliaries into our happy family circle, now numbering twenty-six county organizations.

The Woman's Auxiliary to the Sonoma County Medical Society was organized on November 16, with nineteen members present at their organization dinner. Thirteen charter members launched a Woman's Auxiliary to the Kings County Medical Society on December 11, 1939.

And so the year 1939 drew to a close with this additional proof of organization work well done. We wish for these two newest groups, as well as for the older tried and true units, every success and happiness in this new year.

MRS. WILLIAM C. BOECK, *Chairman on Publicity.*

⁂

Component County Auxiliaries

Alameda County

The November meeting of the Woman's Auxiliary to the Alameda County Medical Association was held on Friday, November 17, at the Claremont Country Club. Mrs. Robert Sutherland was receiving hostess. The president, Mrs. George Calvin, presided at the business meeting, following luncheon. Mrs. Stanley Truman, Auxiliary representative in the League of Women Voters, gave an interesting report.

Mrs. Roy Nelson introduced Mr. Elwood A. Stevenson, Superintendent of the School for the Deaf, who talked on *Educational Procedure with the Deaf Child.* Several children from the school demonstrated the method used.

The program closed with vocal duets by Mrs. Helen Dupuich and Mrs. Nina Hamby. Mrs. Lillian Anderson was the accompanist.

MRS. RENE VAN DE CARR, *Publicity Chairman.*

⁂

Fresno County

The meeting of the Fresno Auxiliary, held on December 5, at 8 p. m., was a very successful one. It was a White Elephant-Bridge-Benefit-Hygeia party. About $55 was raised; and after the $14 was deducted for expenses there remained $40 with which to buy *Hygeia* subscriptions to put at advantageous places in Fresno County.

Everyone was asked to bring a white elephant, and during the evening the elaborately wrapped packages were passed from bridge table to table and each person picked her own. Everything from a broken vinegar cruet without a stopper to lovely linen gifts were unfolded to sight as the party progressed, and much fun was had by all.

The chairman was Mrs. Charles H. Ingram, and her committee members, Mesdames Walter J. Avery, Elmer J. Schmidt, Ernest Aronstein, R. W. Dahlgren, all of Fresno;

[†] As county auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Karl O. Von Hagen, Assistant Chairman on Publicity, 5867 Whitworth Drive, Los Angeles. Brief reports of county auxiliary meetings will be welcomed by Mrs. Von Hagen and must be sent to her before publication takes place in this column. For lists of state and county officers, see advertising page 6. The Council of the California Medical Association has instructed the Editor to allocate two pages in every issue to Woman's Auxiliary notes.

Norman L. Knott of Coalinga, Robert W. Binkley of Selma, Ewald A. Larson of Kingsburg, J. H. Humphreys of Sanger, H. W. Pasley of Reedley, and Clayton Pendergrass of Clovis.

The president and the past presidents received the guests.

Florence H. Vandenburgh,
Publicity Chairman.

Kings County

Mrs. Harry O. Hund, State Chairman of Membership and Organization, reports that on December 11, 1939, one of the doctors called a meeting of the women in Kings County eligible to membership in the Woman's Auxiliary. She was present at the meeting, and assisted the following members to organize the *Women's Auxiliary to the Kings County Medical Society:* Mesdames E. C. Bond, W. R. Bridgman, W. F. Chamlee, W. A. Johnstone, Paul L. Murphy, C. T. Rosson, C. T. Rosson Jr., E. M. Scott, A. S. Torrens of Hanford; W. P. Byron, B. H. Pratt, J. P. Young of Lemoore; F. W. Knight of Corcoran.

Officers selected to direct their activities this first year are: Mrs. C. T. Rosson Jr., president; Mrs. J. P. Young, vice-president; Mrs. W. P. Byron, secretary-treasurer; Mrs. C. T. Rosson Sr., Program Chairman; Mrs. F. W. Knight, Publicity Chairman; Mrs. B. H. Pratt, Public Relations Chairman; and Mrs. A. S. Torrens, *Hygeia* Chairman.

Los Angeles County

The Woman's Auxiliary to the Los Angeles County Medical Association entertained its members and Board of Directors at a Christmas tea at the home of Mrs. E. Eric Larson on December 19. The tea table was beautifully arranged, and Christmas decorations gave the house a very festive air. The occasion marked the tenth anniversary of the Woman's Auxiliary, and the guests of honor were the past presidents of the organization: Mesdames James F. Percy, Philip Schuyler Doane, A. Bennett Cook, Clifford A. Wright, Eliot Alden, and William H. Leake. Mrs. Rollo N. Packard of Chicago, National President of the Woman's Auxiliary, was a special guest. Members of the Board took turns at pouring during the afternoon.

Mrs. William Benbow Thompson.

Monterey County

The Woman's Auxiliary to the Monterey County Medical Society sent a group of its members to meet with doctors' wives of San Benito County to discuss plans for forming an auxiliary in that county.

The group met at the home of Mrs. L. E. Smith. Mrs. Harry O. Hund of San Rafael, First Vice-President of the State Auxiliary, was present to explain the aims and activities of the organization.

The Hollister group decided to affiliate temporarily with the Monterey County Auxiliary, and held their first joint meeting on December 7, 1939, at Santa Lucia Inn, Salinas. Mrs. Smith was named chairman of the San Benito group.

There were seven Peninsula members present.

* * *

Mrs. Martin McAulay arranged the dinner meeting and program which the Woman's Auxiliary of Monterey County had on Thursday, December 7, at Santa Lucia Inn, Salinas.

The program centered around the magazine *Hygeia,* and the speakers were: Miss Kay G. Smits of Carmel, whose subject was *The History of Blood Transfusions;* Miss Julia Koenecke of Salinas, who traced the *History of Treatment for Cholera;* and Mrs. Spencer Hoyt of Pacific Grove who, under the topic of *Environment and Heredity,* spoke on "Where Do We Get Our Brains?"

There were eleven members and two guests present.

* * *

To raise funds for their work in the children's ward at the County Hospital, the Auxiliary gave a benefit dessert bridge party on Thursday, January 11, in the Salinas Civic Club.

Mrs. William F. Coughlin,
Publicity Chairman.

Sacramento County

The Woman's Auxiliary to the Sacramento Society held its annual Christmas party on Tuesday evening, December 19, at the home of Dr. and Mrs. George Spencer. Entertainment consisted of Christmas plays, songs and readings by members of a dramatic school. The doctors joined the party, following their meeting. An amusing and generous Santa Claus distributed gifts to all.

Mrs. Gustave Wilson was program chairman. One hundred members and guests attended.

Mrs. Paul Guttman, *Publicity Chairman.*

San Diego County

On December 21, 1939, the Woman's Auxiliary to the San Diego County Medical Society met at the University Club. The president, Mrs. William Cooke, presided.

There were seventy-eight members present and several visitors, among whom were Mrs. Harry Huffman, District Councilor; Mrs. Edward Russell, President, and Mrs. L. E. Wilson, First Vice-President, both of the Santa Ana Auxiliary.

The highlight of the program was an amusing play, entitled *Mother's Vacation,* written by Mrs. Willard Newman and produced by Mrs. Frasier McPherson. The cast consisted of members and two of their charming children.

Iva O'Hara, *Secretary.*

San Francisco County

Outstanding in the programs of the year for the Woman's Auxiliary to the San Francisco County Medical Society will be the demonstration to be given on January 16, at 1:30 p. m. at the Auxiliary's headquarters, 2180 Washington Street.

Mrs. Edmund J. Morrissey, President, has arranged to have repeated in San Francisco a program of the California School for Deaf at Berkeley, which she heard at the November meeting of the Woman's Auxiliary of the Alameda County Medical Society. Mr. Elwood A. Stevenson, Principal of the School, with the assistance of a teacher, will have children of the school give demonstrations of how mutes deaf from birth, and other deaf children, are taught to speak and understand when spoken to. It is a program which is unusually interesting, and informative in its presentation about a subject generally unknown and often misunderstood.

Following the meeting, tea will be served. Mrs. Frank Rodin and Mrs. Louis Roncovieri will be the Board members heading the Tea Committee of thirty member hostesses.

Ethel Ann Swett, *Publicity Chairman.*

Santa Cruz County

The Woman's Auxiliary to the Santa Cruz County Medical Society met at the Watsonville Woman's Club on Friday, January 5. Mrs. F. P. Shenk presided. At the conclusion of the business meeting, Doctor Kerr of the

University of California gave a stimulating lecture, entitled *Fair, Fat, and Forty.*

Final arrangements were made for a "Good Will" party (with the dentists' and the attorneys' wives) to be held at the Rio del Mar Country Club on January 22.

Mrs. R. C. Alsberge, *Publicity Chairman.*

⁂

Sonoma County

The organization meeting of the Woman's Auxiliary to the Sonoma County Medical Society was held on November 16, 1939, at the Cotati Inn, Cotati. The meeting itself followed an enjoyable dinner, through which many of the women became really acquainted, after perhaps only "knowing of one another" for some time.

Mrs. H. O. Hund, Vice-President of the State Auxiliary, and Mrs. Mabel Tyler of San Rafael, were guests of the group for the evening. Mrs. Hund spoke in detail of the history and present status of both the National Auxiliary and the Woman's Auxiliary to the California Medical Association. She spoke of the approval by the medical profession of woman's auxiliaries, of the aims and purposes of the Auxiliary as a whole, and of the many functions of work undertaken by various county groups, naming several large projects in some of the more progressive counties.

Mrs. E. T. Noall of Santa Rosa, Chairman of the Parliamentary Committee, submitted the Constitution which the Committee had compiled; and, after corrections and additions, the motion carried that the Constitution be sent to the State Parliamentarian for approval. Mrs. D. C. Oakleaf of Healdsburg, Chairman of the Nominating Committee, presented names for officers, and the following were elected: Mrs. E. D. Barnett of Santa Rosa, president; Mrs. R. S. Quinn of Santa Rosa, vice-president; Mrs. L. W. Hines of Santa Rosa, secretary; Mrs. A. G. Lumsden of Petaluma, treasurer. Mrs. Barnett then presided and, after the signatures of those intending to join the Auxiliary were obtained, the meeting was adjourned.

Present at this organization meeting were: Mesdames D. C. Oakleaf and J. T. Rose of Healdsburg; Henry Rogers, A. G. Lumsden, M. L. Lewis, J. G. Anderson, of Petaluma; B. B. Bachelder of Sebastopol; C. M. Carlson, T. E. Albers, E. D. Barnett, L. W. Hines, E. T. Noall, R. S. Quinn, W. C. Shipley, J. F. Thurlow, R. L. Zieber, B. L. Zinnamon, Margaret B. Rogers, Sandra Torgenson, of Santa Rosa. Also Mrs. H. O. Hund and Mrs. Mabel Tyler of San Rafael.

Mrs. L. W. Hines, *Secretary.*

⁂

Tulare County

The monthly meeting of the Woman's Auxiliary to the Tulare County Medical Society was held on January 7, at Visalia, in the Johnson Hotel. After dinner Mr. John Taylor of Reedley gave a very interesting talk on *Albania.* Later, an informal discussion was held.

Agnes L. Parkinson, *Corresponding Secretary.*

Risk of Primary Infection Is Great Among Tuberculosis Workers.—The risk of primary tuberculosis infection among those engaged in the care of patients with this disease is emphasized by the exceptionally high infection rates among such workers in Minneapolis and St. Paul, which are cited in *The Journal of the American Medical Association* by C. A. Stewart, M.D., F. E. Harrington, M.D., J. A. Myers, M.D., R. E. Boynton, M.D., P. T. Y. Chiu and T. L. Streukens, Minneapolis.

Examining various groups of nurses and medical students, the investigators found that the rate of primary infection ranged from 19.8 per cent annually for 344 student nurses who spent three years in hospitals with six weeks devoted to training in special tuberculosis wards, to 115.4 per cent, computed on an annual basis, for 158 nurses who gave negative tuberculin reactions immediately before they undertook a tuberculosis service of six weeks' duration. These figures are contrasted with an annual primary infection rate of 0.8 per cent among 1,278 children and of 1.6 per cent in 1,192 of their parents. Among a group of 276 student nurses who reacted negatively to the tuberculin test at the time they started a three-year course of study in local private hospitals that maintain no beds for tuberculosis patients, the rate of infection was 10.1 per cent annually. This rate is approximately twelve times that observed for the Minneapolis children mentioned above. It is interpreted as evidence that a relatively high risk of acquiring infection with tubercle bacilli confronts nurses during their training in hospitals that knowingly admit few or no tuberculosis patients.

Many Ureteral Stones Pass Unaided.—About one-third of ureteral calculi, or stones in the urinary canal leading from the kidney to the bladder, will pass without operative or manipulative procedures, Gershom J. Thompson, M. D., and John M. Kibler, M. D., Rochester, Minnesota, state in *The Journal of the American Medical Association.*

"In approximately the same number," they say, "the passage of stone-extracting instruments from the outside into the ureters is justified and advisable; for the other third surgical methods seem best.

"If the case is suitable for the use of a metallic stone extractor, this instrument will readily enter the ureter and quickly engage the stone. Repeated attempts to engage the stone should be avoided, for they will usually result in ureteral injury and lead to complications.

"In the large majority of cases the opinion of a specialist in urinary diseases should be obtained before a decision is made as to the course of treatment which should be instituted for a patient with ureteral calculus."

As yet no procedure to prevent or to anticipate the formation of these stones is known. Some of the causes for their formation which have been advanced are: vitamine deficiency, urinary stagnation and infection, and infection of the kidney.

"The validity of any of these being the causative factor in rare cases is indisputable," the authors say, "but for the large majority of cases there is still no satisfactory explanation."

Cotton Thread for Stitching Wounds.—Regular cotton thread is a satisfactory material for the suturing or stitching of surgical wounds, William H. Meade, M. D., and Alton Ochsner, M. D., New Orleans, report in *The Journal of the American Medical Association.*

After sterilizing it by boiling or under steam pressure they used cotton thread in 196 operations. Uncomplicated healing of the wounds occurred in 191 instances.

In discussing the relative value and strength of cotton as compared with other sutures, Doctors Meade and Ochsner state: "When boiled for twenty minutes, cotton thread increases 10 per cent in tensile strength, whereas silk changes but little. When placed in tissue it loses only 10 per cent of its tensile or maximum stretching strength in fourteen days, whereas catgut loses from 50 to 70 per cent and silk 35 per cent.

"Because of its availability and the ease with which it can be sterilized, cotton thread would be a very satisfactory suture in field hospitals in wartime."

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings.

American Medical Association, New York, June 10–14, 1940. Olin West, M. D., Secretary, 535 North Dearborn Street, Chicago, Illinois.

California Medical Association, Hotel del Coronado, Coronado, May 6–9, 1940. George H. Kress, M. D., Secretary, 450 Sutter Street, San Francisco.

Association of Western Hospitals, Hotel Biltmore, Los Angeles, April 8–11, 1940. Thomas F. Clark, Executive Secretary, 1182 Market Street, San Francisco.

Medical Broadcasts.*

American Medical Association Broadcasts: "Medicine in the News."—The American Medical Association and the National Broadcasting Company have announced "Medicine in the News," on timely topics from medical news of the week. Thursdays, 4:30 p. m., Eastern standard time (1:30 p. m., Pacific standard time), Blue Network, coast to coast; thirty weeks; opened on November 2, 1939; facts, drama, entertainment, music.

Pacific States:

KECA	Los Angeles	KTMS	Santa Barbara
KFSD	San Diego	KEX	Portland
KGO	San Francisco	KJR	Seattle
KGA	Spokane		

* * *

Los Angeles County Medical Association.

The radio broadcast program for the Los Angeles County Medical Association for the month of February is as follows:

Saturday, February 3—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, February 7—KECA, 11:15 a. m., The Road of Health.

Saturday, February 10—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, February 14—KECA, 11:15 a. m., The Road of Health.

Saturday, February 17—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, February 21—KECA, 11:15 a. m., The Road of Health.

Saturday, February 24—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, February 28—KECA, 11:15 a. m., The Road of Health.

Bacteriophage Research Aided by Grant from Foundation.—A thirteen-year-old study of bacteriophage, aimed at learning more about the filterable viruses which cause such diseases as infantile paralysis, yellow fever, and smallpox, has been rescued from possible termination by a grant of $2,430 from the John and Mary R. Markle Foundation, New York City, it was announced recently by the Regents of the University of California.

Cyclotron: Many Uses of Radio-Active Substances Told.—The many uses to which the University of California cyclotron are being put in the effort of science to combat human diseases and build a sturdier and more productive plant life, have been outlined by Dr. John Lawrence, who directs the distribution of the cyclotron's output.

The greater portion of this output appears to be going toward medical uses, both clinical and experimental, Doctor Lawrence's paper shows. The radio-active forms of sodium, chlorin, potassium, bromin, and iodin are being used on patients suffering from Cushing's disease, Addison's disease, and various forms of thyroid disease. Radio-active sodium, taken in solution by mouth, is capable of reaching the fingers within two minutes, and being registered there by the Geiger counter.

Radio-active phosphorus appears to be the most extensively used radio-isotope. It can be made in large quantities in the cyclotron and is used both as a tracer and therapeutic agent. It has accounted for differences in the phospholipid metabolism of different kinds of animal tumors, and its range extends to the teeth where it is achieving new determinations in phosphorus absorption.

In the treatment of certain malignancies it has been found that the dangers of internal radium therapy can be avoided by the use of radio-active phosphorus, and results thus far tend to show that it will prove a valuable adjunct in the treatment of such malignancies. Radio-iron is proving its worth, experimentally at least, in the treatment of pernicious anemia, this work being carried on at the University of Rochester.

While Doctor Lawrence does not enlarge upon the uses of these radio-active substances in plant life, they are many and varied. A significant soil test is being made with radio-active phosphorus by the University of Hawaii. The use of radio-active carbon by the University of California department of chemistry is throwing new life on the formation and composition of plant molecules, an indispensable factor in both plant and animal life.

Study of Nursing Care: California State Nurses' Association.—The California State Nurses' Association is making a survey of resources in the state for nursing services, as a part of a nation-wide study being conducted by the American Nurses' Association.

This survey is being made to determine what facilities are available and how these are being used to meet the needs for nursing care in each community.

Hospitals, physicians, registries, and the public will be asked to assist with the study by filling in short questionnaires which will provide information as to the various classes of workers employed in caring for the sick and infirm in hospitals, related institutions, and homes.

There has long been a need for more facts on provisions for nursing service. It is hoped this information will be secured through the survey and may serve as a guide in future plans to make nursing services more readily available.

Questionnaires will be mailed to physicians early in February.

A summary of the findings will be made available for the county medical societies whose members participate in the study.

---

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to California and Western Medicine, 450 Sutter Street, San Francisco, for inclusion in this column.

Van Meter Prize Award on Thyroid Gland Problems. The American Association for the Study of Goiter again offers the Van Meter Prize Award of Three Hundred Dollars and two honorable mentions for the best essays submitted concerning the original work on problems related to the thyroid gland. The award will be made at the annual meeting of the Association which will be held at Rochester, Minnesota, on April 15, 16, and 17, provided essays of sufficient merit are presented in competition.

The competing essays may cover either clinical or research investigations; should not exceed three thousand words in length; must be presented in English; and a typewritten double-spaced copy sent to the corresponding secretary, Dr. W. Blair Mosser, 133 Biddle Street, Kane, Pennsylvania, not later than March 15.

Industrial and Public Health Nursing Courses.—The University of California Extension Division announces a new course in industrial hygiene, planned primarily for graduate nurses engaged or interested in industrial or public health nursing, to begin on Wednesday, March 6, at 7 p. m., at the Oakland Extension Center, 1730 Franklin Street.

Dr. Robert T. Legge, formerly University physician and in charge of Cowell Memorial Hospital at the University of California, will be in charge of the course and will cover the various health hazards in industry and the organization of industrial health measures.

The course will consist of fifteen weekly two-hour sessions. The enrollment fee for the course is $12. An annual registration fee of $1 is charged for the first course taken during the academic year. No fee is necessary for additional courses.

National Conference on Medical Service.—The 1940 program of the National Conference on Medical Service (formerly Northwest Regional Conference) will afford an opportunity for doctors of medicine throughout the United States to exchange ideas and obtain sound practical information on medical economics for the good of the profession and the public.

At the fourteenth annual meeting, to be held at the Palmer House, Chicago, Sunday, February 11, 10 a. m. to 4:30 p. m., a round-table on "Group Medical Care and Group Hospitalization Programs" will be presented. Invited to participate are: Doctors R. L. Sensenich, South Bend, Indiana; Carl F. Vohs, St. Louis, Missouri; Henry R. Carstens, Detroit; George H. Kress, San Francisco; and D. H. McA. Pyle of New York City.

"Allocation of Federal Funds to States" will be presented by Dr. R. G. Leland of the American Medical Association Bureau of Medical Economics. The discussion leader on this topic will be Dr. William F. Braasch of Rochester, Minnesota.

Dr. Morris Fishbein and Dr. Edward J. McCormick of Toledo will discuss "Effective Public Relations."

For the round-table on "Medical Welfare Programs" the following have been invited to participate; Doctors Hilton S. Read, Atlantic City; C. H. Phifer, Chicago; Creighton Barker, New Haven, Connecticut; Ernest E. Shaw, Indianola, Iowa; and R. C. Williams, Washington, D. C.

Paul G. Hoffman, President of the Studebaker Corporation, has been invited as guest speaker at the noonday dinner meeting.

All members of the American Medical Association are cordially invited to attend the Conference. No registration fee or dues.

Dr. L. Fernald Foster of Bay City, Michigan, is president, and Dr. Forest L. Loveland of Topeka, Kansas, is secretary of the Conference.

American Board of Obstetrics and Gynecology.—The general oral and pathological examinations (Part II) for all candidates (Groups A and B) will be conducted by the entire Board, meeting in Atlantic City, New Jersey, on June 8, 9, 10, and 11, 1940, immediately prior to the annual meeting of the American Medical Association in New York City.

Application for admission to Group A, Part II, examinations must be on file in the secretary's office not later than March 15, 1940. Formal notice of the time and place of these examinations will be sent each candidate several weeks in advance of the examination dates. Group A, Part II, candidates will be examined on June 8 and 9, and Group B, Part II, on June 10 and 11, 1940.

For further information and application blanks, address Dr. Paul Titus, Secretary, 1015 Highland Building, Pittsburgh, (6) Pennsylvania.

Public Health League of California. — The annual meeting of the Northern District of the Public Health League of California was held on Thursday evening, February 8, at the Veneto Restaurant, 389 Bay Street, in San Francisco.

The Nominating Committee submitted the following recommendations for officers of the Northern District: Glenn F. Cushman, M. D., president; Ernest Sloman, D. D. S., vice-president; Francis Rochex, M. D., Secretary; Chester W. Johnson, D. D. S., treasurer, all of San Francisco.

Councilors (7): George I. Dawson, M.D., Napa; Harry B. Hambly, D.D.S., San Francisco; Hans L. Hartman, M. D., Modesto; Homer E. Marston, M. D., San Rafael; John H. Pettis, M. D., Fresno; Mervyn L. Perkins, D. D. S., San Francisco; David A. Wood, M. D., San Francisco.

Auditor: Henry Gibbons, III, M. D., San Francisco.

American College of Surgeons.—The western sectional meeting was held in Los Angeles on January 29, 30, and 31.

EXECUTIVE COMMITTEE ON LOCAL ARRANGEMENTS

Verne C. Hunt, chairman, Los Angeles; E. Eric Larson, secretary, Los Angeles; Harold L. Thompson, assistant secretary, Los Angeles.

CHAIRMEN OF SUBCOMMITTEES

Advisory.—William H. Kiger, Edward M. Pallette, Clarence G. Toland.
Scientific Exhibits.—Alvin G. Foord.
Program.—Charles T. Sturgeon.
Clinics.—Wayland A. Morrison.
Cancer.—Maurice Kahn.
Fractures.—John Dunlop.
Eye.—A. Ray Irvine.
Ear, Nose and Throat.—J. MacKenzie Brown.
Public Relations.—E. Vincent Askey, Frank J. Breslin, Paul A. Quaintance, Mr. Stanley K. Cochems.
Registration.—Edward C. Pallette.

Eleven local hospital staffs arranged for surgical clinics and pathological conferences. A most extensive program of group conferences and panel discussions was offered. The group of distinguished surgeons and hospital authorities who participated in the program included:

Frank E. Adair, New York; Millard F. Arbuckle, St. Louis; Harold Brunn, San Francisco; Thomas O. Burger, San Diego; Bowman C. Crowell, Chicago; Ray K. Daily, Houston; Claude F. Dixon, Rochester, Minnesota; Charles A. Dukes, Oakland; E. R. Dumke, Ogden, Utah; Harold Earnheart, Chicago; William J. Engel, Cleveland; Paul C. Flothow, Seattle; Edwin C. Hamblen, Durham, North Carolina; Emile Holman, San Francisco; Edward Jackson, Denver; Herman W. Johnson, Houston; Malcolm T. MacEachern, Chicago; John O. McReynolds, Dallas; Joseph L. McCool, San Francisco; George P. Muller, Philadelphia; Howard C. Naffziger, San Francisco; E. Payne Palmer, Phoenix; Max Minor Peet, Ann Arbor; George W. Pierce, San Francisco; Ralph Richards, Salt Lake City; A. D. Ruedemann, Cleveland; Charles L. Scudder, Boston; James L. Stewart, Boise; Horace J. Whitacre, Tacoma; John Homer Woolsey, Woodland.

Infantile Paralysis Research Grant Made to University of California.—An investigation of the exact relationship between human infantile paralysis and a disease of farm stock known as equine encephalomyelitis is to be undertaken at the Hooper Foundation for Medical Research on the San Francisco campus of the University of California. In making this announcement, President Robert G. Sproul made it known that the National Foundation for Infantile Paralysis, Inc., has donated $13,800 for the work, about one-fifth of the funds it has available for this year.

Microfilm Sets of Periodicals.—The Committee on Scientific Aids to Learning, President Conant of Harvard, chairman, has made a grant to cover the cost of making a microfilm master negative, on the most expensive film, of sets of volumes of scientific and learned journals.

This permits the nonprofit Bibliofilm Service to supply microfilm copies at the sole positive copy cost, namely, one cent per page for odd volumes, or a special rate of one-half cent per page for any properly copyable ten or more consecutive volumes.

The number of pages will be estimated on request to Bibliofilm Service, care of United States Department of Agriculture Library, Washington, D. C.

New York University: Course in Syphilis.—The next session of the Postgraduate Course in Syphilis at New York University College of Medicine will start on January 29 and will continue for eight weeks on a full-time basis. As the work will be given under grants from the United States Public Health Service and the New York State Department of Health, no tuition fee is to be charged.

The course will include didactic and clinical work in the pathology, diagnosis, and treatment of syphilis, prenatal and congenital syphilis, laboratory procedures, and control measures. The public-health aspects of the disease will also be presented, and there will be opportunity for field work.

Graduates of recognized medical schools are eligible for admission on approval by the committee in charge. Further details may be obtained from the office of the assistant dean, 477 First Avenue, New York, N. Y.

Trudeau School of Tuberculosis.—The Trudeau School of Tuberculosis, which for twenty-five years has been held usually in May and June of each year, will present its 1940 session beginning on September 9 and closing on October 4 at Saranac Lake, with the supplementary (and optional) course at Bellevue Hospital, New York City, October 7 to 19.

The change has been made, with regret, to avoid conflict with the important annual meetings of the National Tuberculosis Association, American Association for Thoracic Surgery and American Medical Association, all of which will be held in June when the Trudeau School course would normally be presented. It will permit prospective students, as well as members of the faculty of the School at Saranac Lake and in New York, to attend the medical meetings without interference by the work of the Trudeau School.

Enrollments for the September October session are now being received. Application should be made to Roy Dayton, Secretary, Saranac Lake, New York.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Birthday Gift*

The President is going to reverse the usual order this year and send Congress a gift on his birthday, January 30.

It will consist of a special message urging a $10,000,000 appropriation for the construction of twenty-five hospitals in various parts of the country to be designated by the Public Health Service and the American Medical Association. He went out of his way to choose his birthday to submit this plan, and will describe it as the first step in an ultimate nation-wide health insurance program.

The President also will emphasize in his message that while the Federal Government should take the initiative in building the hospitals, the localities must maintain them.

Surgeon General Thomas Parran tried to persuade him to recommend a certain amount of Federal aid for upkeep. Parran proposed $1 per day per patient. But Roosevelt rejected this.

"Nope, that's out," he told the Interdepartmental Health Program Committee headed by Miss Josephine Roche. "It's all right for the Government to build them, but the localities must operate them. We want to tie the localities directly up to these hospitals so that they will have a personal interest in them."

Note: Significantly, at the conclusion of the conference the President directed Miss Roche to continue work on formulating a national health insurance program, even though there is no chance of passing anything of this nature at the present session of Congress.—San Francisco *Chronicle,* January 26, 1940.

* * *

Forced Sickness Insurance Opposed by Mrs. Roosevelt

Washington, January 9.—Mrs. Franklin D. Roosevelt, who has frequently called attention to the health needs of the underprivileged, said yesterday she is opposed to compulsory sickness insurance.

Any medical program enacted by Congress should be tried out on a voluntary basis before the American people are asked to approve it, the President's wife declared. She said she was generally opposed to anything "compulsory," requiring any group to do something of which it does not approve. . . .

There are no funds earmarked in the new 1941 Federal budget for either the Wagner program or the President's more modest proposal for Federal construction of medical centers in counties where hospital facilities are now lacking. Mr. Roosevelt, however, has explained that money for his program could be found in the general public work fund. . . .

The President's wife told reporters she hoped very much that no program would be adopted by Congress until it has broad professional backing and does not represent only one group.

* * *

Birth Control Survey†

Seventy-Seven Per Cent Approve, Institute Says

Princeton, N. J., January 25.—With the adoption by South Carolina of a plan for birth-control education as a regular part of its public health service, the American Institute of Public Opinion has conducted a survey to test public sentiment on extending this plan elsewhere.

Although birth-control clinics sponsored by private organizations have been operating in many states, South Carolina is the second state to furnish birth-control information in its public health clinics, and a formal announcement was made this week at the annual meeting in New York of the Birth Control Federation. The birth-control education plan was first adopted by North Carolina health clinics two years ago.

* * *

State Pensions

Sacramento, January 31 (UP).—A total of 133,949 aged persons, 39,560 needy children, and 6,846 blind persons received Social Security payments amounting to $5,460,399 during December, Director of Social Welfare Martha A. Chickering reported today.

In San Francisco County 10,185 aged, 3,345 children, and 517 blind received a total of $439,539.

For the state as a whole, old-age pension payments averaged $32.97; allotments to children, $18.05; and to the blind, $48.17. The state, counties, and Federal Government coöperate in the Social Security payments.

---

* By Drew Pearson and Robert S. Allen.

† By George Gallup, Director, American Institute of Public Opinion.

The institute put before its voters this issue:

"Would you approve or disapprove of having Government health clinics furnish birth-control information to married people who want it?"

The vote of those with opinions was:

Approve	77%
Disapprove	23%

Eleven per cent expressed no opinion.

The institute has on this issue, as on many other questions of social importance, attempted to measure trends of sentiment in recent years. Taking no sides on any issue, its function is solely to report the facts about public opinion.

The study found a higher favorable vote among young persons than among those in the older age groups. Thus, 65 per cent in the age bracket 50 years and over voted approval of furnishing birth-control information in public health clinics, as compared to a vote of 85 per cent among persons under 30 years of age.

No great difference of attitude was found by economic groups. Both the upper income level at one extreme, and persons on relief at the other extreme voted approximately 8-2 in favor of birth-control service through the health clinics.

Voters who expressed their disapproval cited three main reasons: (1) That birth control is a private matter and should not be the concern of the Government, (2) that the practice or spread of birth control is contrary to religious principle, and (3) that it will lead to "race suicide." One voter's comment, typical of many, was: "Those who need it most wouldn't use it, and others shouldn't."—San Francisco *News,* January 25, 1940.

* * *

United States Grants to Hospitals

Roosevelt Studies Health Plan

Washington, D. C., Dec. 22.—President Roosevelt, declaring that the Wagner health bill and the Harrison education bill were too costly and discriminated against poor states, said today he was considering a less expensive plan for outright Federal grants to needy communities for hospital construction.

The Chief Executive told a press conference he was studying the idea with public health officials and members of the American Medical Association with a view to asking Congress that it be tried out first in localities now in need of medical centers and without funds to build them.

From WPA Fund

The cost, he said, would be comparatively low and most of the money would come out of the WPA appropriation. The chief trouble with the Wagner and Harrison measures, he added, was that they required State matching of Federal grants, which would mean that only the wealthier states would benefit.

The bill of Senator Wagner (Democrat-New York) authorizes an appropriation of $80,000,000 the first year, and gradual increases in succeeding years, for grants to states for hospitals and general health programs. That of Senator Harrison (Democrat-Mississippi) provides an outlay of $540,000,000 over five years for building of schools.

President Roosevelt said his hospital plan was not a substitute for the Wagner proposal, but was simply an initial step that could be put through the coming session without waiting for a general plan for the nation.

Big States Out

He indicated that if it worked it might be carried out with respect to schools in poorer sections, but that states like New York and Illinois could not expect any Government handouts for such purpose.

The discussion followed a question whether the President's interdepartmental committee on health and welfare had been revived and whether Josephine Roche, of Colorado, had reassumed its chairmanship. The President said Miss Roche had wanted to resign, but that he had prevailed upon her to stay. He said he had asked the group, whose recommendations formed the basis for the Wagner bill, to continue its present studies and also to look into the hospital construction plan.

Log-Rolling Bait

The hospital grants, he said, would be allocated on condition that benefiting communities were financially able to maintain the buildings and were in a position to administer them efficiently.

Public health officials and a group of private doctors would pick the locations to prevent log-rolling by members of Congress to have the institutions built where they were not needed. When a reporter commented that the plan was a "natural for log-rolling," the President observed that Congress would have the right to do its own selecting but he added that the other method would be more practical.

The PWA, now being liquidated, would supervise the program and WPA labor would be utilized as far as possible.

The President said some doctors had informed him of the need of hospitals in certain communities in the Middle and far West and the South and had told him that they could be provided for about $150,000 each.—San Francisco *Examiner,* December 23, 1939.

* * *

San Francisco Hospitals

Strike Voted by Membership

A strike against eleven leading San Francisco hospitals was authorized last night by the membership of the Hospital and Institutional Workers, Local 250. The vote was 224 to 31.

Any immediate closing of the hospitals was not threatened, however, inasmuch as the strike must first be sanctioned by the San Francisco Labor Council.

Arthur Hare, president of the hospital workers, said he would place the matter on the floor of the council Friday night. He said the union would seek an immediate meeting with the Hospital Conference, representing the managment of the hospitals.

Wages constitute the principal demand: A $7.50 universal monthly increase is sought. The present scale is $90 monthly for male employees and $85 for women.

Hospitals involved are Franklin, French, St. Luke's, St. Joseph's, St. Mary's, Mary's Help, St. Francis, Children's, Mt. Zion, Dante and Stanford.—San Francisco *Chronicle,* January 9, 1940.

* * *

San Mateo Will Study Hospital

Investigation of the tuberculosis pavilion at San Mateo County's Community Hospital, with a view to possible construction of a new county hospital, was begun today by Dr. E. A. O'Neill, chairman of the County Board of Health and Welfare.

County Executive Frederick Peterson suggested the investigation after a personal study of the hospital and following a report of the United States Public Health Service which criticized location of the present tuberculosis pavilion and recommended it be abandoned.

The hospital, the health service report said, lacks a case finding program, houses many advanced patients with others less advanced and has difficulty getting properly warmed food to patients because of the pavilion's distance from hospital kitchens.—San Francisco *News,* January 4, 1940.

* * *

Million-Dollar Gift Offered

Samarkand Hotel Due to Become Haven for Paralysis Sufferers

Santa Barbara, Jan. 9.—Mrs. Alma De Bretteville Spreckels Awl has offered as an outright gift to the National Infantile Paralysis Association her $1,000,000 Samarkand Hotel property on the outskirts of Santa Barbara. It is proposed to establish there such an institution as has brought cure and comfort to hundreds of afflicted youths at Warm Springs, Georgia. . . .

Formal Proffer

Formal proffer of the gift, it was disclosed today, will be made by Mrs. Awl at a luncheon in San Francisco which will be attended by members of the board of the national association. Santa Barbara will be represented by Dr. Walter Scott Franklin, former United States Senator Thomas M. Storke, Mayor Patrick J. Maher and Elmer Awl.

Tonight at Doctor Franklin's Walora Rancho in the Goleta hills members of the regional branch of the national association are meeting to discuss local coöperation in the transformation of the hotel property into a sanitarium. It is pointed out that the establishment of a western sanitarium for infantile paralysis patients will have stimulating effect on the forthcoming "March of Dimes" campaign and on the benefit balls which will be held in the West.

$200,000 Expended

Mrs. Awl long has been interested in child welfare and health. When she found the continued operation of Samarkand as a hotel called for too much of her individual attention, she looked about for a humanitarian use for the property on which she had expended $200,000 for improvements in recent years to raise its value over the $1,000,000 mark. . . . —Los Angeles *Times,* January 10, 1940.

* * *

Doctor Askey to Head Board of Education

Reports circulated through the Board of Education headquarters today that Dr. E. Vincent Askey, physician member of the board, will be elected to succeed Clarence W. Pierce as president of the body.

Doctor Askey is expected to serve his last year of his four-year term, ending in 1941, as president. He at one time was secretary-treasurer of the Los Angeles County Medical Association.

Currently chairman of the board's committee of the whole, Doctor Askey has gone on record strongly in favor of a present board regulation making it mandatory for every teacher who has been absent for more than ten days to show a certificate from the school health division before resuming class work.

Instructors have vigorously protested the ruling, claiming that a health certificate from a private physician is sufficient for reinstatement.

A special hearing on the subject will be held next Monday night.—Los Angeles *Herald and Express,* January 5, 1940.

* * *

Rap Nurse Shortage in Probe

Board to Act on General Hospital Jury Quiz

The Grand Jury recommendations for improvement of conditions at the Los Angeles County General Hospital will be taken up again tomorrow by the Board of Supervisors.

This was determined today at a conference in the office of Supervisor Gordon L. McDonough. The conference was attended by representatives of the Grand Jury, Wayne Allen, county manager; Rex Thomson, superintendent of charities; Mrs. Nellie M. Porter, secretary of the California State Nurses' Association; Doctors Paul S. McKibben, Percy Magan, of the hospital advisory board, and Walter A. Bailey, chief of the hospital attending staff. The report was temporarily shelved by the supervisors last week. At today's meeting Mrs. Carrie Bryant, chairman of the Grand Jury hospital subcommittee, charged that the nursing situation was very bad and the nursing staff entirely inadequate.

Lack of Nurses

"There are not enough nurses and something should be done to remedy conditions," she said.

She recommended, according to the Grand Jury report, the establishment of a board of regents by a charter amendment to govern the hospital.

Mrs. Porter pointed out that conditions had been allowed to "linger along" for the past two years and that no action should be immediately taken to set up a board of regents. She suggested that an administrative director of the hospital be appointed.

Questions Legality

Supervisor John Anson Ford questioned the legality of the Grand Jury report and declared that a board of regents is not the answer.

"What the hospital needs is a competent administrator," he said.

Doctor Bailey said the institution requires many more nurses than it has at the present time.

It is expected that the hospital advisory committee will consult with Rex Thomson and Wayne Allen before submitting recommendations.

Five-Point Plan

The Grand Jury recommended adoption of a five-point program, including an improved social service department, better nursing facilities and more nurses, improved billing and collection service and creation of a board of regents.

Supervisor Gordon L. McDonough said he will ask the Board of Supervisors to place in effect immediately at the county's general hospital recommendations made by the Grand Jury for adjustments in administration.

The supervisor said he will ask the board to approve the Grand Jury report and instruct Rex Thomson, superintendent of charities, and Wayne Allen, county manager, to make the changes.—Los Angeles *Herald and Express,* December 18, 1939.

* * *

Health Service Changes Fees

Eight New Rules to Go Into Effect

A new schedule of fees to be charged members of the city employees' Health Service System was in effect today, and eight changes in rules defining the service offered members and dependents will go into effect Monday.

The revised fee schedules provide for reductions up to $100 for operations. Further adjustments of fees are expected to result from conferences between officials of the system and the San Francisco County Medical Society.

Changes in the service to be provided after Monday include holding the system liable for only five office visits to doctors by any one member during a month, requiring physical examination of all dependents enrolled in the future, increasing the assessment for each minor dependent from $1 to $1.50 a month and barring dependents less than 1 year old from benefits of the system.—San Francisco *News,* December 27, 1939.

* * *

Hospitals Lose Patients' Suits for Damages

With two decisions of importance to privately owned institutions throughout California, the State Supreme Court yesterday discarded a long-established rule of law which, under most circumstances, exempted charitable organizations from liability for the negligence of their employees.

The court ruled against both the Providence Hospital of Oakland and the Hospital of the Good Samaritan at Los Angeles, upholding judgments won by persons injured while patients.

In the Providence Hospital case, Mrs. Elizabeth Silva, 74, of 2134 Sixtieth Avenue, Oakland, recovered a $3,000 judgment for a fractured hip sustained in a fall from bed.

Alleged Negligence

She charged that nurses had negligently failed to equip the bed with a sideboard. The hospital claimed exemption as a charitable institution.

In a 16-page opinion written by Justice Douglas L. Edmonds, the court assumed that the hospital is a charitable institution, but ruled that, even as such, it is liable to paying patients whom it injures.

The court found the Providence Hospital "a typical example" of the modern hospital conducted as a business enterprise, despite its charitable purposes and its assumption of heavy charitable burdens.

$2,250 Awarded

In the Los Angeles case, the late Charles E. England recovered a $2,250 judgment in a suit charging that he was burned through the negligence of a nurse in exposing him to hot water bottles.

Justices Curtis, Houser, Carter and Gibson and Chief Justice Waste concurred with Justice Edmonds in both cases.

Justice John W. Shenk wrote dissenting opinions in both. In the Providence Hospital case, he asserted:

"The conclusions in the majority opinion are contrary to the declared policy of the State and the overwhelming weight of authorities elsewhere."—San Francisco *Chronicle,* December 29, 1939.

LETTERS

Subject: Opinions of Attorney-General of California.

1. Opticians' Law.

2. California Registration of Public Service Medical Officers.

State of California
Department of
Professional and Vocational Standards
Board of Medical Examiners

Sacramento, California,
January 8, 1940.

California and Western Medicine
George H. Kress, M. D., Editor
Addressed

Dear Doctor:

Enclosed please find copy of Attorney-General Warren's opinion No. NS2220, dated December 26, 1939, relative to the so-called registered dispensing opticians' law.

We also enclose copy of Attorney-General's opinion No. NS2209, dated December 27, 1939, relative to the obligation of full-time medical officers in the United States Army, Navy, or Public Health Service to pay the annual tax if the holder of a California medical license.

We believe that both of these opinions will be of considerable interest to readers of California and Western Medicine.

420 State Office Building.

Very truly yours,
C. B. Pinkham, M. D.,
Secretary Treasurer.

I.

Dispensing Opticians' Statute

(COPY)

STATE OF CALIFORNIA
LEGAL DEPARTMENT

San Francisco, December 26, 1939.

Charles B. Pinkham, M. D.
Secretary-Treasurer
Board of Medical Examiners
420 State Office Building
Sacramento, California

Dear Sir:

In your communication of the 15th instant you refer to Chapter 5.5 of the Business and Professions Code, which places "dispensing opticians" under the jurisdiction of the Board of Medical Examiners. You point out that Section 2554 of the Business and Professions Code states that certificates issued pursuant to such chapter shall expire "on December 31" of the year when issued. You also call attention to the fact that:

> Individuals and firms engaged in such business on the effective date of this act shall apply for such registration within ninety days from the effective date hereof.

As noted by you, the ninety-day period referred to terminated at midnight, December 18, 1939.

The ninety-day period referred to by you was a period during which persons engaged in the business of "dispensing opticians" might receive licenses as dispensing opticians without passing an examination, or to put the matter another way, during which appplicants with the proper qualifications might be blanketed in as licentiates thereunder.

You ask:

> 1. Whether it is incumbent upon the Board of Medical Examiners to issue registration certificates at $25 each for the remaining days in the year 1939.
>
> 2. Whether it is incumbent upon the Board of Medical Examiners, in case registration certificates are issued for the remaining days of 1939, to demand of all registrants the payment of a fee of $25 on January 1, 1940.

In reply, please be advised that it is the duty of the Board of Medical Examiners to issue registration certificates to those persons who qualified for such certificates prior to December 19, 1939. One of the conditions precedent to the granting of such a certificate is that the applicant accompany his application with a registration fee of $25. As the law prescribes that a certificate issued under Chapter 5.5 shall be valid, unless sooner suspended or revoked, for the current year in which issued, and shall expire on December 31 of such year, you are advised that a certificate so issued will expire on December 31 of the year 1939.

In answer to your second question, please be advised that it is not incumbent upon the Board of Medical Examiners to demand of all registrants in the year 1939 that they pay a fee of $25 on January 1, 1940.

You are advised, however, that if such registrants do not apply for a renewal of their registration prior to January 15, 1940, and accompany their applications with a renewal fee of $25, they must accompany their applications for renewal with the original $25 required, plus an additional fee of $15 to be paid on account of delinquency in renewal, and that such application for renewal be made prior to February 15, 1940.

Very truly yours,

EARL WARREN, *Attorney-General.*

(Signed) By Lionel Browne, *Deputy.*

II.

Registration Fees of Full-Time Medical Officers in Public Services

(COPY)

STATE OF CALIFORNIA
LEGAL DEPARTMENT

San Francisco, December 27, 1939.

Charles B. Pinkham, M. D.
Secretary-Treasurer
Board of Medical Examiners
515 Van Ness Avenue
San Francisco, California

Dear Sir:

In your communication of November 3, 1939, you refer to opinions NS1721 and NS1721a. Both opinions indicate that the State of California has no right to exact an annual registration fee from full-time medical officers in the United States Army, Navy, or Public Health Service. Each opinion suggests that such medical officers are not required to secure licenses to practice medicine and surgery in the State of California.

Opinion NS1721a points out that under the law no State license can be required of an officer of the United States Army, Navy, or Public Health Service, unless such officer perform other than his official duties. The last numbered opinion pointed out that, inasmuch as medical officers of the enumerated services are not required to be licensed in this State, unless they so desire, that they need not ask for the privilege of licensure in this State, but that should they do so, they must thereafter comply with our law.

We also indicated that those persons engaged in such services who failed to pay the annual registration fee due January 1, 1939, automatically lost the privilege of engaging in the practice of medicine and surgery in the State of California, though we pointed out that such loss of right to practice was not the equivalent of an automatic forfeiture of license.

Your communication suggests that the opinion of this office above referred to places the Board of Medical Examiners in an embarrassing position, inasmuch as the Board has, over a period of years, followed opinions of its previous attorneys, who advised that medical officers of the United States Army, Navy, and Public Health Service holding California licenses need not pay their annual registration fee so long as they were engaged in full-time governmental medical service and not engaged in private practice.

You further state:

> We wonder what will be the reaction when each individual in the group mentioned . . . is notified that, based on Attorney General's Opinions NS1721 and NS1721a, he has automatically forfeited his California medical license and that, based on said opinion, his California medical license can be reinstated only on payment of the $10 delinquency fee.

In reply to the above statement, please be advised that full-time medical health officers in the United States Army, Navy, and Public Health Service, who have not paid their annual registration fees have automatically lost their right to practice medicine and surgery in the State of California, but cannot have been said to have forfeited their licenses. Such loss as they have suffered is not the result of any opinion rendered by this office, but rather is the result of their failure to comply with the law.

This office cannot answer your query as to what action will be taken by the auditors of the accounts of the Board of Medical Examiners when they are made cognizant of the opinions heretofore rendered by this office.

You thereupon ask three specific questions as follows:

> Please advise us whether:
>
> (*a*) Opinions NS1721 and NS1721a become effective as of the date appearing thereon?

(*b*) We shall notify each and every full time medical officer of the Army, Navy and Public Health Service that through failure to pay the annual registration fee, due January 1, 1939, and delinquent sixty days thereafter, they have forfeited their California medical license;

or whether:

(*c*) We shall notify such California medical licentiates engaged in full time service as Medical Officers of the United States Army, Navy or Public Health Service that under the opinions under discussion herein all that will be necessary for them to do will be to pay the $2 annual registration fee, due January 1, 1940, and delinquent sixty days thereafter.

In reply, please be advised that opinions NS1721 and NS1721a were retroactive in effect and relate back to the time annual registration fees were first not collected from the individuals above mentioned.

You should not notify each and every full-time medical officer of the enumerated classes that through failure to pay their annual registration fees due January 1, 1939, and delinquent sixty days thereafter, that they have forfeited their California medical licenses. You should, however, inform each and every one of said officers in said services who have failed to pay their annual registration fees in the past that they have lost their right to practice medicine and surgery in the State of California—even though their licenses have not been forfeited—and that they may secure their right to again practice only upon payment of *all* delinquencies. Delinquencies should include the fee of $10 as well as the annual tax for registration since their failure to pay the same.

The answer to the above question is, likewise, an answer to your question (*c*) above set forth.

Chapter 223 of the Statutes of California, 1919, to which you refer, is not applicable to the situations herein discussed. It relates only to the refunding of taxes collected by mistake.

Very truly yours,

EARL WARREN, *Attorney-General.*
(Signed) By Lionel Browne, *Deputy.*

Subject: Concerning vitamine medication.

THE NATIONAL ASSOCIATION OF RETAIL DRUGGISTS
OFFICE OF THE SECRETARY

Chicago, January 4, 1940.

Dr. George H. Kress, Secretary
Addressed

Dear Doctor:

We are enclosing a copy of a resolution passed at the forty-first annual convention of the National Association of Retail Druggists held in St. Paul, Minnesota, October 9 to 13.

In the belief that the public is best served by medication if used under the prescription or direction of a physician and that indiscriminate sales of medical products are detrimental to public welfare, this resolution was adopted by our body.

It would be appreciated if your organization will lend such support as may be possible in influencing manufacturers to exercise reasonable control over the distribution of outlets for their products.

205 West Wacker Drive.

Very truly yours,
J. W. DARGAVEL,
Executive Secretary.

* * *

(COPY)

WHEREAS, Since the comparatively recent discovery and developments of vitamines, many avenues of distribution such as mail order houses, grocers, etc., are selling such vitamines; and

WHEREAS, The sale by such outlets is detrimental to public welfare; therefore, be it

Resolved, That in the interest of public health the sale of such products should be restricted to drug stores; and be it further

Resolved, That until such time as proper safeguards to circumscribe the sale of vitamine products can be promulgated, the National Association of Retail Druggists specifically requests vitamine manufacturers to restrict their sale to drug channels; and be it further

Resolved, That a copy of this resolution be sent to the American Medical Association and to all state medical societies.

Subject: Appropriation for Army Medical Library Building in Washington, D. C. Request for coöperation.

(COPY)

AMERICAN MEDICAL ASSOCIATION
BUREAU OF LEGAL MEDICINE AND LEGISLATION

Chicago, Illinois, January 8, 1940.

Dr. George H. Kress, Secretary
California Medical Association
450 Sutter Street
San Francisco, California

Dear Doctor Kress:

President Roosevelt, in the budget for the fiscal year of 1941 that he submitted to Congress, January 4, included an item of $600,000 for the acquisition of a site for a new building in which to house the vast collection of invaluable medical literature comprising the Army Medical Library and Museum. A copy of the pertinent budget item is enclosed.

The budget is before the Committee on Appropriations of the House of Representatives of which Congressman Albert E. Carter of Oakland and Harry R. Sheppard of San Bernardino are members. Before the sum recommended by the President for the site for the new building can become available, it is necesary that the item be included in an appropriate appropriation bill. I believe it will be helpful toward that end if the California Medical Association urge Representatives Carter and Sheppard to exert their influence to have the House Committee on Appropriations, in which appropriation bills originate, take the necessary steps to make available the recommended sum as expeditiously as practicable.

The House of Delegates has repeatedly recognized the urgent need for this new building and has passed resolutions petitioning Congress and appropriate federal officials to act with respect to the matter.

535 North Dearborn Street.

Yours truly,
J. W. HOLLOWAY, JR.,
Acting Director.

* * *

(COPY)*

San Francisco, January 15, 1940.

The Honorable Albert E. Carter
Congressman, Sixth California District
Washington, D. C.

Dear Congressman Carter:

As a member of the House Committee on Appropriations, the item in President Roosevelt's "budget providing for an acquisition for a site for the new building of the Army Medical Library," will come to your attention.

The California Medical Association is much interested in the development of the Army Medical Library and Museum, as you will perceive if you will read the enclosed editorial from the March, 1937, issue of the OFFICIAL JOURNAL.

---

* Members of the California Medical Association who wish to coöperate may write letters to Congressmen Carter and Sheppard.

President Charles A. Dukes of Oakland, and other officers and members of the California Medical Association would appreciate very much your active interest in promoting the passage of this item.

With all good wishes, and hoping that we may have your continued coöperation.

Cordially yours,
George H. Kress, M. D.,
Secretary.

Subject: Melanoma: Report of Case.

January 24, 1940.

To the Editor:—I was interested to read the paper on thirty-five cases of melanoma by Doctors Taussig and Torrey, which appeared on page 15 of the January issue of California and Western Medicine. I have not been able to find reported in the literature a report on a patient under five years of age who had been cured.

About two and one-half years ago I attended a girl of seven, who, while dancing, was kicked in the foot, and within a week a small "freckle" grew rapidly to the size of one-half a dime. Dr. Orville Meland was called into consultation by me, and advised immediate wide excision by electrosurgery. This I did in August, 1937, and to date the patient is well, happy, and free of metastasis.

This case differs from those mentioned in the Taussig-Torrey report in that a rapid growth was noted by the patient's family within a week, while in the cures reported in the Taussig-Torrey paper the lesions had been slowly growing for years.

Very truly yours,
Samuel P. Danno, M. D.

Subject: Court opinion in malpractice case—On sulfanilamide.

Los Angeles, January 15, 1940.

To the Editor:—I am enclosing a portion of Judge Clement L. Shinn's decision in the malpractice case which he dismissed in his court January 10, 1940. It involved a death following the administration of sulfanilamide, possibly one of the few recorded deaths and, likewise, one of the few recorded lawsuits following.

I believe, in fairness to Judge Shinn, who apparently always has had the interests of the medical profession at heart, we should publish this short résumé in the medicolegal section of our State Journal. Trusting that it can and will be done, I am

2212 West Third Street.

Yours fraternally,
Charles E. Stolz, M. D.

* * *

In the Superior Court of the State of California in and for the County of Los Angeles. Department 19. Clement L. Shinn, Judge.

No. 436,146. Opinion of Court.

The Court (continuing): This young man was being given a dangerous drug. He was not being treated for a consideration; he was being treated for his own good by an experienced doctor—a man who appears to me to be a competent and conscientious man. There are, of course, recognized and unavoidable dangers in certain types of treatment, and physicians as a rule do their utmost to minimize these dangers. The medical profession has to progress, not for its own good, but for the good of humanity, and types of treatment which are efficacious cannot be abandoned because they are not utterly safe. Accidents will happen. Here was a young man who fell in that indeterminable class who cannot tolerate or handle this drug in considerable quantities. It does not appear that there was any way for the medical profession to tell who could or could not handle the drug except by using it and watching the results, and when they tried it out on this patient they were not doing wrong by him. If they had been successful, it would have changed his entire life. He certainly was leading a miserable existence the way it was. He had had other treatment. It may be that this remedy was the only one that would have reached his case. We don't know about that.

He did what appeared to be the right thing in going to the clinic and submitting to the treatment. The drug was not given in excessive quantities. The young man was given printed instructions advising him to watch for certain enumerated manifestations of ill effects. These instructions had been carefully prepared by competent authorities and listed the unfavorable reactions that were known at that time. He was instructed to report to the doctor immediately upon the discovery of any of these symptoms, and he was an intelligent young man. Once a week he was examined and tests which were generally used by the profession at that time were made. No evidence of unfavorable reaction occurred until the end of the fifth week, at which time the treatment was stopped. It appears from the evidence that the treatment was administered scientifically, skillfully and carefully, and that the results which followed could not have been anticipated. The treatment was proper under all of the circumstances. The unfortunate consequence was not the result of negligence.

Judgment will be for the defendants.

Subject: Ray Lyman Wilbur of California, on the objectives of the American Social Hygiene Association.

(COPY)

A Letter From the President

Dear Thirty Thousand Members of the Association:

The year 1939, in almost all respects, has been the most satisfactory of the Association's twenty-six years of national service. You, of course, have helped to make it so by your interest and friendship, your inquiries, your helpful suggestions and your many calls upon national headquarters for advice, services, and materials which it is our job to furnish. High points we'll remember are:

Third National Social Hygiene Day, February 1, 1939, with the annual meeting in Washington, D. C., the *Snow Medal* awarded to Surgeon-General Parran, and five thousand meetings occurring across the country.

Passage of premarital examination laws in nine states (nineteen states now have them) and prenatal examination laws in fourteen states (total now seventeen).

Appropriation by Congress of $5,000,000 to aid the states and communities in the second year of the nation-wide campaign against syphilis and gonorrhea, 1939-1940, and more than this sum from the states and communities.

The Association's exhibit, Social Hygiene in Your Town, at the New York World's Fair (with 250,000 visitors clocked through, and many new friends gained), plus the Association's spirochete film shown at the fine syphilis exhibit in the next corridor, sponsored by Parke Davis Company.

The lively interest and effort of the 1,500 youth groups coöperating with the Association's Youth Service.

The widespread recognition of sound sex education as a necessary part of efforts to wipe out the venereal diseases, quite aside from its acceptance as a means of building successful marriage and family life.

The warm welcome and hearty approval of the Association's new talking motion-picture film on syphilis, "With These Weapons," now in country-wide distribution.

The many pleasant informal gatherings of the clan at various points throughout the land and various times, including the Buffalo Institute held in connection with the National Conference of Social Work and the American

Medical Association meeting in St. Louis last May, the fine community meeting in October in Pittsburgh during the American Public Health Association meeting, and the Conference of Executives at national headquarters a little later. The Association's staff in the course of such meetings and general field work visited every state in the Union.

So we wind up this first year of the Association's second quarter-century with prospects bright for the Fourth National Social Hygiene Day, February 1 next, and a rousing and important conference at Chicago, described in the *Monthly Social Hygiene News*, as further great steps in the 940 advance of the eight-point program, and the onward sweep to wipe out syphilis and gonorrhea.

This indeed is a satisfactory review and a promising outlook. But there is one respect in which activity and achievement are not coming up to plans and specifications. This, as you would guess, concerns the securing of sufficient funds to meet the ever-growing demands upon the Association. Although members and contributors have increased in number some 800 per cent in the last two years, the per capita amount of gifts steadily declines. If we are to "hold that line," we must change this situation, and I call on you to help in this way as you have in so many others.

May we count on you for 1940? . . .

Faithfully yours,
RAY LYMAN WILBUR.

Subject: Appropriation for the Army Medical Library in District of Columbia.

Comment: The Army Medical Library at Washington, D. C., has long been in need of better quarters. The subject has been discussed, off and on, in CALIFORNIA AND WESTERN MEDICINE and other medical journals.

In the appropriation bill before the present Congress, the item has been included in this year's budget.

The Appropriations Committee of the House of Representatives has as members two California congressmen: Hon. Albert E. Carter of Oakland and Hon. Harry R. Sheppard of Yucaipa, in San Bernardino County.

Members of the California Medical Association who wish to promote the interests of scientific medicine in the United States may well write to these two congressmen and to other California representatives and senators urging support of this appropriation.

Below is appended the copy of a letter, in which additional information is given:

(COPY)

San Francisco, January 15, 1940.

The Honorable Harry R. Sheppard,
Congressman, Nineteenth California District,
Washington, D. C.

Dear Congressman Sheppard:

We have been informed that you are a member of the House Committee on Appropriations, before which committee, the item of the acquisition of the site of a new building for the Army Medical Library as submitted by President Roosevelt, will come up for consideration.

We are writing to express the hope that you may be able to give active support to bring about the enactment of this appropriation in which members of the medical profession are greatly interested.

We enclose a copy of an editorial from our OFFICIAL JOURNAL of March, 1937, in which the Army Medical Library is discussed. We hope you will have the time to scan this so that you may better understand why the medical profession is so wholeheartedly in favor of better facilities for the Army Medical Library.

I know that Past President William W. Roblee of Riverside, and other officers of your congressional district, will have special appreciation for any good efforts you may use to secure this appropriation.

With all good wishes, and hoping to have your continued coöperation,

Very truly yours,
GEORGE H. KRESS, M. D.,
Secretary.

MEDICAL JURISPRUDENCE[†]

By HARTLEY F. PEART, *Esq.*
San Francisco

Charitable Hospitals Are No Longer Exempt From Liability for Injuries to Patients Caused by Negligence of Hospital Employees

Two recent decisions of the California Supreme Court have brought about a change in the liability of charitable hospitals for injuries to patients. Heretofore, these hospitals enjoyed an exemption from liability which private hospitals operated for profit did not enjoy. The exemption was based on long established policy and was upheld by the courts on three different theories of nonliability. The most generally stated theory was the so-called trust fund doctrine first announced in England in the early nineteenth century. According to this view the patron deals with the charity upon the condition that the trust assets are not available to him for the payment of damages.

Another theory upon which the rule of nonliability has been based is that by implied contract one who accepts the services or care of a corporation organized and operated for charitable purposes waives his right to hold it liable for tort.

Other courts have flatly stated that such an organization can not be held liable for tort upon the ground of public policy.

These three principles of exemption, it should be stated, have only been applied in favor of patients. Employees and strangers have for many years been allowed full recovery.

The first of the two recent decisions is *Silva* vs. *Providence Hospital of Oakland,* 99 Cal. Dec. 20. Here, there was presented squarely for decision the question: Is a charitable corporation liable for an injury negligently inflicted by an employee acting within the scope of his employment? The facts of the case were as follows: While the plaintiff was a patient in the hospital and paying the amounts charged by it for the services rendered to her, she fell and fractured her hip by reason of the negligence of the hospital nurse in failing to equip her bed with a side board. The hospital conceded the sufficiency of the evidence to support the findings on the issue of negligence but challenged the findings upon the ground that as a result of defendant's charitable nature, it should be exempt from liability. The evidence disclosed that since 1903, when it was incorporated under the laws of California, the hospital has been a nonprofit corporation. The object and purpose of the corporation is to erect and maintain one or more hospitals to provide medical and surgical care for sick and disabled persons; it has no capital stock; its members and officers derive no pecuniary profit from the operation of the hospital and serve without pay; poor and needy persons are admitted to the hospital without distinction of class or creed and charity patients are afforded the same treatment as patients who pay for services rendered. The hospital is owned by the Sisters of Charity of Montreal, Quebec. After acquiring land, the sisterhood erected a hospital with money borrowed from the Roman Catholic Archbishop of San Francisco and thereafter solely from the earnings of the hospital they paid off this indebtedness, acquired a new site and erected a second hospital.

In 1936, the year of plaintiff's injury, the hospital's income from patients was sufficient to meet all of its operating expenses, taxes and interest and to pay $11,000 on its indebtedness. Six per cent of the patients were cared for as a matter of charity, 30 per cent paid the charges of the hospital in part, and the balance (64 per cent) paid their bills in full. So far as plaintiff was informed, the hospital did not agree to furnish any care or treatment at less than the regular rate.

[†] Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions, and analyses of legal points and procedures of interest to the profession.

In holding the hospital liable for injuries to Mrs. Silva, the Supreme Court stated that many charitable hospitals of today are of a somewhat different nature than the charitable hospitals of the past. Today, although many hospitals receive some financial assistance from charitable gifts, the court thought it unquestionably true that by accepting some patients who pay full rates and by setting aside reserves for expansion, their nature is no longer strictly charitable but merely nonprofit. Because of this fact the court held that each of the three theories of nonliability have become inapplicable. The court in adopting an excerpt from an opinion rendered in another case stated:

> It would seem that a sound social policy ought, in fact, to require such organizations to make just compensation for harm legally caused by their activities under the same circumstances as individuals before they carry on their charitable activities. The policy of the law requiring individuals to be just before generous seems equally applicable to charitable corporations. To require an injured individual to forego compensation for harm when he is otherwise entitled thereto, because the injury was committed by the servants of a charity, is to require him to make an unreasonable contribution to the charity, against his will, and a rule of law imposing such burdens cannot be regarded as socially desirable nor consistent with sound policy.

One justice dissented and in his dissenting opinion stated that he could not agree with the prevailing opinion for two reasons. In the first place, he challenged the test for exemption from liability based on the ability of the patient to pay. A poor man is just as much entitled to good treatment at a hospital as a rich one and is just as much in need of it. In the second place, he thought that the reasoning and conclusions of the prevailing opinion are contrary to the declared policy of this state and the overwhelming weight of authority elsewhere. It was his opinion that less than eight states have held that charitable institutions are liable for the negligence of their employees on the same basis as private profit making corporations. He stated:

> . . . the true test is the general nature of the institution and whether it is maintained for the purpose of profit or for that of service, and not the extent or cost of the benefit which the patient or beneficiary has received by availing himself of its privileges.

The other decision affecting charitable hospitals was announced contemporaneously with the *Silva* decision and is entitled *England* vs. *Hospital of the Good Samaritan*, 99 Cal. Dec. 38.

In this case a patient in the hospital was burned by hot water bottles which a nurse placed against his body. The case thus involved the same point of law that was involved in the *Silva* case and the same conclusion was reached.

New Drug to Aid Treatment of Syphilis Is Announced. A warning of the menace to the individual and to the public health that exists in self-treatment of syphilis is sounded by *The Journal of the American Medical Association* in commenting on an announcement in the same issue of *The Journal* of the acceptance by the Association's Council on Pharmacy and Chemistry of a new drug, sobisminol mass, which can be taken by mouth as part of the treatment for syphilis, and sobisminol solution, for injection in treating the disease.

Heretofore the standard method used by most physicians in the treatment of the disease has been the alternating injection into the vein of arsenical compounds based on the famed discovery of Ehrlich, and injections into the muscles of the hip of bismuth compounds. The new drug is not a substitute for this treatment, but must be taken in conjunction with the injection of one of the arsenical compounds.

The Journal points out that with the standard method of treating syphilis "the disease is under constant attack by the respective metallic compounds. Physicians who use the injection technique may be assured that the patient has received the prescribed dose. The routine weekly schedule facilitates the observation of the effect of the tratment on the disease and on the patient. Regularity of examination and treatment is important to both the patient and the physician. It affords frequent opportunity for mental and moral influence, and encouragement by the physician. It aids in the maintenance of adequate records, which are useful in statistical evaluation of various treatment systems. Perhaps most important to the individual and to society, routine administration of medication provides the physician with an effective means of insuring the prolonged coöperation of the patient—an essential requirement for the successful termination or control of the disease. Any plan of treatment which lacks these advantages requires serious consideration from a public health and socio-economic point of view before it is accepted as a suitable method for the treatment of syphilis. . . .

"There are, of course, certain instances in which the giving of a drug by mouth would be a valuable adjunct in syphilis treatment. It can be used with caution for those individuals whose business or profession necessitates occasional absences from the physician's supervision. It should prove useful for persons who have unusual difficulty in taking injections into the muscle because of resultant pain and hardening of the muscles.

"Sobisminol mass must not be sold over the counter as a cure for syphilis. If it were thus marketed, the product would be a real danger and detriment to the public health. Both its discoverer, Paul J. Hanzlik of Stanford University Medical School, and the manufacturers are most anxious that no such contingency shall arise. Therefore, according to agreements between the board of trustees of Stanford University and each of the three firms already licensed to manufacture the product, every legal effort is being made to prevent the sale of capsules of sobisminol mass to the public other than on or by the prescription of the physician.

"The ultimate evaluation of the therapeutic efficacy of a new drug such as sobisminol mass necessarily requires a long time. The close coöperation of Doctor Hanzlik and other investigators, the manufacturers, the Food and Drug Administration and the Council on Pharmacy and Chemistry in careful studies designed to evaluate and control this new product properly is highly commendable.

"Supplying the drug directly to the public would obviously result in inadequate treatment of unrecorded and uncontrolled cases and thus would become a serious menace both to the individual and to the public health."

In the same issue of *The Journal* are the reports of two groups of physicians who have made a study of the results of treating syphilis with sobisminol mass.

Both groups report encouraging results. Willard M. Meininger, M. D., and Charles W. Barnett, M. D., San Francisco, in their report state that: "It is a valuable addition to antisyphilitic treatment and certainly deserves further trials."

Julius R. Scholtz, M. D., Katherine D. McEachern, M. D., and Clyde Woods, M. D., Los Angeles, state that their work with the drug "does not allow us to say that sobisminol mass taken by mouth can be substituted for other forms of bismuth in the routine treatment of early syphilis. All circumstantial evidence points to the fact that sobisminol mass taken by mouth will do whatever any other bismuth preparation will do." They warn, however, that "the ultimate proof lies in a treated series of cases observed for several years" and conclude their paper with the statement that:

"If bismuth treatment by mouth receives approval, great care must be exercised in the control of its distribution. Self-treatment with syphilis is worse than no treatment."

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XIII, No. 2, February, 1915

From Some Editorial Notes:

Warning! New Law; Heavy Penalties!—The Harrison Bill regulating the sale of habit-forming drugs was passed by the last Congress and becomes a law of the United States on March 1, 1915. This is a Federal law and affects every person in the United States who has occasion to buy, sell, dispense, give away, use or have in his possession any of the habit-forming derivatives of opium or cocoa. Every physician in practice makes use of such drugs more or less often; after March 1 he cannot do so lawfully unless he has taken out the Government license to be had by application to the Collector of Internal Revenue of the district in which he lives. The penalties for violation of this law are heavy fine or imprisonment or both. And the law applies to you; to every physician in the United States; do not forget that! Do not think there is any way of avoiding it or that it does not apply to you personally. You must comply with it or get into trouble. The license fee is small—only $1 per year—but it must be taken out each year and the fact that you hold a license must be of record in the Collector's office.

Why were we not advised of this before? The good Lord, in His inscrutable wisdom, only knows the vagaries and stupidities of some of our high-priced Federal department chiefs. Doubtless some fathead chief in some office having the administration of this law in charge, assumed that all physicians, pharmacists, dentists, etc., were natural-born mindreaders. When the mails are to be weighed for fixing railroad mail contracts, tons of seeds, agricultural reports, etc., are sent free of postage. When something important like this comes along, our poor, starving Government cannot afford to send a circular letter of information to the professional gentlemen most interested. . . .

Be on the safe side; take out your license before March 1.

Apply to Collector of Internal Revenue—district in which you live.

* * *

Dues! Dues! Dues!—Be sure to pay your dues to your county medical society before March 1. It is a very important matter and no longer a mere trivial detail. To administer the business attached to the legal department of the State Society and to safeguard the rights of over 2,500 individual physicians who are members, is no small thing and it must be done on a business basis. . . .

The $6 assessment is a very small matter in comparison with the hundreds, and in some cases thousands of dollars which it costs to defend a suit for alleged malpractice. And you never can tell whether or when you will be sued. In nearly every case of such suit, the doctor writes or says: "I had no idea of this! I never was sued before!" There always has to be a first time for anything and you never can tell whether the lightning will strike you next, or someone else. If your dues are paid to your county secretary before March 1, and you have a receipt or a cancelled check to show for it, you need not worry about the rest; you will be protected. But remember, in all fracture cases, take an x-ray plate of the broken bone or bones and keep the plate; do not give it to the patient to keep as a souvenir! Be sure your dues are paid!

(Continued in Front Advertising Section, Page 22)

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By Charles B. Pinkham, M. D.
Secretary-Treasurer

News

"Persons suing public employees for injuries caused by negligence, must file a claim with the employee and his employer within ninety days after injury, according to an important decision yesterday by Superior Judge Clarence M. Hanson in upholding the constitutionality of a state law. Decision was in a suit by Jene Jackman against Dr. Joseph H. Patterson and Dr. J. Burbridge, employees at the County Hospital. (Case No. 441431.) In this case because the County Hospital is operated in a governmental capacity the plaintiff could not sue the county but brought his action against the two physicians, alleging that he was injured in the hospital as the result of negligence on their part. He did not file his claim within ninety days as required by the 1933 General Laws. . . . Act 5150 requires persons suing a public employee to file their claim with such employee as well as his employer within ninety days of injury. The plaintiff failed to file such a claim here and asserted it was not necessary because the law was not valid. Judge Hanson's decision is expected to affect thousands of public employees." (Los Angeles *Journal,* December 16, 1939.)

"The Federal Trade Commission announced today it has issued a complaint against certain advertising representations by an Oakland, California, firm dealing in Chinese herbs. The complaint is directed against members of the partnership trading as Fong Wan. It asserts the herbs are 'not a remedy or cure for any of the ailments or diseases' named by the firm in newspaper and periodical advertising and a booklet designated Herb Lore. The complaint also contends the herbs do not and cannot 'wash away any diseases from the human body,' that Partner Fong Poy, also known as Fong Wan, cannot diagnose or heal diseases or ailments and has not restored anyone's health by the use of Chinese herbs. Among the ailments for which the department said the advertising set forth the herbs as a remedy are heart trouble, high blood pressure, colds, influenza, asthma, pyorrhea, cross eyes, cancer, goiter, liver and gall-bladder trouble, diabetes, nervous attacks, arthritis, obesity and headaches." (Sacramento *Bee,* December 15, 1939.) (Previous entries, June and July, 1926; January, 1928; August, 1931; April, 1932.)

"The Mexican Government today was reported to be contemplating measures that would restrict activities of two powerful border radio stations—those operated by Dr. (J.) R. Brinkley and Norman T. Baker. Official circles here said Brinkely's station in Villa Acuna—one of the strongest in the world with 180,000 watts power—and Baker's 50,000-watt station in Nuevo Laredo, had interfered for several years with American broadcasts originating in Texas, the Middle West and even states on the Canadian border. The Mexican action would be based on the recently ratified North American regional broadcasting treaty. The treaty was designed to end international radio interference by allocating specific wave bands to each nation for the exclusive use of stations in that country. With a restricted number of wave lengths—instead of the whole broadcasting range as formerly—shortly to be divided among Mexico's extensive radio industry, sources

(Continued in Front Advertising Section, Page 28)

---

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6.

Now
'no more filter cloths
or separate dispensers

BLOOD TRANSFUSION
AT ITS *Simplest*

With the Baxter Transfuso-Vac, blood transfusion becomes an unbroken technique reduced to its simplest terms.

Formerly—with every change of containers, tubes or filters, and every step in technique that permitted spillage or waste—maintenance of asepsis was threatened. But with the Baxter Transfuso-Vac, blood transfusion can be carried through without change or break—in a single-handed technique that is smooth, clean, easy and largely automatic.

The Baxter Transfuso-Vac is a modified Baxter Vacoliter, containing under vacuum, pyrogen-free Sodium Citrate 2½% in Physiological Solution of Sodium Chloride. Through the rubber stopper under the tamper-proof closure the needle of the Baxter Transfuso Valve is inserted. The donor needle is then inserted into the vein.

As the Valve is opened, the air pressure is neutralized and a natural flow of donor blood occurs. With a steady swirling motion the operator mixes the blood and citrate to prevent formation of clots . . . Thus hermetically stored, the blood may be transported, placed in the blood bank, automatically filtered, infused—all with the utmost simplicity and safety.

NEWLY COMPILED, an editorial bulletin in which are brought together the more important Questions users ask about the Baxter Transfuso-Vac technique, with authoritative Answers. Ask for your copy of Q's and A's.

DON BAXTER, INC.
RESEARCH AND PRODUCTION LABORATORIES
GLENDALE, CALIFORNIA

Speaking of

INTRAVENOUS SOLUTIONS
BAXTER

Originated the unbroken technique of Intravenous Infusion—*pioneered* the Quantity Production of Intravenous Solutions.

Concentrates on doing this one thing well and economically.

Tests every unit for purity, safety and stability.

Maintains a complete line. In variety and package sizes.

In the VACOLITER, *offers the one* vacuum container-dispenser in which solutions are packed in mechanically induced vacuum, with visible proof of vacuum.

Has been granted full acceptance by the profession.

Saves you time and labor, in manifold ways.

Saves you money by highly specialized quantity production.

Reduces hazard with solutions so carefully made and tested that millions of units have been used without pyrogenic reaction.

DISTRIBUTORS:

The C. A. Bischoff Surgical Co.	*Oakland*
The Denver Fire Clay Co.	*Denver-Salt Lake City-El Paso*
Great Falls Drug Co.	*Great Falls*
McKesson & Robbins	*Billings*
Missoula Drug Company	*Missoula*
Ohio Chemical & Manufacturing Co.	*San Francisco*
Shaw Supply Co., Inc.	*Tacoma-Seattle*
Shaw Surgical Co.	*Portland*
Southwestern Surgical Supply Co.	*Phoenix*
Spokane Surgical Supply Company	*Spokane*

St. Luke's Hospital
SAN FRANCISCO
A Limited General Hospital of 200 Beds

▼

Executive Committee
Harold P. Hill, M.D., *Chairman*
Alanson Weeks, M.D.
W. G. Moore, M.D.
George D. Lyman, M.D.

Howard H. Johnson, M.D.
Medical Director

Kenneth Monteagle, *President*

▼

Fully approved by the American College of Surgeons and the American Medical Association for Resident and Intern Training.

Limited Facilities for Part-Pay Treatment

FRANKLIN
HOSPITAL

Limited General Hospital with accommodations for 220 patients located in a seven-acre park. Fourteenth and Noe Streets, San Francisco.

Fully approved by the American College of Surgeons and the American Medical Association for Interne Training, and maintaining an Accredited School of Nursing.

Founded 1852

WALTER V. ROHLFFS, Ph. D.
President

LeROY BROOKS, M. D.
Chief of Staff

FRANK SCHMIDT
Superintendent

THE CALIFORNIA SANATORIUM

Fully equipped for the diagnosis and modern treatment of diseases of the chest, including tuberculosis and other respiratory diseases.

BELMONT, CALIFORNIA
Phone BElmont 100

San Francisco Office: **384 Post Street**
Phone GArfield 4633
H. C. WARREN, M. D.
Medical Director

MAX ROTHSCHILD, M. D.
Founder

H. VAN HORNE, M. D.
G. F. FAIRBAIRN, M. D.
Resident Clinicians

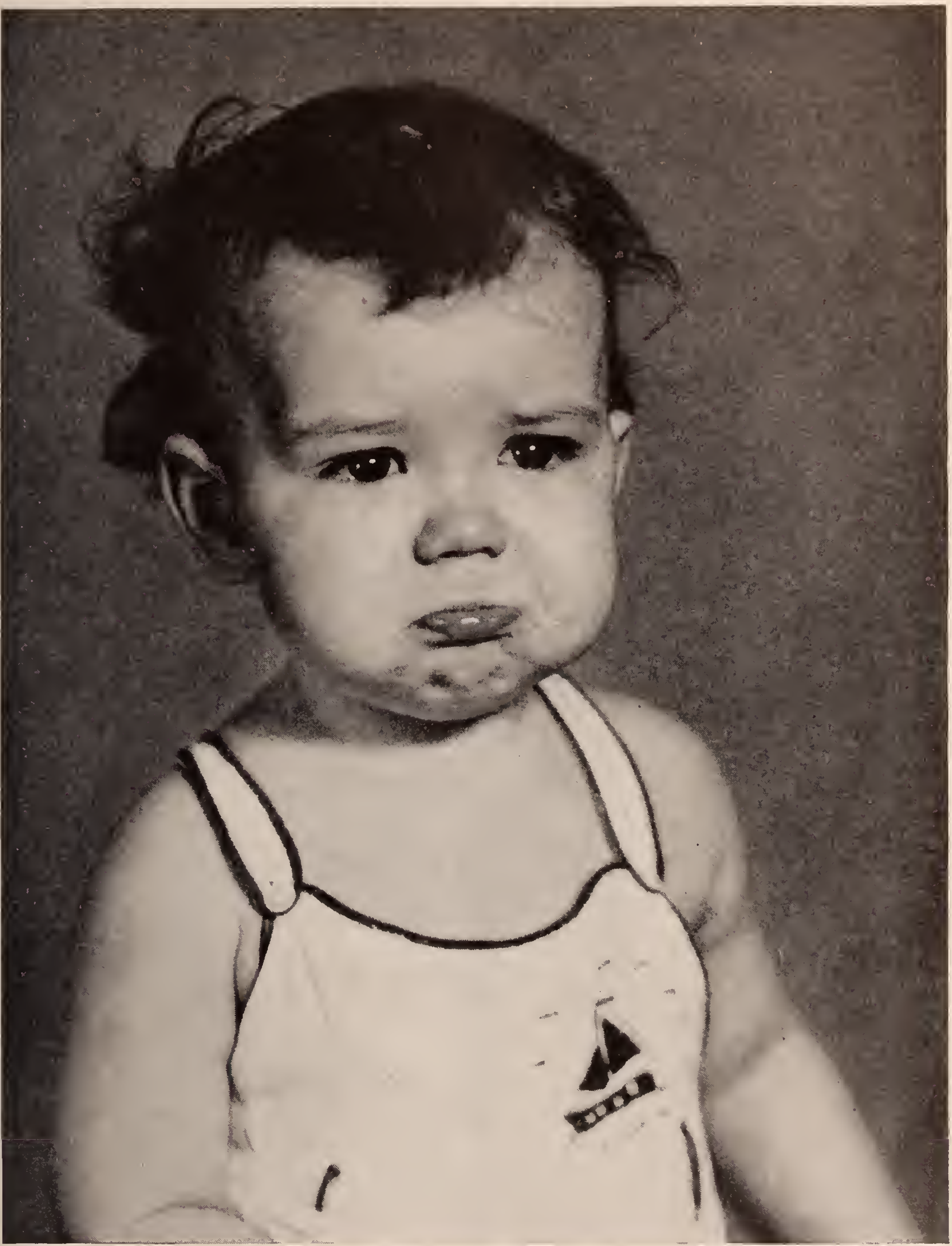
BOARD OF MEDICAL EXAMINERS

(Continued from Front Advertising Section, Page 30)

Angeles County Medical Association, has been elected president of the Junipero Serra Boys' Club, an agency of the Community Chest, it was announced today by Joseph F. Thasins, director. . . ." (Los Angeles *Herald-Express*, December 16, 1939.)

"After introducing a number of witnesses, including several women upon whom Dr. Wallace J. Smith, local chiropractor, had waited during childbirth, the prosecution in the case of *The People* vs. *Doctor Smith* . . . rested at 2 o'clock this afternoon. . . . Joseph W. Williams, special agent for the State Board of Medical Examiners . . . testified that he had made the arrest of Doctor Smith, and that on December 8 of this year he had looked over the list of licensed doctors and midwives recognized by the State as competent to practice obstetrics and that Doctor Smith's name was not on the list. He further testified that upon an order from his superior, he had come to Chico, checked the charts of five women who had given birth to children at the Chico Hospital and found that in each case Doctor Smith had attended them. On October 7 of this year, armed with a search warrant, he had visited Doctor Smith's office and had found records of the births and case histories of the women Doctor Smith had delivered at the Chico Hospital. Assistant District Attorney Andrews submitted as evidence certain newspaper advertisement and professional cards of Doctor Smith on which the latter had advertised obstetrics as one of his specialties during the year prior to December 3, 1938. . . . The defense made no

(Continued on Page 36)



COPYRIGHT 1939 MEAD JOHNSON & CO.

"I DON'T LIKE SPINACH"

Pablum tastes good and is 12 times richer than spinach in total iron content besides having 2½ times the soluble iron.[1,2] Investigations by Stearns and Stinger, Schlutz, and Cowgill show that even such an iron-rich vegetable as spinach did not increase iron storage in the body, but clinical studies of children have demonstrated that the iron in Pablum is present in available form.[3,4,5,6,7]

[1-7] Bibliography on request

MEAD JOHNSON & COMPANY, Evansville, Indiana, U.S.A.

Approved for . . .

PSYCHIATRIC
NEURASTHENIC
ADDICTION CASES

CALL MARKET 9024
HEMLOCK 6326

KEVIN McGETTIGAN
MANAGER

PARK SANITARIUM 1500 PAGE ST.
SAN FRANCISCO.

For Acidity and Allied Conditions, we suggest ADAMS SPRINGS MINERAL WATER

● MANY physicians recommend the water in conjunction with the treatment of stomach, liver and kidney trouble.

ADAMS MINERAL SPRINGS is one of the seven known iron and maganese bi-carbonate springs in the world, and the only one in Western America.

It is not a cure-all, but it overcomes acid excesses in the body, and is a very mild but wonderfully effective eliminator. The bowels function without spasm, the kidney output is greatly increased, and there is *marked* drainage of bile from the gall bladder and liver.

There is also some constitutional upset for a few days, particularly in gall bladder cases. But this is soon over and your patient begins to show improvement and is now in condition to profit by any medication you may prescribe. If the case is an operative one, you have improved your patient and made of him a better risk.

We will be pleased to cooperate in any way whatever, and samples of water are yours for the asking.

A Natural Mineral Water
SHOWING MAIN CONSTITUENTS
By PROF. SYDNEY A. TIBBETTS, *Berkeley*

MANGANESE	1.3 parts per million
IRON	12.5 parts per million
CALCIUM	173.3 parts per million
MAGNESIA	339.3 parts per million
SODIUM	365.0 parts per million
SILICA	93.0 parts per million
CHLORINE	38.3 parts per million
SULPHATE	16.1 parts per million
NITRATE	0 parts per million
PHOSPHATE	.7 parts per million
CARBONATE	1551.4 parts per million
TOTAL	2591.4 parts per million

For further information write W. R. PRATHER, D. D. S.
ADAMS SPRINGS, LAKE COUNTY, CALIFORNIA

Steam heated hotel, open all year around.

3000 feet up in the Lake County Pines.

(Since 1870)

BOARD OF MEDICAL EXAMINERS

(Continued from Page 34)

pretense that Doctor Smith had not practiced obstetrics and was willing to admit all counts in the charge except that applying to the administration of drugs or medicines. . . . The defense opened its case at 2 o'clock this afternoon by placing Dr. A. J. Rosebury, a graduate of the Los Angeles College of Chiropractic, on the stand. Doctor Smith graduated from this college. The witness testified as to the requirements of the college and said that a course of 130 hours in obstetrics and gynecology was required. The college also operated a clinic to which expectant mothers were brought and where students get their training in child delivery. . . ." (Chico *Enterprise,* December 15, 1939.)

"A Butte County jury late today acquitted Dr. Wallace J. Smith, Chico chiropractor, on six counts of practicing obstetrics without a license. The jury deliberated only a little more than an hour, reaching its verdict on the third ballot. Doctor Smith was arrested by Joseph Williams, special agent for the State Board of Medical Examiners, on a charge of delivering six Chico babies without proper license. Dr. C. C. Landis, owner of the Chico Hospital and several nurses were witnesses. The defense admitted that Doctor Smith officiated at all births charged, but asserted his practices were not illegal. Smith denied assertions that he used drugs. . . ." (Press dispatch, Chico, December 16, printed Sacramento *Union,* December 17, 1939.)

"Dr. Clyde A. Pierson, San Bernardino osteopathic physician, today faced a third trial on charges of second degree murder growing out of the death of Hazel Waters, 18, from an alleged illegal operation. A jury in his second trial yesterday was dismissed, hopelessly deadlocked after sixty-five hours of deliberation. They were reported to have stood 11 to 1 for conviction. The case will be reset for trial in Superior Judge Charles L. Allison's court in San Bernardino Tuesday. Doctor Pierson, who was indicted by the grand jury, contends that he did not perform the operation said to have resulted in the girl's death, but that she came to him for treatment after an illegal operation performed in Los Angeles." (Los Angeles *Herald and Express,* December 23, 1939.)

"Dr. Moroni Jameson, 37, jailed with his brother by San Carlos police, October 21, for burglarizing a San Carlos lumber yard, was liberated this afternoon free to continue the practice of medicine, provided he practices outside the

(Continued on Page 38)

METHODS FOR QUANTITATIVE ESTIMATION OF THE VITAMINS

V. The Determination of Riboflavin

● In 1929, the so-called "water-soluble vitamin B" was considered to be composed of two factors, heat-labile vitamin B and heat-stable vitamin G (American nomenclature). General recognition of the existence of vitamin G stimulated research on methods for its quantitative estimation. As a result, a number of bioassay methods for vitamin G were evolved (1, 2) and widely used to determine the vitamin G values of foods.

By 1937, however, it was evident that the heat stable fraction of the vitamin B complex was not a single entity, but rather a mixture of essential factors, among them the yellow-green fluorescent pigment, riboflavin (3). Hence, another chemical compound has recently attained significance in human nutrition (2, 4). The establishment of specific methods for the determination of riboflavin in foods immediately became of interest to workers in the field of nutrition.

As to methods for estimation of riboflavin, it is commonly accepted that the Bourquin-Sherman bioassay method (5)—originally devised for vitamin G—measures riboflavin rather than any other factor (2). This method provided for depletion of the body stores of young rats by confinement to a specified "vitamin G-free" diet and determination of the growth response of the animals to graded supplementary doses of the material under assay. One Bourquin-Sherman vitamin G unit is now considered equivalent to 2-5 micrograms (1/1000 milligram) of riboflavin, the probable average value being about 3 micrograms.

Attempts have also been made to devise a physico-chemical method for estimation of this factor. The yellow-green fluorescence of riboflavin solutions—reaching its maximum between pH 6.0 and pH 7.0—is one of the distinctive properties of this compound (6). The measurement of the intensity of this fluorescence appears to be a promising method for estimating the riboflavin content of a suitably prepared solution, within certain ranges of riboflavin concentrations. However, many difficulties such as the complete extraction of riboflavin from foods and the removal of interfering materials from the extract must be overcome before fluorometric methods can be applied to the determination of riboflavin in all foods. However, recent reports demonstrate that fluorometric methods are adaptable to the estimation of riboflavin in certain specific foods and that a reasonable correlation may be expected between values determined by fluorometric and bioassay methods (7).

From available information (8), it is apparent that riboflavin possesses a high degree of heat stability and is not significantly affected by commercial canning procedures. Thus, the many varieties of canned foods available to the consumer provide convenient and economical sources of this dietary essential.

AMERICAN CAN COMPANY

230 Park Avenue, New York, N. Y.

(1) 1931. The Vitamins, Second Edition, H. C. Sherman and S. L. Smith, Chemical Catalog Co, New York.

(2) 1939. The Vitamins: A Symposium, page 289. American Medical Assn., Chicago.

(3) 1939. The Vitamins: A Symposium, page 127. American Medical Assn., Chicago.

(4) 1939. U. S. Pub. Health Rpts. 54, 2121.
1939. U. S. Pub. Health Rpts. 54, 790.
1939. J. Am. Med. Assoc. 113, 1697.

(5) 1931. J. Am. Chem. Soc. 53, 3501.

(6) 1939. The Vitamins: A Symposium, page 249. American Medical Assn., Chicago.

(7) 1939. Ind. Eng. Chem. Anal. Ed. 11, 495.
1937. J. Am. Chem. Soc. 59, 1153.

(8) 1938. Nutrition Abstracts and Reviews 8, 281.
1932. J. Nutrition 5, 307.
1934. J. Nutrition 8, 449.
1935. J. Am. Diet. Assoc. 11, 343.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the fifty-sixth in a series, which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

Las Encinas Sanitarium . . . Pasadena, California
INTERNAL MEDICINE INCLUDING NERVOUS DISEASES
Board of Directors: GEORGE DOCK, M. D., *President;* W. JARVIS BARLOW, M. D.; SAMUEL D. INGHAM, M. D.
Address: STEPHEN SMITH, M. D., F. A. C. P.; CHARLES W. THOMPSON, M. D., F. A. C. P.
MEDICAL DIRECTORS, PASADENA, CALIFORNIA

Medical Placement Bureau
(AGENCY)
A California Organization Specializing in Trained Medical Personnel
REMOVED TO
291 Geary Street » San Francisco
Helen J. Cowie, M.D. *Phone YUkon 2484* *Lillian F. Johnson, R.N.*

OUR FRIENDLY CHALLENGE

In your files are doubtless many Audiograms of patients who have not been able to obtain satisfaction from the application of a Hearing Aid—particularly persons with a severe nerve type of deafness. You are cordially invited to send these persons to us for a scientific fitting of the new

Crystalic (VACUUM TUBE) Acousticon

Consultation is private—and entails no charge or obligation. We will gladly prepare an Audiogram for any patient for whom you request such service—showing his hearing range WITHOUT and also the increased range WITH the CRYSTALIC ACOUSTICON.

ACOUSTICON
705 Foreman Bldg. LOS ANGELES
457 Powell Street SAN FRANCISCO
Acousticon is accepted by the Council on Physical Therapy of the American Medical Association.

BOARD OF MEDICAL EXAMINERS

(Continued from Page 36)

boundaries of California. . . ." (Redwood City *Tribune,* December 21, 1939.)

"Dr. Roy G. Labachotte of Redwood City today had won his fight . . . and by court order was returned to his place on the State Board of Chiropractic Examiners. Doctor Labachotte was appointed for a three-year term, December 31, 1938. . . . On February 10 . . . Dr. W. Franklin Morris of Oakland (was appointed) in his place. Doctor Labachotte retained Attorney Frank V. Kington, secured permission of the attorney-general to file a quo warranto action and won a decision from the Alameda County Superior Court which reinstates Doctor Labachotte and ousts Doctor Morris." (Burlingame *Advance-Star,* December 26, 1939.)

"Accused of posing as a doctor, Theodore Reginald King, 40, of 620 Eddy Street, was charged with practicing medicine without a license. T. P. Hunter, State Medical Board agent, said several medical instruments were found in King's quarters and that the man has a criminal record. . . ." (San Francisco *Examiner,* January 9, 1940.)

"Lawrence P. Lorraine, self-styled 'doctor,' who was sentenced to Folsom Prison from Sacramento County in 1938, on a charge of performing an illegal operation on 20-year-old Sally Jeune, is suffering from tuberculosis and wishes to be released so he can receive treatment. . . . District Attorney Otis D. Babcock has recommended that Lorraine's application be granted on the ground that he believes after a conversation with Dr. P. W. Day, prison physician, further confinement will impair seriously Lorraine's chance for recovery. Federal Judge Martin I. Welsh, Judge of the Superior Court at the time of Lorraine's sentence, also has written asking for clemency if Lorraine is suffering from advanced tuberculosis. The application, however, is being opposed by both Chief of Police Alec McAllister and Sheriff Don Cox. Doctor Day said Lorraine developed tuberculosis while in prison, although he was underweight when committed. He believes Lorraine would be 'more contented,' and have a better chance for improvement if released. . . ." (Sacramento *Bee,* January 10, 1940.) (Previous entries, January and February, 1935; May and June, 1938; January, 1940.)

"Maria Lopez Gomez and Natividad Trujillo yesterday were bound over for trial, with bail fixed at $25,000, after several witnesses accused them of the abortion death of pretty Jovita Ochoa, dancer. The girl's body was found badly mutilated on the Southern Pacific railroad tracks, but condition of the body led investigators to suspect she had been dead long before she was put there. Aurora Egiart, roommate of the dead dancer, testified before Municipal Judge Joseph Chambers, conducting the preliminary hearing, that she was with her last December 5 when Mrs. Gomez agreed to perform an abortion. Deputy Sheriff Tom H. Morrill reported on a statement Trujillo allegedly made after his arrest. Mrs. Gomez told him that the abortion had been a failure and that the girl had bled to death. Morrill said Trujillo told him: 'She was very worried about

(Continued on Page 40)

YOUR IDEAS—OR OURS OR BOTH!

"ALL THINGS TO ALL MEN" must be the slogan of the printing house that aspires to a high percentage of usefulness.

Possibly your ideas may be of the nebulous sort that require the expert service of a good layout man, or artist.

Or, as frequently happens, your plans have been worked out along general lines, but would be all the better for the few suggestions that we might be able to make.

Printing that can make sales for its sponsors is the result of up-to-date equipment and skilled workmen—No doubt! But there's an added knack that comes from long experience. When a printer has that, your sales message really hums.

You have no printing need that we have not the talent and capacity to fill.

THE
JAMES H. BARRY CO.

Telephone
UNderhill
7780

Printers and Publishers
ESTABLISHED 1879
170 South Van Ness Avenue
SAN FRANCISCO

LIVERMORE SANITARIUM

• The Hydropathic Department devoted to the treatment of general diseases excluding surgical and acute infectious cases. Special attention given functional and organic nervous diseases. A well equipped clinical laboratory and modern X-ray Department are in use for diagnosis.

• The Cottage Department (for mental patients) has its own facilities for hydropathic and other treatments. It consists of small cottages with homelike surroundings, permitting the segregation of patients in accordance with the type of psychosis. Also bungalows for individual patients, offering the highest class of accommodation with privacy and comfort.

GENERAL FEATURES

1. Climatic advantages not excelled in United States. Beautiful grounds and attractive surrounding country.
2. Indoor and outdoor gymnastics under the charge of an athletic director. An excellent Occupational Department.
3. A resident medical staff. A large and well trained nursing staff so that each patient is given careful individual attention.

Information and circulars upon request
Address: CLIFFORD W. MACK, M. D.
Medical Director
LIVERMORE, CALIFORNIA
Telephone 313

CITY OFFICES:
SAN FRANCISCO
450 Sutter Street
DOuglas 3824

OAKLAND
1624 Franklin Street
GLencourt 5989

ALUM ROCK SANATORIUM
FOR DISEASES OF THE CHEST
SAN JOSE, CALIFORNIA

Telephone
MAYFAIR 321

A small select sanatorium for the treatment of Tuberculosis and other chest diseases.

Each patient receives individual study and care. The referring physician receives regular clinical reports.

Climate is ideal. Located at 1,000 ft. elevation, 6 miles east of San Jose, overlooking the Santa Clara Valley. A folder will be sent on request.

Resident Staff:
Buford H. Wardrip, M.D., San Jose
Supt. and Medical Director

Visiting Staff:
Philip King Brown, M.D., San Francisco
Harold Guyon Trimble, M.D., Oakland
Cabot Brown, M.D., San Francisco
J. Lloyd Eaton, M.D., Oakland

BOARD OF MEDICAL EXAMINERS

(Continued from Page 38)

what to do with the body and she asked me to dispose of it.' " (Los Angeles *Daily News*, December 29, 1939.)

"A Gypsy woman who bilked Mrs. Ada Calibrio of Vacaville out of $20 is sought by Chief of Police O. E. Alley. Alley said the woman pretended to treat Mrs. Calibrio for an ailment, during the process of which she removed two $10 bills the victim had pinned to her dress. The Gypsy, Alley said, tied some scraps of paper and coffee grounds in a handkerchief and left the bundle with Mrs. Calibrio with the warning she was not to open it for several hours. The $20, she told the Vacaville woman, would be found in the bundle when she opened it. Mrs. Calibrio, however, found only paper and coffee grounds." (Press dispatch dated Vacaville, December 26, printed Sacramento *Bee,* December 26, 1939.)

"Joseph P. McKenna, operator of a drug store at 705 Broadway in Oakland, was arrested yesterday by Special Agent T. P. Hunter of the Board of Medical Examiners on a charge of practicing medicine without a license. Hunter charged that McKenna had been prescribing sulfanilamide, a dangerous drug, to members of the Coast Guard. He will appear in Oakland Police Court tomorrow." (San Francisco *Examiner,* December 10, 1939.)

"Guilty of an attempted morals assault on 21-year-old Walene McCarthy, his former office assistant, Dr. P. S. O'Reilly, Glendale (osteopathic) physician, was placed on

TEN GOLDEN RULES

A Guide to a Complete Examination for Cancer

Frank E. Adair, M.D.

1. Examine the lips, tongue, cheeks, tonsils and pharynx for persistent ulcerations, the larynx for hoarseness, and the lungs for persistent cough.
2. Examine the skin of the face, body and extremities for scaly, bleeding warts, black moles and unhealed scars.
3. Examine every woman's breast for lumps or bleeding nipples.
4. Examine the subcutaneous tissues for lumps on arms, legs or body.
5. Investigate any symptoms of persistent indigestion or difficulty in swallowing. Palpate the abdomen.
6. Examine the lymphoid system for enlargement of nodes of the neck, armpit, or groin.
7. Examine the uterus for enlargement, lacerations, bleeding or new growth. Make a bimanual examination to determine the condition of the ovaries.
8. Examine the rectum, and determine the cause of any bleeding or pain.
9. Examine the urine microscopically for blood.
10. Examine the bones and obtain an x-ray diagnosis of any bone which is the seat of a boring pain, worse at night.

ZERA E. BOLIN, M.D.
Pathologist
490 POST STREET
EXbrook 7600 MOntrose 2105
SAN FRANCISCO

(Approved by San Francisco County Medical Society, California State Board of Health and American Medical Association)

24-HOUR SERVICE . . . . PHONE MARKET 2100

Banking FOR THE *Professions*

Doctors, lawyers, dentists, engineers, teachers—all those whose time is precious—appreciate our Bank-by-Mail service. It enables them to do their banking when most convenient, night or day. Safe. Fast. Reliable. Overnight to most points in California.

Write today . . . for free Bank-by-Mail kit containing all necessary forms, return envelope and simple instructions.

CROCKER FIRST NATIONAL BANK
OF SAN FRANCISCO
California's Oldest National Bank

Member Federal Deposit Insurance Corporation

probation yesterday by Superior Judge Frank M. Smith, with the provision that he pay a fine of $2,500; remain on probation for ten years; associate with no young women socially without a chaperone; and associate socially not at all with any of his employees. Judge Smith granted this conditional leniency, saving Doctor O'Reilly from a prison term, after listening to a day-long new trial plea, which was made by Attorney Forest Betts. Judge Smith refused the new trial and arranged for the physician to pay the $2,500 fine in installments." (Los Angeles *Examiner,* December 8, 1939.) (Previous entries, July and November, 1939.)

"Petition for writ of mandamus against the State Board of Medical Examiners, requiring it to reinstate John Henry Becker of Banning to full standing as a physician and surgeon was filed in Superior Court yesterday. . . . Superior Judge F. A. Leonard of San Bernardino County, acting in Riverside for Presiding Judge G. R. Freeman this week, ordered representatives of the State Board to appear in Court January 8 to show cause why the writ should not be granted." (Riverside *Enterprise,* December 8, 1939.)

"Only two months out of Federal prison, John Trowbridge, a former doctor, was arrested here yesterday for the fourth time on charges of selling narcotics. Arrested with him were Frances Stanley, who Federal officers claim was Trowbridge's assistant, and an Alcatraz ex-convict, Dan Sullivan, alleged wholesaler from whom Trowbridge purchased his supplies. Records show that Trowbridge served a six months' jail sentence here in 1930, an eighteen months' term when he was arrested in 1933, and in 1937 was given a two-year prison term—all for narcotic act violations. Sullivan, according to narcotic agents, was released from Alcatraz last year after serving eight years for violation of the narcotic laws in Honolulu. He also served two terms in San Quentin and one in Folsom, according to Warden James Johnston of Alcatraz." (San Francisco *Examiner,* December 14, 1939.) (Previous entry, January, 1938.) No record can be found of anyone by this name as a licensed physician in the United States.

"An inmate of the Los Angeles County Jail who claims to be Prince Alexis N. Romanoff, 'the only surviving son of the Czar of Russia,' today appealed to Governor Culbert L. Olson for clemency on the ground of ill health. In a letter to the Governor, Romanoff said he performed tonsillectomies on two physicians, friends of his, 'Dr. Alice Tays and Doctor Stiace, both of whom practice in Los Angeles,' and was convicted of charges of violating the State Medical Practice Act. His arrest, he said, followed his refusal to accompany Doctor Tays to Reno for the purpose of marrying her. He said she proposed to obtain a divorce. After he was convicted and placed in jail, he said, Doctor Tays again went to him, renewed her proposal and said she would see that he was released if he agreed to marry her. Again he refused. 'I may add that I have had considerable difficulty with the Department of Labor in this country,' he wrote, 'as I entered without a passport after I was taken out of Ekaterinburg, Russia, July 18, 1918, after the night of the assassination of my father, the Czar of Russia, together with my mother and all of those with us.' He said he is in ill health, suffering from haemophilia anemia. The Governor's office mailed him forms on which he may make application for commutation of his sentence or a pardon." (Sacramento *Bee,* January 3, 1940.) (Previ-

(Continued on Next Page)

SAINT FRANCIS HOSPITAL

A General Hospital With Accommodations for Three Hundred Patients

And Operating THE MEDICAL BUILDING, 909 Hyde Street

Tenancy Restricted to the Medical and Dental Professions

DIRECTORS

T. H. O'CONNOR, M. D.
W. B. COFFEY, M. D.
THOS. E. SHUMATE, M. D.
C. R. BRICCA, M. D.

CARL L. HOAG, M. D.
R. H. KISTLER, M. D.
Superintendent, V. W. OLNEY

JAMES H. O'CONNOR, M. D.
C. A. WALKER, M. D.
C. P. THOMPSON, M. D.
GEORGE W. PIERCE, M. D.

Address Communications

SAINT FRANCIS HOSPITAL

Bush and Hyde Streets *Telephone* PROSPECT 4321 San Francisco

The Alexander Sanatorium, Inc.

BELMONT, CALIFORNIA

Ideal climate, only 45 minutes from San Francisco, nestled in the beautiful hills of Belmont. Modern buildings surrounded by gorgeous gardens. Homelike accommodations. Every essential for the treatment of patients requiring rest provided.

Specializing in the treatment of nervous, mental, and debilitating states. Specially equipped for metrazol and insulin therapy.

MRS. ANNETTE ALEXANDER, *President* *Telephone* Belmont 40

BOARD OF MEDICAL EXAMINERS

(Continued from Preceding Page)

ous entries, April, 1937; May, 1938; August, 1939.) (He was also mentioned in the *Journal of the American Medical Association* of December 22, 1934.)

"A $3,382 judgment against Dr. Louis LaVine, Los Gatos chiropractor, was upheld by the State Appellate Court in San Francisco yesterday. The judgment was granted by Superior Judge Maxwell McNutt of San Mateo County, sitting in San Jose Superior Court two years ago, on testimony by Mrs. Charles O. Wallace of Los Gatos that her arm withered and stiffened because of Doctor LaVine's treatment. The Appellate Court, according to the Associated Press, said it found no merit in LaVine's appeal that the evidence was insufficient or that Judge McNutt showed prejudice against the chiropractor. Four months before Judge McNutt's judgment, Superior Judge William F. James on October 18, 1937, dismissed Doctor LaVine's $10,300 malicious persecution damage suit against several valley physicians, growing out of their malpractice charges against him that brought investigation by Thomas P. Hunter, agent of the State Board of Medical Examiners, and a charge of illegal practice on which a Los Gatos jury found Doctor LaVine not guilty in July, 1937. Mrs. Wallace was represented by Attorney D. T. Jenkins in her suit." (San Jose *Mercury-Herald,* January 6, 1940.)

News items of December, 1939, page 414, under the heading "Board Proceedings" mentioned the cases of J. B. Blackshaw, M. D.; Edward J. Finnerty, M. D.; Roscoe Earl Hamlin, M. D., and Roy Paul Woodruff, M. D., wherein it was incorrectly stated that the "Penalty was deferred until the *October* meeting." The records show the penalty was deferred until the *June,* 1940, meeting in San Francisco.

Laymen Profess to Know More About Colds Than Do Physicians.—"There is scarcely a disease that doctors know they know less about, or laymen think they know more about, than the common cold," Lois Mattox Miller, New York, points out in *Hygeia,* the health magazine.

Popular conversation is full of dogmatic statements about what causes colds and how they can be "cured," few of which have any factual basis or any scientific proof. For example, it is commonly believed that one can "catch cold" merely by exposure to low temperature, whereas actual records of cold epidemics and experiments show that contact with a cold-infected person is the important factor.

While physicians admit that much remains to be learned about the common cold, they are now pretty sure, the author says, that "colds are caused and spread by an organism which they cannot see and to which they have not given a name. It belongs to the class of submicroscopic organisms known as 'filterable viruses' because they are small enough to pass through a porcelain filter, which will catch ordinary bacteria.

"Our friendly, gregarious habits make the travels of this virus extremely rapid. We sneeze in crowded rooms, and the virus rides the air on tiny droplets until the next victim breathes it in. (It is about five hours before the virus-laden spray has lost its power to spread a cold.) We blow our noses politely and then shake hands with a friend, who later takes a pencil in that hand and puts it to his mouth.

INSIDE THE EYE
are many curious signs

℞

The Zeiss-Nordenson Retinal Camera is especially designed to furnish an accurate, permanent record of what the ophthalmoscope sees inside the eye. Jenkel-Davidson maintains such a camera at our main store, for the use of the Medical Profession. We invite inquiries and referrals.

Jenkel-Davidson Optical Company
MAIN STORE: 366 POST STREET, SAN FRANCISCO
ALSO: SACRAMENTO · OAKLAND · BERKELEY · ALAMEDA
BURLINGAME · PALO ALTO · SAN JOSE

COMPTON SANITARIUM
(For Mental Illness)
LAS CAMPANAS HOSPITAL
(A General Hospital)
COMPTON, CALIF.
1052 West 6th Street Los Angeles
Telephone MIchigan 3454
GLENN MYERS, M.D. • PHILIP J. CUNNANE, M.D.
Medical Directors
RESIDENT MEDICAL STAFF
G. Creswell Burns, M.D. Russell Johnson, M.D.
Helen Rislow Burns, M.D. Robert M. Newhouse, M.D.
Byron L. Stewart, M.D.
APPROVED BY AMERICAN COLLEGE OF SURGEONS

Or we kiss and give our love and our virus, too. Or we leave it on doorknobs for the next comer.

"Experiments made by W. G. Smillie, M. D., professor of public health at Cornell University Medical College, have shown one particularly important fact. The virus dies quickly when we have a cold. After three or four days, when most of us are knee-deep in paper handkerchiefs and telling our friends to keep away, the virus is no longer a threat to others. But it began to be a threat in the first stage of the cold, some hours before even the sufferer himself suspected that a cold was on the way."

As for prevention of colds, the author says, the only advice that can be given is highly impractical: "Go into solitary confinement and boil everything touched by human hands." While keeping in good physical condition helps to lessen discomfort and prevent complications, it won't prevent colds.

And as for treatment, the doctor's recommendations are simple: "Take a hot bath, get to bed, eat lightly, drink plentifully, keep your bowels open, and call in the doctor if you feel the need of medication." However, the majority of people prefer to disregard this advice, for it is much less colorful and interesting than the home remedies which are so numerous—remedies which include gym workouts, lemon juice ("to build up the white corpuscles"), quinin, laxatives, chest ointments, mustard baths, chiropractic treatments, boiled onions—and many, many more.

"Few such remedies do any harm, say the doctors; some of them will make you feel better, but none of them will actually shorten a cold by so much as one day," declares the author. "But in one sense they can do harm: By alleviating its symptoms they cause people to disregard a cold's real danger, which is that of complications.

(Continued on Next Page)

Bequest Forms: Unto the California Medical Association*

FORM OF CLAUSE OF WILL PROVIDING FOR CASH BEQUEST

I hereby give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California, the sum of $——— to be known as the ——— Gift, to be used and expended by said corporation for scientific, educational, or hospital purposes.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR CASH BEQUEST

I give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California, the sum of $———, to be held as a fund, to be known as the [here insert name desired] Fund, the principal whereof shall from time to time be invested to the best advantage compatible with safety, and the income whereof shall be used and applied for scientific, educational, or hospital purposes.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR BEQUEST OF PERSONAL PROPERTY

I give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California [here describe the property], the same, or the proceeds thereof, to be held as a perpetual fund, to be known as the [here insert name desired] Fund, the income whereof shall be used and applied for scientific, educational, or hospital purposes. The said corporation shall have the power to sell said property and to invest and reinvest the proceeds arising from the sale thereof from time to time as it may deem advisable for the purpose of producing as large an income as may be compatible with safety.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR DEVISE OF REAL PROPERTY

I give and devise unto Trustees Of The California Medical Association, a nonprofit corporation of California, to aid and further its scientific, educational, and hospital purposes, and to be known as the ——— Gift, the following described real property situate in the County of ———, State of California, and more particularly described as follows, to wit:

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR DEVISE OF REAL PROPERTY

I give and devise unto Trustees Of The California Medical Association, a nonprofit corporation of California [here describe the property], the same, or the proceeds thereof, to be held as a perpetual fund, to be known as the [here insert name desired] Fund, the income whereof shall be used for and applied to the support and maintenance of scientific, educational, or hospital purposes. The said corporation shall have the power to sell said property and to invest and reinvest the proceeds arising from the sale thereof from time to time as it may deem advisable for the purpose of producing as large as income as may be compatible with safety.

---

* These Bequest Forms were discussed editorially in CALIFORNIA AND WESTERN MEDICINE, for March, 1936, p. 145, and June, 1936, p. 460.

Colfax School
for the
Tuberculous

COLFAX, CALIFORNIA

There are two units, The Colfax Hospital and the Bushnell Sanatorium, for the treatment of Pulmonary Tuberculosis.

The Colfax School for the Tuberculous is located in the pine clad Sierra Nevada foothills, at an elevation of 2,400 feet; an elevation free from the fogs of the valleys and free from extremes of heat or cold.

This Institution supplies, among other advantages:

1. Individual care and supervision under skilled physicians.
2. Education as to the essentials of recovery from, and the prevention of the spread of, disease.
3. Complete laboratory and x-ray equipment.
4. Every proved method of treatment, including pneumothorax and phrenic nerve interruption. (Major thoracic surgery referred to skilled thoracic surgeons.)
5. An absence of institutional atmosphere.
6. Reasonable rates.

* * *

For further information write

ROBERT A. PEERS, M. D.
Medical Director
COLFAX, CALIFORNIA

* * *

F. LYNN SMITH, M.D.
Associate Medical Director

R. C. ATKINSON, M.D.
Consultant, General Surgery

EMILE HOLMAN, M.D.
(Stanford Hospital), Consultant, Thoracic Surgery

St. Mary's Hospital

2200 Hayes Street
SAN FRANCISCO, CALIFORNIA

▼

Conducted by
Sisters of Mercy

▼

Accredited by the American Medical Association and Approved by the American College of Surgeons. Open to all members of the California Medical Association. Accredited School of Nursing and Out-Patient Department.

(Continued from Page 44)

"Bacteria of great potential harm are usually present in our mouths and throats, and when the common cold virus gets a foothold, the inflammation makes it easier for pneumonia and other infections to follow in its train. The third or fourth day is the most important; this is when these organisms have reached the height of their development. When your children show signs of a cold, the doctor would particularly prefer them to be in bed because colds affect them more severely than adults and because a number of much more serious diseases, such as measles, whooping cough, scarlet fever or diphtheria, often begin with symptoms that closely resemble a cold.

"In their ignorance, laymen may be impatient at the little which science knows about so silly and common an illness as the cold. But the doctors, who are busier at cold research than ever before, already know quite enough to prevent much of the damage and suffering caused by colds, if laymen would only stop applying their own pet remedies long enough to listen."

Clotting Factor in Stored Blood Declines After Nine Days.—Bank or stored blood is an adequate source, for only about nine days, of plasma prothrombin, the clotting factor which helps prevent hemorrhages, Jere W. Lord, Jr., M. D., and John B. Pastore, M. D., New York, declare in *The Journal of the American Medical Association.*

Longer intervals of storage cause the plasma prothrombin to decline gradually. By the end of the third week of storage, the amount has dropped to 61 per cent of the normal prothrombin.

"Hygiene can prevent more crime than any law."—Hugo Munsterberg.

VEGEX (MARMITE*)

NUTRITIONAL THERAPY DURING PREGNANCY

In presenting the aid Vegex (Marmite) may have, we have said and repeat:

> *"Conservatism must be the rule in projecting products for use in human disease. The recovery and life of the patient, the professional reputation of the physician are at stake."*

There is also a policy which physicians will note. Reports, clinical data and medical research are not followed with a publicity service for public distribution. The years which one in the management spent in food and drug control and public health broadly emphasize that self treatment of disease is dangerous; that accurate diagnosis should and can be had; that one disorder is generally accompanied with other disorders; that it is all a job for medical skill.

• AN EXTENSIVE STUDY

For several years studies have been made in England with Vegex (Marmite) and milk in nutritional therapy during pregnancy. The summary report given in the British Medical Journal, Jan. 22, 1938, page 191, shows that a total of over 10,000 expectant mothers received Vegex (Marmite) with milk and milk foods, and a total of over 18,000, in the same area, did not receive these food additions.

• THE RESULTS NOTED

Among the women having Vegex (Marmite) and the milk and milk foods—the exact number was 10,384—the puerperal death rate from sepsis was only 0.09 per 1,000, that is, only one death. Among the group of women—the exact number was 18,854—not receiving these food supplements, the death rate was 2.91 per 1,000.

• THE POSTULATED REASON

The workers postulate that:

> "the vitamin B complex, which was a neuromuscular stimulant, and possibly when this preparation was taken in the last months of pregnancy it enabled the women to deliver herself in certain cases when otherwise she would have had to undergo operative intervention. The vitamin B complex also had a special action on the skin and mucous membrane, and it might be that the action on the mucous membrane of the uterine passages diminished the tendency to puerperal sepsis."

• EASILY BORNE AND PALATABLE

Vegex is easily borne, aids appetite and lactation. Of course, enough of all the B vitamins must be had for normal nutrition and it is now generally accepted that possibly a larger amount is needed during this period.

As frequently we have shown by animal tests, five per cent of Vegex—on the solids a teaspoonful to a quart of fresh milk—in dried whole milk maintains a normal red blood cell count and a normal hemoglobin percentage.

Vegex in hot milk, or Vegex in soups or broths are simple ways for its administration.

* *The British name for Vegex.*

Samples for clinical or professional use will be sent on request

VEGEX
for
B VITAMINS

Autolyzed Brewers' Yeast Extract with salt, added iron salt and pure vegetable flavoring. A level teaspoonful supplies 3 calories. Vegex is free of starch and sugar.

VEGEX ANALYSIS

	Per Cent
Protein (N × 6.25)	32.6
Fat	0.8
Calories per ounce	40
Sodium Chloride	11.1
Phosphorus as P	2.62
Potassium as K	2.18
Calcium as Ca	0.098
Iron as Fe	0.048
Magnesium as Mg	0.13
Copper	0.00275
Manganese	Distinct Traces

B VITAMINS TESTS

Average per gram, 45 Sherman B_1 and B_2 (G) units; 800 plus International B_1 units per ounce. 3½% in a B complex free ration gives good growth, reproduction and successful rearing.

VITAMIN FOOD CO., INC. 122 Hudson Street
NEW YORK, N. Y. **VEGEX, INCORPORATED**

The value of bismuth therapy by intramuscular injection has long been established, but a satisfactory *oral* preparation has been only a hope. Hanzlik and his associates at Stanford University have for many years been in the forefront of those striving for a preparation which would be both safe and clinically effective.

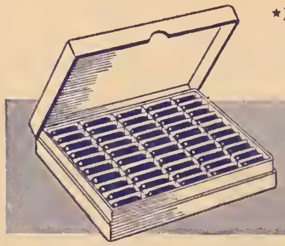
Cutter Laboratories are pleased to have been associated with this group and to announce the successful conclusion of their work.

Sobisminol Mass for oral administration is now available. When administered under direct supervision of a physician it is well tolerated and appears to have an antisyphilitic effect comparable to that produced by other soluble compounds of bismuth injected intramuscularly. Accepted by the Council on Pharmacy and Chemistry, American Medical Association.

Packages: Sobisminol Mass (Cutter), cartons of 100 and 1000 capsules, each containing 150 mg. bismuth equivalent.

Sobisminol Solution (Cutter), cartons of 12 and 100 one and two c.c. ampoules for injection.

*Manufactured under license from Stanford University



CUTTER Laboratories
BERKELEY • CHICAGO • NEW YORK

Manufacturers of biologicals and allied specialties for the medical profession since 1897

NEXT ANNUAL SESSIONS
California Medical Association, Hotel del Coronado, Coronado, May 6–9, 1940
American Medical Association, New York, June 10–14, 1940

CALIFORNIA
AND
WESTERN MEDICINE

Official Journal of the California Medical Association
FOUR FIFTY SUTTER, ROOM 2004, SAN FRANCISCO

VOLUME 52
NUMBER 3

MARCH · 1940

50 CENTS A COP
$5.00 A YEAR

MAR 20 1940
LIBRARY

CONTENTS AND SUBJECT INDEX

EDITORIALS:

Proposed California Initiative: For Compulsory Health Insurance........103
On a Meeting of the Alameda County Medical Association: Some Observations........104
On Various Topics........105
Two Medico-Legal Items: I. On Corporate Practice of Medicine. II. On Citizenship as a Condition Precedent to Medical Licensure........106

EDITORIAL COMMENT:

Toxin Allergy. By W. H. Manwaring, Stanford University........107
Recent Developments in the Bacteriology and Treatment of Urinary Infections. By Harry A. Zide, Los Angeles..108
Differential Count for Spermatozoa. By Lewis Michelson, San Francisco........109
Uses and Abuses of Pituitary Extract During Labor. By Abraham Bernstein, San Francisco........109

ORIGINAL ARTICLES:

Summary of the Pharmacology of Sulfanilamide and Related Compounds. By Windsor C. Cutting, San Francisco, and William L. Cover, San Bernardino........110
Effective Sulfanilamide Dosage: The Value of Quantitative Sulfanilamide Determinations. By William J. Mitchell, Los Angeles; Paul M. Hamilton, Alhambra, and Albert G. Bower, Glendale........113
Acute Suppurative Pericarditis. By Mast Wolfson, Monterey, and John C. Sharp, Salinas........116
Minutemen of American Medicine........120

CLINICAL NOTES AND CASE REPORTS:

Pseudomucinous Cyst of Ovary with Associated Ovarian Dermoid. By H. E. Bowles, Honolulu, Hawaii........124
Hippocrates' Aphorisms. By Moses Scholtz, Arcadia........125

STATE MEDICAL ASSOCIATION:

California Medical Association........127
Minutes of the Council Meeting, February 17, 1940........127
Annual Conference County Secretaries and Officers........131
Official Visits by President Charles A. Dukes and Party........132
Committee on Public Health Education........132
C. M. A. Department of Public Relations........133
Committee on Postgraduate Activities........135
Committee on Scientific Work........136
California Physicians' Service........136
County Societies........137
Woman's Auxiliary........140

MISCELLANY:

News........142
Letters........147
Twenty-Five Years Ago........150
Board of Medical Examiners of the State of California........150
California Medical Directories........Adv. pages 2, 4, 6
Book Reviews........Adv. p. 15

ADVERTISEMENTS: (Index)........Adv. p. 8

Owned and Published Monthly by the California Medical Association
Copyright, 1940, by the California Medical Association
"Entered as second-class matter at the post office at San Francisco, under the Act of March 3, 1879." Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 10, 1918.

Staff

OPHTHALMOLOGY

AARON S. GREEN, M. D.
MARTIN I. GREEN, M. D.
EINAR V. BLAK, M. D.
VINKO V. SUGLIAN, M. D.
DAVID KADESKY, M. D.
WILLIAM R. JEPSON, M. D.

•

OTOLARYNGOLOGY

JOHN H. CHILDREY, M. D.
ERNST WOLFES, M. D.

Completely equipped for the surgical and medical care of all cases pertaining to ophthalmology and otolaryngology.

ADDRESS ALL COMMUNICATIONS TO THE SUPERINTENDENT

GREENS' EYE HOSPITAL

BUSH STREET AT OCTAVIA • SAN FRANCISCO • TELEPHONE WEst 4300

BUTLER BUILDING

GEARY AND STOCKTON STREETS » » » AT UNION SQUARE

"Yes, 'the March wind doth blow,' all right. And every time I look out my window, I'm thankful that my offices are in a place that's easy-to-reach—the Butler Building. My patients find it a convenient location, whether they drive or travel by street car. All principal lines come right to the door, or a block or two away at most."

Investigate these light, well-heated and well-ventilated offices which are adapted to the needs of the medical profession.

▼

Buckbee Thorne & Co.

Agents

151 SUTTER STREET • SAN FRANCISCO

Call at the building or
Telephone DOuglas 5686

GREATER ECONOMY
•
INCREASED SAFETY
Special Morning
EVAPORATED
MILK

Officers of the California Medical Association

General Officers

President—Charles A. Dukes, 601 Wakefield Building, 426 Seventeenth Street, Oakland.

President-Elect—Harry H. Wilson, 1919 Wilshire Boulevard, Los Angeles.

Speaker of House of Delegates—Lowell S. Goin, 414 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

Vice-Speaker of House of Delegates—Dewey R. Powell, 501 Medico-Dental Building, 242 North Sutter Street, Stockton.

Chairman of Council—Karl L. Schaupp, 490 Post Street, San Francisco.

Vice-Chairman—Charles A. Dukes, 601 Wakefield Building, 426 Seventeenth Street, Oakland.

Chairman of Executive Committee—Philip K. Gilman, 2000 Van Ness Avenue, San Francisco.

Chairman of the Committee on Public Relations—George G. Reinle, 532 Fifteenth Street, Oakland.

Past-President—William W. Roblee, 202 Mission Inn Rotunda, Riverside.

Secretary-Treasurer—George H. Kress, 450 Sutter Street, Room 2004, San Francisco. Telephone DOuglas 0062.

Editor—George H. Kress, 450 Sutter Street, Room 2004, San Francisco.

General Counsel—Hartley F. Peart, Room 1800, 111 Sutter Street, San Francisco.

Associate General Counsel—Hubert T. Morrow, Van Nuys Building, 210 West Seventh Street, Los Angeles.

Councilors

(In addition to the elected district and at-large Councilors, the Council has as ex officio members, the general officers and the Chairman of the Committee on Public Relations. Chairman of Council, Karl L. Schaupp; Secretary, George H. Kress.)

District Councilors

First District—Imperial, Orange, Riverside, San Bernardino and San Diego Counties, Calvert L. Emmons (1941), 206 Emmons Building, Ontario.

Second District—Los Angeles, Inyo and Mono Counties, George D. Maner (1942), 657 South Westlake Avenue, Los Angeles.

Third District—Kern, San Luis Obispo, Santa Barbara and Ventura Counties, Louis A. Packard (1940), 563 Haberfelde Building, Bakersfield.

Fourth District—Calaveras, Fresno, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare and Tuolumne Counties, Axcel E. Anderson (1941), Medical Group Building, 1759 Fulton Street, Fresno.

Fifth District—Monterey, San Benito, San Mateo, Santa Clara and Santa Cruz Counties, C. Kelly Canelo (1942), 505 Medico-Dental Building, San Jose.

Sixth District—San Francisco County, Karl L. Schaupp (1940), 530 Medico-Dental Building, 490 Post Street, San Francisco.

Seventh District—Alameda and Contra Costa Counties, Oliver D. Hamlin (1941), 389 Thirtieth Street, Oakland.

Eighth District—Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Sutter, Tehama, Yolo and Yuba Counties, Frank A. MacDonald (1942), 822 Medico-Dental Building, 1127 Eleventh Street, Sacramento.

Ninth District—Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma and Trinity Counties, Henry S. Rogers (1940), 200 Fourth Street, Petaluma.

Councilors-at-Large

C. O. Tanner (1942), 3255 Fourth Street, San Diego.

William H. Kiger (1940), 911 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

Philip K. Gilman (1941), 2000 Van Ness Avenue, San Francisco.

E. Earl Moody (1941), 829 South Alvarado Street, Los Angeles.

Elbridge J. Best (1942), 384 Post Street, San Francisco.

Frederick N. Scatena (1940), Medico-Dental Building, 1127 Eleventh Street, Sacramento.

Standing Committees

Executive Committee

The President, the President-elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Chairman of the Committee on Public Relations, the Past President, the Secretary-Treasurer, and the Editor. (Philip K. Gilman, chairman; George H. Kress, secretary.)

Auditing Committee

Philip K. Gilman (Chairman)	San Francisco	1940
O. D. Hamlin	Oakland	1940
Elbridge J. Best	San Francisco	1940

Members of the Auditing Committee are appointed each year by the Chairman of the Council.

Committee on Associated Societies and Technical Groups

John V. Barrow (Chairman)	Los Angeles	1940
Edwin L. Bruck	San Francisco	1941
Willard H. Newman	San Diego	1942

Committee on Health and Public Instruction

Benjamin W. Black	Oakland	1940
Roy E. Thomas (Chairman)	Los Angeles	1941
William Dock	San Francisco	1942

Committee on History and Obituaries

A. Elmer Belt	Los Angeles	1940
Frank R. Makinson (Chairman)	Oakland	1941
J. Marion Read	San Francisco	1942

Secretary ex officio
Editor ex officio

Committee on Hospitals, Dispensaries and Clinics

Karl L. Schaupp	San Francisco	1940
George I. Dawson	Napa	1941
J. Norman O'Neill (Chairman)	Los Angeles	1942

Committee on Industrial Practice

Harry E. Zaiser	Orange	1940
Morton R. Gibbons	San Francisco	1941
Donald Cass (Chairman)	Los Angeles	1942

Committee on Medical Defense

John P. Nuttall	Santa Monica	1940
George G. Reinle (Chairman)	Oakland	1941
William J. Van Den Berg	Sacramento	1942

Committee on Medical Economics

Edward M. Pallette, Sr.	Los Angeles	1940
John H. Graves (Chairman)	San Francisco	1941
L. W. Hines	Santa Rosa	1942

Committee on Medical Education and Medical Institutions

John B. Doyle	Los Angeles	1940
B. O. Raulston	Los Angeles	1941
L. R. Chandler (Chairman)	San Francisco	1942

Committee on Membership and Organization

G. Dan Delprat	San Francisco	1940
George D. Maner (Chairman)	Los Angeles	1941
Dewey R. Powell	Stockton	1942

Committee on Postgraduate Activities

Dwight L. Wilbur (Chairman)	San Francisco	1940
F. E. Clough	San Bernardino	1941
H. E. Henderson	Santa Barbara	1942

Secretary ex officio

Committee on Publications

Ralph B. Eusden (Chairman)	Long Beach	1940
Ruggles A. Cushman	Talmage	1941
Francis E. Toomey	San Diego	1942

Secretary ex officio
Editor ex officio

Committee on Public Policy and Legislation

E. T. Remmen	Glendale	1940
Junius B. Harris (Chairman)	Sacramento	1941
T. Henshaw Kelly	San Francisco	1942

President ex officio
President-Elect ex officio

Committee on Scientific Work

Lemuel P. Adams	Oakland	1940
J. Homer Woolsey	Woodland	1941
Howard F. West	Los Angeles	1942

Russell V. Lee, Secretary of Section on General Medicine, ex officio
Frederick S. Foote, Secretary of Section on General Surgery, ex officio
George H. Kress, Secretary of California Medical Association, (Chairman) ex officio

Committee on Public Relations

The Committee on Public Relations consists of the chairmen of the following standing committees and of certain general officers of the Association, all serving ex officio. The chairman of the committee is George G. Reinle, the secretary is George H. Kress. The director of the Department of Public Relations is George H. Kress. The chairman of the Committee on Public Relations is ex officio a member of the Council.

Roy E. Thomas	Chair., Com. on Health and Public Instruction
J. Norman O'Neill	Chair., Com. on Hospitals, Dispensaries, Clinics
Donald Cass	Chair., Com. on Industrial Practice
George G. Reinle	Chair., Com. on Medical Defense
George D. Maner	Chair., Com. on Membership and Organization
John H. Graves	Chair., Com. on Medical Economics
Junius B. Harris	Chair., Com. on Public Policy and Legislation
Alson R. Kilgore	Chair., Cancer Commission
Dwight L. Wilbur	Chair., Com. on Postgraduate Activities
Charles A. Dukes	President of California Medical Association
Harry H. Wilson	President-elect
George H. Kress	Secretary-Treasurer

Communications for the Public Relations Department should be addressed to the Director, George H. Kress, M. D., Room 2004, 450 Sutter Street, San Francisco.

Cancer Commission

Charles A. Dukes	Oakland	1940
Lyell C. Kinney (Vice-Chairman)	San Diego	1940
Otto H. Pflueger (Secretary)	San Francisco	1940
Orville N. Meland (Sec. for Southern Section)	Los Angeles	1941
A. Herman Zeiler	Los Angeles	1941
Gertrude Moore	Oakland	1941
Clarence J. Berne	Los Angeles	1942
Alson R. Kilgore (Chairman)	San Francisco	1942
Henry J. Ullmann	Santa Barbara	1942

Communications for the Cancer Commission should be addressed to the Secretary, Otto H. Pflueger, M. D., Room 2004, 450 Sutter Street, San Francisco.

(Roster lists of officers of scientific sections, component county societies, Woman's Auxiliary, A. M. A. delegates, special committees, etc., are continued on advertising pages 4 and 6.)

Decholin
REG. U.S. PAT. OFF.

A True Choleretic
●
A Single Chemical Entity
●
Virtually Nontoxic

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

A Thoroughly Investigated Product

The findings of independent and unbiased research represent the final criterion of the therapeutic value of a medicinal preparation. During the last 17 years several hundred reports in medical journals all over the world have established that Decholin (dehydrocholic acid) and Decholin sodium offer the physician reliable therapeutic agents for the treatment of hepatic and biliary tract disorders.

Decholin and Decholin sodium have proved of value as choleretics in the treatment of chronic cholecystitis, hepatitis of toxic origin, noncalculous cholangitis, biliary engorgement, hepatic insufficiency, biliary dyskinesia, pre- and post-operatively in biliary tract surgery, and as diuretics in ascites associated with hepatic engorgement.

Riedel-de Haen, Inc.
105 Hudson Street New York, N. Y.

California Physicians' Service

Headquarters Office of California Physicians' Service is located at 333 Pine Street, San Francisco.

Board of Trustees

Dr. Ray Lyman Wilbur	President
C. Kelly Canelo, M. D.	Vice-President
Lowell S. Goin, M. D.	Vice-President
Alson R. Kilgore, M. D.	Secretary-Treasurer
T. Henshaw Kelly, M. D.	Assistant Secretary-Treasurer

Samuel Ayres, Jr., M. D.
W. Earl Mitchell, M. D.
Glenn Myers, M. D.
Rt. Rev. Thomas J. O'Dwyer

Administrative Members

A. E. Anderson, M. D.
E. Manchester Boddy
Rev. Ernest Caldecott
Charles A. Dukes, M. D.
Calvert L. Emmons, M. D.
Carl R. Erickson
John Anson Ford
Philip K. Gilman, M. D.
John W. Green, M. D.
Oliver D. Hamlin, M. D.
Junius B. Harris, M. D.
Carl R. Howson, M. D.
William H. Kiger, M. D.
Dr. Tully C. Knoles
Daniel Koshland
George H. Kress, M. D.
S. J. McClendon, M. D.
Howard Morrow, M. D.
Louis A. Packard, M. D.
Alfred L. Phillips, M. D.
Dewey R. Powell, M. D.
George G. Reinle, M. D.
William W. Roblee, M. D.
Henry S. Rogers, M. D.
John C. Ruddock, M. D.
Frederick N. Scatena, M. D.
Karl L. Schaupp, M. D.
Ernest Sloman, D. D. S.
Harry H. Wilson, M. D.

* * *

Nonprofit Hospitalization Corporations

In California, the three nonprofit hospitalization corporations named below are in operation:

California Physicians' Service, 220 Montgomery Street, San Francisco; 448 South Hill Street, Los Angeles.

Associated Hospital Service of Southern California, 1151 South Broadway, Los Angeles.

Insurance Association of Approved Hospitals, 369 Pine Street, San Francisco; 675 East Santa Clara, San Jose; Easton Building, Oakland.

Intercoast Hospitalization Insurance Association, 1127 "J" Street, Sacramento.

California Packet Library Services

In connection with postgraduate and other studies, the packet library facilities of the larger medical libraries of California may be mentioned. Letters regarding literature, etc., may be addressed to the librarians of the following institutions:

University of California Medical Library, Medical Center, San Francisco.

Lane Medical Library (Stanford), 2398 Sacramento Street, San Francisco.

Barlow Medical Library (Los Angeles County Medical Association), 634 South Westlake, Los Angeles.

ISOPHRIN
TRADE MARK REG. CALIF.

A non-irritating Neo-Synephrin Solution used as a nasal spray or drops

ISOPHRIN is 1/4% Neo-Synephrin Hydrochloride in a special isotonic solution prepared only by Broemmel's.

Neo-Synephrin Hydrochloride is a synthetic substance of epinephrine-like action, but possesses the advantage that it is more stable, its effects are prolonged, and it does not irritate the nasal mucosa or cause sneezing.

Prolonged contact with certain metals may cause discoloration, therefore use spray bottles with only glass or hard rubber fittings.

Supplied in original bottles of 1 oz.

●

BROEMMEL'S PHARMACEUTICALS
FITZHUGH BUILDING
GArfield 4417 San Francisco, Calif.

ROSTER OF COUNTY MEDICAL SOCIETIES, CALIFORNIA MEDICAL ASSOCIATION

(County society secretaries are requested to promptly notify "California and Western Medicine" when changes are indicated in their roster information.)

Alameda County Medical Association

2404 Broadway, Oakland

President, A. A. Alexander, 1904 Franklin Street, Oakland.
Secretary, Gertrude Moore, 2404 Broadway, Oakland.
Meeting, *Third Monday, 8:15 p. m., Hunter Hall, Oakland.*

Butte County Medical Society

President, William W. Carey, 103 Hazel Street, Gridley.
Secretary, J. O. Chiapella, 131 Broadway, Chico.
Meeting, *Second Thursday.*

Contra Costa County Medical Society

President, Kaho Daily, 314 Tenth Street, Richmond.
Secretary, Clifford E. Dietderich, 1306 Pomona Avenue, Crockett.
Meeting, *Second Tuesday, 8:00 p. m.*

Fresno County Medical Society

President, Ray R. Dearborn, First National Bank Building, Madera.
Secretary, J. E. Young, 405 Rowell Building, Fresno.
Meeting, *First Tuesday, University-Sequoia Club, Fresno.*

Humboldt County Medical Society

President, John N. Chain, Fourth and E Streets, Eureka.
Secretary, Joseph S. Woolford, 350 E Street, Eureka.
Meeting, *First Thursday.*

Imperial County Medical Society

President, Henry B. Graeser, 115 E. Fifth Street, Holtville.
Secretary, William A. Clarke, Holtville.
Meeting, *Third Tuesday, 7:00 p. m., Barbara Worth Hotel, El Centro.*

Inyo-Mono County Medical Society

President, Lloyd S. Bambauer, 705 Home Street, Bishop.
Secretary, Clarence L. Scott, 609 Elm Street, Bishop.
Meeting, *Fourth Wednesday, Methodist Church, Bishop, except December, January, February.*

Kern County Medical Society

President, C. S. Compton, 428 C Street, Bakersfield.
Secretary, Eric F. Colby, Hopkins Building, Bakersfield.
Meeting, *Third Thursday, 8:00 p. m.*

Kings County Medical Society

President, P. K. Edmunds, Corcoran.
Secretary, William A. Johnstone, Hanford.
Meeting, *Second Monday, 8:00 p. m., Legion Hall, Hanford.*

Lassen-Plumas-Modoc County Medical Society

President, W. B. McKnight, Portola.
Secretary, Bernard S. Holm, Quincy.
Meeting, *On Call.*

Los Angeles County Medical Association

1925 Wilshire Boulevard, Los Angeles

President, Roy E. Thomas, 1136 W. Sixth Street, Los Angeles.
Secretary, L. A. Alesen, 1925 Wilshire Boulevard, Los Angeles.
Meetings, *First and Third Thursdays, 1925 Wilshire Boulevard, Los Angeles.*

Marin County Medical Society

President, Harry N. Hensler, Home Market Building, San Anselmo.
Secretary, Carl W. Clark, 510 B Street, San Rafael.
Meeting, *Fourth Thursday, 7:00 p. m., Marin Golf and Country Club.*

Mendocino-Lake County Medical Society

President, Dallas L. Wagner, 615 Main Street, Fort Bragg.
Secretary, Royal Scudder, Fort Bragg.
Meeting, *On Call.*

Merced County Medical Society

President, William E. Fountain, 557 Seventeenth Street, Merced.
Secretary, James A. Parker, Bank of America Building, Merced.
Meeting, *Third Thursday, Hotel Tioga, Merced.*

Monterey County Medical Society

President, Mast Wolfson, 215 Franklin Street, Monterey.
Secretary, Arnold Manor, 215 Franklin Street, Monterey.
Meeting, *First Thursday.*

Napa County Medical Society

President, Frank X. McGreane, Silverado Sanatorium, Calistoga.
Secretary, M. M. Booth, Bruck Building, St. Helena.
Meeting, *First Wednesday.*

Orange County Medical Society

President, John A. Wood, 605 No. Los Angeles Street, Anaheim.
Secretary, Glenn Curtis, 323 North Pomona Street, Brea.
Meeting, *First Tuesday, 8:00 p. m., Chapel of the Orange County Hospital, Orange.*

Placer County Medical Society

President, William M. Miller, Auburn.
Secretary, Robert A. Peers, Colfax.
Meeting, *At Call of President.*

Riverside County Medical Society

President, Thomas A. Card, 3616 Main Street, Riverside.
Secretary, W. Philip Corr, 3616 Main Street, Riverside.
Meeting, *Second Monday, 8:00 p. m., Library, Riverside Community Hospital.*

Sacramento Society for Medical Improvement

President, Norris R. Jones, M. D., 1127 Eleventh Street, Sacramento.
Secretary, Glenn E. Millar, 321 Physicians Building, Sacramento.
Meeting, *Third Tuesday, 8:30 p. m., Auditorium, Sacramento.*

San Benito County Medical Society

President, J. M. O'Donnell, Hollister.
Secretary, L. E. Smith, Hollister.
Meeting, *At Call of President.*

San Bernardino County Medical Society

President, Walter S. Cherry, Rialto.
Secretary, A. E. Varden, Medico-Dental Building, San Bernardino.
Meeting, *First Tuesday, 8:00 p. m., San Bernardino County Charity Hospital.*

San Diego County Medical Society

1410 Medico-Dental Building, 233 A Street, San Diego

President, Joseph Weinberger, Medico-Dental Building, 233 A Street, San Diego.
Secretary, C. V. Bernardini, 1410 Medico-Dental Building, 233 A Street, San Diego.
Meeting, *Second Tuesday, University Club.*

San Francisco County Medical Society

2180 Washington Street, San Francisco

President, William Reilly, 490 Post Street, San Francisco.
Secretary, L. Henry Garland, 2180 Washington Street, San Francisco.
Meetings, *Every Tuesday, 8:15 p. m., 2180 Washington Street, San Francisco.*

San Joaquin County Medical Society

President, Hugh J. Bolinger, Farmers and Merchants Bank Building, Lodi.
Secretary, George H. Rohrbacher, 1005 Medico-Dental Building, Stockton.
Meetings, *First Thursday, 8:15 p. m., Medico-Dental Club Rooms, Stockton.*

San Luis Obispo County Medical Society

President, F. W. Yocom, 732 Thirteenth Street, Paso Robles.
Secretary, E. M. Bingham, County Health Department, San Luis Obispo.
Meeting, *Third Saturday, 6:30 p. m., Gold Dragon Cafe, San Luis Obispo.*

(Roster lists continued on advertising page 6)

San Mateo County Medical Society

President, Carl D. Benninghoven, Mills Memorial Hospital, San Mateo.
Secretary, Robert F. Monteith, 18 California Street, Redwood City.
Meeting, *Fourth Wednesday, Benjamin Franklin Hotel, San Mateo.*

Santa Barbara County Medical Society

President, Henry J. Profant, 1421 State Street, Santa Barbara.
Secretary, D. H. McNamara, 317 W. Pueblo Street, Santa Barbara.
Meeting, *Second Monday, Cottage Hospital.*

Santa Clara County Medical Society

President, Merlin T.-R. Maynard, 241 East Santa Clara Street, San Jose.
Secretary, Leslie B. Magoon, 652 East Santa Clara Street, San Jose.
Meeting, *Third Wednesday, 8:00 p. m., Medico-Dental Building, San Jose.*

Santa Cruz County Medical Society

President, A. F. Giberson, Watsonville.
Secretary, Samuel B. Randall, 84 Walnut Avenue, Santa Cruz.
Meeting, *First Tuesday of each month (except June, July and August), 7:30 p. m., Club Rio del Mar, Aptos.*

Shasta County Medical Society

President, B. F. Saylor, Redding.
Secretary, Morton J. Murpny, 1542 Market Street, Redding.
Meeting, *Second Monday.*

Siskiyou County Medical Society

President, J. B. McGuire, Mt. Shasta.
Secretary, Victor W. Hart, 113 No. Oregon Street, Yreka.
Meeting, *Sunday on call.*

Solano County Medical Society

President, H. Randall Madeley, 727 Sonoma Street, Vallejo.
Secretary, John W. Green, Box 539, Vallejo.
Meeting, *Second Tuesday, 8:00 p. m., Casa de Vallejo Hotel, Vallejo.*

Sonoma County Medical Society

President, S. Z. Peoples, 159 Kentucky Street, Petaluma.
Secretary, T. E. Albers, 600 B Street, Santa Rosa.
Meeting, *Second Thursday.*

Stanislaus County Medical Society

President, Richard D. Husband, P. O. Box 709, Modesto.
Secretary, Hoyt R. Gant, 403 Beaty Building, Modesto.
Meeting, *Second Friday, 7:30 p. m., Hotel Hughson.*

Tehama County Medical Society

President, O. T. Wood, Red Bluff.
Secretary, R. G. Frey, Red Bluff.
Meeting, *At Call of President.*

Tulare County Medical Society

President, Newton Miller, 231 No. Main Street, Porterville.
Secretary, Ray Cronemiller, Exeter.
Meeting, *Sunday Evening once a month.*

Ventura County Medical Society

President, Harry E. Barker, 1484 East Main Street, Ventura.
Secretary, A. A. Morrison, 625 Main Street, Santa Paula.
Meeting, *Second Tuesday, Ventura County Country Club.*

Yolo-Colusa-Glenn County Medical Society

President, Charles F. Keith, Williams.
Secretary, W. J. Blevins, Jr., Woodland.
Meeting, *First Tuesday.*

Yuba-Sutter County Medical Society

President, Ben F. Miller, Yuba City.
Secretary, Leon M. Swift, I. O. O. F. Building, Marysville.
Meeting, *First Tuesday.*

A NEW LOW PRICE

FOR A FAMOUS PRODUCT!

Maltine with Cod Liver Oil announces a new *lower price,* enabling more people to enjoy its benefits at less cost! The high quality and dependable uniformity which have received approval among doctors for over sixty years have been maintained. It has the same pleasing taste which has made it so popular among adults and children. It is exactly the same product—plus now the added value of lower price!

GENUINE

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

Maltine

Trade-Mark Reg. U. S. Pat. Off.

WITH COD LIVER OIL

Established 1875

Cancer Control: Early Is the Word.*—Cancer is a curious foe. Second only to heart trouble as a killer and most feared of all causes of death, cancer is in its early stages one of the most curable of serious diseases. Its definite diagnosis requires the services of a highly trained pathologist, but early symptoms which may mean the disease is present are easily recognized by any alert individual. Once cancer is diagnosed the preferred treatment is by a group of specialists and yet the key man in the whole picture of cancer control is the general practitioner to whom patients come for periodic examinations or for advice about apparently harmless conditions. While late cancer causes considerable suffering, in the early stages it is nearly always painless.

It is fitting that this paradoxical disease should be fought by an Army, not chiefly of men but of women, an Army not of destruction but of education, and its war should be a war to save life. Four years ago a small group of physicians, research workers, and club women launched the Women's Field Army of the American Society for the Control of Cancer. Its goal was to reduce cancer mortality and to arouse the interest of men and women everywhere in this disease and the methods and facilities available in their communities for treating and controlling it. Between one-third and one-half of those who now die could and should be saved by early diagnosis and prompt treatment, declared the American Society for the Control of Cancer.

The growth of the Women's Field Army has been rapid. Divisions are now underway in forty-six states. Cancer information centers—local units of the Army—have been established in more than half the counties of the country. Cancer control is receiving more attention than ever before.

A beginning has been made, but only a beginning in this

(Continued on Page 7)

---

* By Clarence C. Little, Sc. D., Managing Director, American Society for the Control of Cancer.

℞

Accuracy
Quality
Reliability

The Owl Drug Co

130 STORES ON THE PACIFIC COAST

OFFICERS OF SCIENTIFIC SECTIONS, CALIFORNIA MEDICAL ASSOCIATION

Request is made that any member who desires to submit papers before an annual session section, write in regard thereto, to respective section secretary, as soon as convenient after the close of an annual session.

Anesthesiology

Chairman, Adena C. Dutton, 2400 Pacific Avenue, San Francisco.
Secretary, Charles F. McCuskey, 1561 Pueblo Drive, Glendale.

Dermatology and Syphilology

Chairman, Nelson Paul Anderson, 2007 Wilshire Boulevard, Los Angeles.
Vice-Chairman, Frederick G. Novy, Jr., 411 Thirtieth Street, Oakland.
Secretary, Julius R. Scholtz, 1930 Wilshire Boulevard, Los Angeles.

Eye, Ear, Nose and Throat

Chairman, Dewey R. Powell, 242 No. Sutter Street, Stockton.
Vice-Chairman, Warren D. Horner, Medico-Dental Bldg., 490 Post St., San Francisco.
Secretary, Harry J. Wiley, 2701 Florence Street, Huntington Park.

General Medicine

Chairman, William H. Barrow, 1400 Medico-Dental Building, San Diego.
Secretary, Russell V. Lee, 300 Hamilton Avenue, Palo Alto.

General Surgery

Chairman, Clarence E. Rees, 2001 Fourth Avenue, San Diego.
Secretary, Frederick S. Foote, 490 Post Street, San Francisco.
Assistant Secretary, Frank J. Breslin, 2007 Wilshire Boulevard, Los Angeles.

Industrial Medicine and Surgery

Chairman, George H. Sanderson, 242 North Sutter Street, Stockton.
Vice-Chairman, John S. Stephens, 1136 W. Sixth Street, Los Angeles.
Secretary, Wilbur J. Cox, 450 Sutter Street, San Francisco.

Neuropsychiatry

Chairman, George S. Johnson, Stanford University Hospital, San Francisco.
Secretary, R. B. Raney, 727 West Seventh Street, Los Angeles.

Obstetrics and Gynecology

Chairman, John N. Ewer, 411 Thirtieth Street, Oakland.
Vice-Chairman, William Benbow Thompson, 1930 Wilshire Boulevard, Los Angeles.
Secretary, C. F. Fluhmann, Stanford University Hospital, San Francisco.

Pathology and Bacteriology

Chairman, Paul H. Guttman, 1127 Eleventh Street, Sacramento.
Secretary, Roy W. Hammack, 657 South Westlake Boulevard, Los Angeles.
Assistant Secretary, John W. Budd, 2131 West Third Street, Los Angeles.

Pediatrics

Chairman, Hartzell H. Ray, 23 Second Avenue, San Mateo.
Secretary, W. W. Belford, 601 Medico-Dental Building, San Diego.
Assistant Secretary, John J. Miller, 2000 Van Ness Avenue, San Francisco.

Radiology

Chairman, Robert R. Newell, Stanford University Hospital, San Francisco.
Secretary, Carl D. Benninghoven, Mills Memorial Hospital, San Mateo.
Assistant Secretary, Ray A. Carter, Los Angeles County General Hospital, Los Angeles.

Urology

Chairman, John A. Dougherty, 3115 Webster Street, Oakland.
Secretary, Lyle G. Craig, 65 North Madison Avenue, Pasadena.

California Medical Association Delegates and Alternates to the American Medical Association

DELEGATES		ALTERNATES
George G. Reinle, Oakland	(1939-1940)	Frank R. Makinson, Oakland
Edward M. Pallette, Sr., Los Angeles	(1939-1940)	William H. Kiger, Los Angeles
Robert A. Peers, Colfax	(1939-1940)	F. F. Gundrum, Sacramento
William R. Molony, Sr., Los Angeles	(1939-1940)	John C. Ruddock, Los Angeles
Elbridge J. Best, San Francisco	(1940-1941)	Robert S. Stone, San Francisco
Lyell C. Kinney, San Diego	(1940-1941)	Bon. O. Adams, Riverside
Lowell S. Goin, Los Angeles	(1940-1941)	Roy E. Thomas, Los Angeles

Special Committees

Committee on Public Health Education

Frank R. Makinson, Chairman	Oakland
Karl L. Schaupp, Secretary	San Francisco
Samuel Ayres, Jr.	Los Angeles
Thomas A. Card	Riverside
Lowell S. Goin	Los Angeles
Junius B. Harris	Sacramento
Dewey R. Powell	Stockton
Charles A. Dukes (ex officio)	Oakland

Ross Marshall, Public Relations Counsel

* * *

Local Committee on Arrangements

1940 Coronado Session
C. O. Tanner, Chairman
Ray C. Lounsberry   Victor C. Bernardini
Alfred E. Cooper

Committee on Maternal Welfare

T. Henshaw Kelly	San Francisco
Lyle G. McNeile	Los Angeles
Ralph J. Thompson	Los Angeles
T. Floyd Bell	Oakland
Hans F. Schluter	Sacramento

Committee on Hours, Pay and Duties of Municipal, County, State and Federal Medical Employees

Wm. C. Voorsanger, Chairman	San Francisco
L. A. Alesen	Los Angeles
Robert S. Kneeshaw	San Jose

Committee on Hospitals

Louis A. Packard, Chairman	Bakersfield
Axcel E. Anderson	Fresno
Calvert L. Emmons	Ontario

Committee on Syphilis

Howard Morrow, Chairman	San Francisco
Charles W. Barnett	San Francisco
William H. Goeckerman	Los Angeles

Committee on Survey of Association Offices

Elbridge J. Best, Chairman	San Francisco
Dewey R. Powell	Stockton
George D. Maner	Los Angeles

Committee on Life Membership Plan

Robert A. Peers, Chairman	Colfax
A. Bennett Cooke	Los Angeles
G. W. Walker	Fresno

Committee on Needy Members

Axcel E. Anderson, Chairman	Fresno
Elizabeth M. Hohl	Los Angeles
Robert A. Peers	Colfax

Woman's Auxiliary to the California Medical Association

State Auxiliary Officers

President, Mrs. Frederick N. Scatena, 1453 Forty-fifth Street, Sacramento.
President-Elect, Mrs. A. E. Anderson, 1035 Cambridge Street, Fresno.
First Vice-President, Mrs. Harry O. Hund, 1304 Grand Avenue, San Rafael.
Second Vice-President, Mrs. Frank Baxter, 33 Bowling Drive, Oakland.
Recording Secretary, Mrs. G. Wendell Olsen, 219 Buena Vista Drive, Fullerton.
Corresponding Secretary, Mrs. G. A. Spencer, 1915 Twenty-first Street, Sacramento.
Treasurer, Mrs. C. G. Stadfield, 1314 N. Highland Avenue, Los Angeles.

Officers of County Auxiliaries

Alameda County—President, Mrs. George Calvin, 406 Bellevue Avenue, Oakland.

Butte County—President, Mrs. N. T. Enloe, 488 East Third Street, Chico.

Contra Costa County—President, Mrs. Kaho Daily, 2367 Carquinez Avenue, Richmond.
Fresno County—President, Mrs. Kenneth J. Staniford, 437 Olive Avenue, Fresno.
Humboldt County—President, Mrs. John W. Chain, Eureka.
Kern County—President, Mrs. J. J. McCarthy, 2026 C Street, Bakersfield.
Kings County—President, Mrs. C. T. Rosson, Jr., N. Redington Street, Hanford.
Lassen-Plumas-Modoc County—Pres., Mrs. G. R. Fortson, 912 Lassen St., Susanville.
Los Angeles County—President, Mrs. E. Eric Larson, 126 Fremont Place, Los Angeles.
Marin County—President, Mrs. C. A. DeLancey, 1 Culloden Park Road, San Rafael.
Merced County—President, Mrs. C. E. Fitz Gibbon, 650 Twenty-sixth Street, Merced.
Monterey County—President, Mrs. Raymond V. Rukke, 135 Franklin Street, Monterey.
Orange County—President, Mrs. Edward Lee Russell, 1439 Louise Street, Santa Ana.
Riverside County—President, Mrs. W. W. Roblee, 3177 Orange Avenue, Riverside.
Sacramento County—President, Mrs. Norris R. Jones, 2725 Coleman Way, Sacramento.
San Diego County—President, Mrs. William C. Cooke, 2770 Sixth Avenue, San Diego.
San Francisco County—President, Mrs. E. J. Morrissey, 2540 Filbert St., San Francisco.
San Joaquin County—President, Mrs. Hudson Smythe, 1605 N. Hunter St., Stockton.
San Luis Obispo County—Pres., Mrs. G. D. Kelker, 1305 Marsh St., San Luis Obispo.
San Mateo County—President, Mrs. George Sevenman, 225 Catalpa Avenue, San Mateo.
Santa Barbara County—President, Mrs. E. L. Markthaler, 2304 State St., Santa Barbara.
Santa Clara County—President, Mrs. Phillip L. Wise, 199 S. Sixteenth Street, San Jose.
Santa Cruz County—President, Mrs. F. P. Shenk, 450 Escalona Drive, Santa Cruz.
Sonoma County—President, Mrs. E. Dwight Barnett, Proctor Heights, Santa Rosa.
Stanislaus County — President, Mrs. Hans Hartman, 715 Magnolia Avenue, Modesto.
Tulare County—President, Mrs. J. C. McClure, Box 36, Lindsay.
Ventura County — President, Mrs. A. J. Strong, Santa Paula.

Nevada State Medical Association

President, C. W. West, Reno.
President-Elect, H. A. Paradis, Sparks.
Sec.-Treas., Horace J. Brown, Box 698, Reno.

Miscellaneous California Medical Organizations

California Northern District Medical Society

President—John H. White, Chico.
Secretary—J. Homer Woolsey, Woodland Clinic, Woodland.

Department of Public Health of the State of California

San Francisco—State Office Building, McAllister and Larkin streets, UNderhill 8700.
Sacramento—State Office Building, Tenth and L streets, CApital 2800.
Los Angeles—State Office Building, 217 West First Street, MAdison 1281.
President, Howard Morrow, San Francisco.
Director, Walter M. Dickie, State Building, San Francisco.

Board of Medical Examiners of the State of California

San Francisco, Rm. 214, 515 Van Ness Ave.
Los Angeles, 906 State Building.
Sacramento, Business and Professional Bldg., 1020 N Street.
President, William R. Molony, Sr., Los Angeles.
Secretary, C. B. Pinkham, Room 214, 515 Van Ness Avenue, San Francisco.

Southern California Medical Association

President, John C. Ruddock, 1930 Wilshire Boulevard, Los Angeles.
Secretary, John B. Doyle, 501 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

The Public Health League of California

Executive Secretary, Ben H. Read, San Francisco office, 244 Kearny Street, phone SUtter 8470. Los Angeles office, Room 563, 1151 South Broadway, phone PRospect 5711.

SILVER PICRATE

Wyeth

Has shown a CONVINCING RECORD* OF EFFECTIVENESS in ACUTE ANTERIOR URETHRITIS

due to Neisseria gonorrheae • Trichomonas vaginalis Monilia albicans

Silver Picrate is a crystalline compound of silver in definite chemical combination with picric acid. Dosage form for use in anterior urethritis: Wyeth's Silver Picrate Crystals in an aqueous solution of 0.5 percent.

Supplied at all pharmacies in vials of 2 grams

Complete literature on Silver Picrate as used in genitourinary and gynecological practice will be mailed on request.

*"Treatment of Acute Anterior Urethritis with Silver Picrate," Knight and Shelanski, AMERICAN JOURNAL OF SYPHILIS, GONORRHEA AND VENEREAL DISEASES, Vol. 23, No. 2, pages 201-206, March, 1939.

JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA, PA.

NOBLE PLACEMENT AGENCY

TRAINED MEDICAL, DENTAL AND COMMERCIAL PERSONNEL

681 Market Street • San Francisco

GArfield 4278

LYDIA NOBLE, Director

(Continued from Page 5)

peacetime war. Approximately 150,000 men, women and children were destroyed by cancer in 1939. The needs in the field are great: more clinics, more funds for research, more facilities for indigent patients, above all, more education for the general public.

Working under the supervision of physicians and other experts, women are the leaders and organizers of the fight against cancer. However, the most paradoxical thing about this complex disease is that we cannot leave its control to leaders, to research workers, or medical men. We must all do our bit.

The Field Army suggests three measures that each one may adopt and so play a part in cancer control:

1. Have a comprehensive physical examination once a year, however well one feels. Women over thirty-five years of age should have what the American Society calls the B. P. Examination, covering the breast and pelvic areas, semi-annually.

2. Memorize the cancer danger signals, early and usually painless symptoms that may mean the disease is present and should always mean a visit to a physician. They are: any persistent lump or thickening, particularly in the breast; any irregular bleeding or discharge from any body opening; any persistent and unexplained indigestion; any sore that does not heal normally, especially about the tongue, mouth or lips; any sudden change in the form or rate of growth of a mole or wart.

3. Enlist in the Women's Field Army in April, set aside by Special Act of Congress as Cancer Control Month, and so help the Army carry on its work of education to save lives.

Educate, Save, Enlist. These are the imperatives of the war against this disease. One more word should be emphasized. It occurs in this editorial many times. The word is *Early*—and *Early Is the Watchword in Cancer Control.*

Eye Physician vs. Optometrist.—The February issue of *Camera Craft*, a national magazine reaching many thousands of professional and amateur photographers, carries an article which should be of great interest to ophthalmologists and many other physicians. The article, "Through the Eye by Camera," was written by Robert S. MacCollister, an employee of the Jenkel-Davidson Optical Company, a California firm with headquarters in San Francisco.

Explaining the function of the rare and expensive Zeiss-Nordenson retinal camera, which the optical company maintains for the use of California eye physicians, the author strikes an effective blow in the battle to increase public recognition of the importance of medical eye examination when he says:

(Continued on Page 9)

ALPHABETICAL LIST OF ADVERTISERS

Members of the California Medical Association can aid their JOURNAL and the firms who advertise therein, by coöperation as indicated in the footnote on this page

PAGE

Acousticon 38
Adams Mineral Springs 36
Alexander Sanatorium, Inc., The 46
Alum Rock Sanatorium 40
American Can Company 37
American Society for the Control of Cancer 36
Barry Co., The James H. 39
Baxter, Inc., Don 33
Bolin, M. D., Zera E., Pathological Service 42
Broemmel's Laboratories 3
Butler Building 2 Cover
California Sanatorium 34
Calso Water Company 25
Canyon Sanatorium 22
Classified Advertisements 12
Coca-Cola 28
Colfax School for the Tuberculous 48
Compton Sanitarium and Las Campanas Hospital 48
Cook County Graduate School of Medicine 9
Crocker First National Bank 42
Cutter Laboratory 4 Cover
Doctors' Business Bureau 25
Four Fifty Sutter Building 26
French Hospital 30
General Electric X-Ray Corp. 29
Greens' Eye Hospital 2 Cover
Hospitals and Sanatoriums 10
Hotel Sir Francis Drake 20
Hynson, Westcott & Dunning, Inc. 34
Jenkel-Davidson Optical Co. 47
Karo 41
King Ambulance Company 24
La Loma Feliz 12
Las Encinas Sanitarium 38
Lederle Laboratories, Inc. 19
Lily & Co., Inc. 32
Livermore Sanitarium 40
Los Angeles Tumor Institute 26
Luzier's 24
M. & R. Dietetic Laboratories, Inc. 43
Maltine Company, The 5
Mead Johnson & Co. 35
Medical Placement Bureau 38
Medical Protective Co., The 20
Morning Milk Co. 1
Morris & Co., Ltd., Inc., Philip 45
National Professional Bureau, Ltd. 9
New York Polyclinic Medical School and Hospital 9
Noble Placement Agency 7
Officers of the California Medical Association 2, 4, 6
Officers of Miscellaneous Medical Associations 6
Owl Drug Co., The 5
Park Sanitarium 36
Parke, Davis & Co. 3 Cover
Petrolagar 13
Philip Morris & Co., Ltd., Inc. 45
Physicians' Casualty Association and Physicians' Health Association 22
Postgraduate Instruction 9
Pottenger Sanatorium 24
Riedel-de-Haen, Inc. 3
Riggs Optical Company 11
Saint Francis Hospital 46
Sandoz Chemical Works, Inc. 11
Similac 43
S. M. A. Corporation 21
Sharp & Dohme 23
Smith-Dorsey Company, The 44
Soiland, Costolow, and Meland, Doctors 26
Squibb & Sons, E. R. 31
Stacey, J. W., Medical Books 15
St. Luke's Hospital 34
St. Mary's Hospital 48
Stuart Oxygen Company 18
Summit Medical Building 15
Twin Pines 10
Upjohn Company, The 27
Upsher Smith Co. 15
Warner & Company, Inc., William R. 16 and 17
Westinghouse X-Ray Co. 14
Wyeth & Brothers, Inc., John 7
Yates Reporting Service 12

COÖPERATE WITH YOUR ADVERTISERS

CALIFORNIA AND WESTERN MEDICINE, the official publication of your Association, is made possible in part by reason of the coöperation of business firms and institutions who use advertising space. Their purpose is to direct attention to their products and services to present and future patrons.

Members and readers are urged to give preference to and to patronize these advertisers. When ordering goods, mention CALIFORNIA AND WESTERN MEDICINE.

This coöperation will please the advertiser, increase advertising income, and enable your Association to increase the value of this JOURNAL to members and readers.

A SERVICE AGENCY—FOR READERS

The JOURNAL of the California State Medical Association and the Coöoperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital, or we will refer your request to the proper department of the A. M. A. for reply.

We invite and urge you to use this Service. It is absolutely *free* to every member of the California Medical Association. The Coöperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in CALIFORNIA AND WESTERN MEDICINE, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This A. M. A. Service Bureau will give you the information. Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to write direct to the Coöperative Medical Advertising Bureau, 535 N. Dearborn Street, Chicago, Illinois. CALIFORNIA AND WESTERN MEDICINE and the A. M. A. Service Bureau desire to serve *you*.

THE NEW YORK POLYCLINIC

MEDICAL SCHOOL AND HOSPITAL

(Organized 1881)

(The Pioneer Post-Graduate Medical Institution in America)

UROLOGY

A combined full-time course in Urology, covering an academic year (8 months). It comprises instruction in pharmacology; physiology; embryology; biochemistry; bacteriology and pathology; practical work in surgical anatomy and urological operative procedures on the cadaver; regional and general anesthesia (cadaver); office gynecology; proctological diagnosis; the use of the ophthalmoscope; physical diagnosis; roentgenological interpretation; electrocardiographic interpretation; dermatology and syphilology; neurology; physical therapy; continuous instruction in cysto-endoscopic diagnosis and operative instrumental manipulation; operative surgical clinics; demonstrations in the operative Instrumental management of bladder tumors and other vesical lesions as well as endoscopic prostatic resection.

FOR THE

GENERAL PRACTITIONER

Intensive full-time instruction in those subjects which are of particular interest to the physician in general practice. The course covers all branches of Medicine and Surgery.

For Information Address: MEDICAL EXECUTIVE OFFICER, 345 West 50th Street, New York City

A MESSAGE TO THE PHYSICIAN

GOOD BUSINESS RECORDS are the KEY to a PHYSICIAN'S FINANCIAL SUCCESS. It is our experience that the average medical practice INCOME can be increased by practical and simple bookkeeping methods. Our Simple Record System was made easy for you to keep. N.P.B. record forms will help you succeed; they are efficient and easy to keep.

IT PAYS TO DEAL WITH A
RELIABLE ORGANIZATION

National Professional Bureau, Ltd.

(Established 1928)

Suite 315 450 Sutter Street

TELEPHONE DOUGLAS 4571

Cook County Graduate School of Medicine

(IN AFFILIATION WITH COOK COUNTY HOSPITAL)

Incorporated not for profit

Announces Continuous Courses

SURGERY—Two Weeks Intensive Course in Surgical Technique with practice on living tissue every two weeks. General Courses One, Two, Three and Six Months; Clinical Course; Special Courses.

MEDICINE—Personal One Month Course in Electrocardiography and Heart Disease every month, except August. Intensive Personal Courses in other subjects.

FRACTURES AND TRAUMATIC SURGERY—Ten Day Intensive Course starting April 22, 1940. Informal Course every week.

GYNECOLOGY—Two Weeks Course April 22, 1940. One Week Personal Course Vaginal Approach to Pelvic Surgery April 8, 1940.

OBSTETRICS—Two Weeks Course April 8, 1940. Informal Course every week.

OTOLARYNGOLOGY—Two Weeks Course starting April 8, 1940. Informal Course every week.

OPHTHALMOLOGY—Two Weeks Course starting April 22, 1940. Informal Course every week.

CYSTOSCOPY—Ten Day Practical Course rotary every two weeks. One Month and Two Weeks Courses in Urology every two weeks.

ROENTGENOLOGY—Special Courses X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

General, Intensive, and Special Courses in all branches of Medicine, Surgery and the Specialties.

●

TEACHING FACULTY—ATTENDING STAFF OF COOK COUNTY HOSPITAL

Address: Registrar, 427 South Honore Street, Chicago, Ill.

(Continued from Page 7)

"The light from the camera enters the iris (which must first be artificially enlarged by administration of a mydriatic by an eye physician.)"

Further pointing up the uncertainty of the subjective factors in nonmedical eye examinations, the article concludes by explaining the importance of the retinal camera in this way: "With the help of this camera, medical men are building up greater records of the eye in diseased and healthy states, and making examination more objective. . . ."

In commenting on publication of the article, a statement by owners Walter C. Jenkel and Forrest B. Davidson declared: "There is much more to be done before the public is completely aware of the difference in meaning between such terms as 'optometrist' and 'eye physician.' This article is only one part of a long-term campaign for public education that all our people at Jenkel-Davidson are trying to help promote—a campaign which should be helped along by every person interested in the welfare of the medical profession. Most physicians know that there is a law in California prohibiting 'any advertising of a character tending to indicate to the public any superiority of any particular system or type of eyesight examination or treatment over that provided by other licensed ocular practitioners.'"

The *Camera Craft* article, however, the officials pointed out, is not paid advertising, and it does not emphasize any "superiority." It merely points out the advanced stage to which ophthalmic medicine has progressed, and neglects mention of other than medical practitioners.

(Continued on Next Page)

HOSPITALS AND SANATORIUMS

The Institutions here listed have announcements in this issue of CALIFORNIA AND WESTERN MEDICINE. For Index, see advertising page 8.

ALEXANDER SANITARIUM
Nervous and Mental Diseases
Belmont, California

ALUM ROCK SANATORIUM
For Treatment of Diseases of the Chest
San Jose, California

CALIFORNIA SANITARIUM
For Treatment of Tuberculosis
Belmont, California

CANYON SANATORIUM
For Treatment of Tuberculosis
Redwood City, California

COLFAX SCHOOL FOR THE TUBERCULOUS
For the Treatment of Tuberculosis
Colfax, California

COMPTON SANATORIUM AND LAS CAMPANAS HOSPITAL
Neuropsychiatric and General
Compton, California

FRANKLIN HOSPITAL
Limited General Hospital
Fourteenth and Noe Streets, San Francisco

FRENCH HOSPITAL
General Hospital
Geary at Fifth Avenue, San Francisco

GREENS' EYE HOSPITAL
Consultation, Diagnosis and Treatment of Diseases of the Eye
Bush and Octavia Streets, San Francisco

LAS ENCINAS SANITARIUM
Nervous and General Diseases
Las Encinas, Pasadena, California

LIVERMORE SANITARIUM
Nervous and General Diseases
Livermore, California

POTTENGER SANATORIUM AND CLINIC
For the Treatment of Tuberculosis
Monrovia, California

PARK SANITARIUM
Mental and Nervous Alcoholic and Drug Addictions
1500 Page Street, San Francisco, California

SAINT FRANCIS HOSPITAL
Limited General Hospital
Bush and Hyde Streets, San Francisco

ST. LUKE'S HOSPITAL
Limited General Hospital
27th and Valencia Streets, San Francisco

ST. MARY'S HOSPITAL
General Hospital
2200 Hayes Street, San Francisco

TWIN PINES
Convalescent and Neuropsychiatric
Belmont, California

BELMONT **Twin Pines** CALIFORNIA
Fatigue states, neuroses, and selected mental cases.
ALLEN WILLIAMS, M. D.
Internal Medicine
Telephone BELMONT 111
WILL REBEC, M. D.
Psychiatry

(Continued from Preceding Page)

"We think readers are smart enough to draw their own conclusions," declared Mr. Jenkel, "and we hope that they will be given a chance to do so through articles in other general magazines."

In the past few years, *Hygeia, Readers Digest, Life,* and possibly others have seen their way clear to dedicating free editorial space to the subject of ophthalmic medicine; the first two have even exposed some of the notorious abuses of optometrical "education" and practice. Extension of this type of public education is a goal sought by every medical man whose interests are all for the advancement of preventive medicine.

X-ray Examinations for Tuberculous Patients.—Development of a reasonably accurate yet relatively inexpensive method of applying x-ray examination to large groups of people in tuberculosis case finding was described in a paper delivered before the Radiological Society of North America at its Atlanta meeting. Authors of the paper were Drs. Hollis E. Potter of Chicago and Bruce H. Douglas and Carl C. Birkelo of Detroit.

Reporting on a study of 1,610 cases, on which both regular 14x17-inch radiographs and 4x5-inch photographs of the fluorescent image were made for comparative diagnosis, their method of photoroentgenography was characterized as a "type of examination which can be applied . . . to large members rapidly and economically," having "definite advantages over certain other x-ray methods," which "can be applied directly without preliminary tuberculin testing," and which "offers a practical method for case finding in tuberculosis for use in surveying large numbers in susceptible groups."

After giving recognition to the work previously carried on by others in an effort to achieve a similar objective, the authors pointed out that Doctor Potter, in consultation with the General Electric X-ray Corporation laboratories, after much study and experimentation, arrived at the conclusion that the most desirable objective in photography of the flourescent image should be to produce a small film, small enough to make a real economy in its use, and yet large enough to be readily interpreted without enlargement, or at least no greater enlargement than that provided with a simple reading glass.

Working on this basis, it was found that a 4x5-inch film with an effective focal range slightly smaller than this would answer the requirements. Special equipment was therefore designed by the General Electric X-ray Corporation for producing such photoroentgenographs, according to the discussion. . . .

Comparing the new method with other means of group survey work, Doctors Potter, Douglas, and Birkelo pointed out that, in common with other x-ray methods, it requires only one visit by the patient, while several may be needed for complete tuberculin testing, results in a permanent record, is more acceptable to patients, and provides a means of detecting other nontuberculous lesions of the heart and lungs. It is more economical than the use of full-size radiographs, is less expensive and easier to handle than sensitized paper, and more accurate than fluoroscopy alone, they suggested. Considering the even smaller 35-millimeter film, they declared that while these microfilms are quite inexpensive to produce, they are, in the opinion of many, too small. Thirty-five-millimeter films must be enlarged either by projection or printing in order to interpret and in this enlargement considerable detail is lost, they said.

"While the 35-millimeter method has not yet been subjected to careful comparison for accuracy with full size

(Continued on Page 12)

Nearly right

may be pretty close—but it won't do for YOUR patients!

Riggs technicians have been trained to that degree of accuracy which produces ophthalmic prescriptions which "exactly interpret the Rx you have written."

Precision equipment to maintain these standards—precision instruments to inspect the work during every stage of production—and the finest materials with which to work (products of Bausch & Lomb) are the three basic factors on which Riggs ophthalmic prescription service has been built.

•

RIGGS OPTICAL COMPANY

Distributors of BAUSCH & LOMB PRODUCTS

ESTABLISHED IN EIGHTY-FIVE WESTERN CITIES

MIGRAINE

is relieved in a large percentage of patients by

SANDOZ

GYNERGEN

Brand of Ergotamine Tartrate

DOSAGE: 0.5 cc. intramuscularly as early as possible. In resistant cases, the dosage may be increased up to 1 cc. In mild attacks 2 to 6 tablets often prove effective.

Ampules, 0.5 cc.: Boxes of 6, 50, 100.
Ampules, 1 cc.: Boxes of 6, 12, 50, 100.
Tablets: Bottles of 15, 100, 500.
Solution: Bottles of 15 cc. and 100 cc.

Literature on request

SANDOZ CHEMICAL WORKS, INC.

450 SUTTER STREET SAN FRANCISCO, CALIFORNIA

CLASSIFIED ADVERTISEMENTS

Rates for these insertions are $4 for fifty words or less; additional words 5 cents each.

Copy for classified advertisements should be received not later than the fifteenth of the month preceding issue.

COACHING FOR STATE BOARDS — MEDICAL AND Dental. Arthur H. White, M. D., Suite 1005, Flood Building, San Francisco.

WANTED—PHYSICIAN TO TAKE OVER WELL ESTABlished general practice and office equipment of retiring physician. Located in San Diego, California. Address, Box 320, California and Western Medicine, 450 Sutter Street, San Francisco, California.

RADIOLOGIST, DIPLOMATE AMERICAN BOARD OF Radiology, seeks connection with hospital, clinic or medical group. Full or part time. Willing to supply equipment. Would consider association with well established individual physician. Please address Box 300, California and Western Medicine, 450 Sutter Street, San Francisco, California.

PHYSICIAN, INTERNIST, EXPERIENCED IN TUBERculosis, Consultant—eastern graduate, looking for position in sanitarium or affiliation with clinical group. Will consider buying interest in sanitarium. Address, Box 330, California and Western Medicine, 450 Sutter Street, San Francisco, California.

WISH TO BUY INTEREST OR PARTNERSHIP IN WELL-established practice of surgery and obstetrics; prefer San Francisco area or Coast town; could arrange personal interview. Best of references. Have a California license. Address, Box 340, care of California and Western Medicine, 450 Sutter Street, San Francisco.

(Continued from Page 10)

film and with 4x5-inch film, some observation of its use suggests that too much has been sacrificed in accuracy in favor of economy. which is not true of 4x5-inch film," they concluded.

Leisure, like wealth, comes to him who has skill in planning; it is seldom put to good uses if it is ill got. It will do the possessor most good who has earned it. To have it and not use it makes a miser. To misuse it makes a spendthrift. To use it well is the mark of a wise man.—Leon J. Richardson.

Maternal Mortality in Urban and Rural Districts.—That there is an apparently higher urban than rural maternal mortality rate is an error resulting from the present "place of occurrence" method of tabulating such data, a Government doctor said recently.

This method, previous to 1935 used by the Division of Vital Statistics of the Census Bureau, according to Dr. Harold F. Dorn, Statistician, United States Public Health Service (*Public Health Reports,* April 28, 1939), conveys an "erroneous impression" of the actual situation.

"A maternal mortality rate for the residents of a given community," he declared, "should be based upon the births to women living in that community and the deaths from puerperal causes of women living in the same community regardless of where the births and deaths occur. Such resident maternal mortality rates can now be calculated from the special tabulations of births and maternal deaths for 1935." . . .

The difference between the urban and rural maternal mortality rate in each state seems to depend more on local conditions than on any one general condition. With a few exceptions, the states in which the rural rate is higher than the urban rate are among the states where birth registration has been estimated to be incomplete. If there is underregistration of births it is probably greater in rural than in urban communities. Consequently, in states where this is true, the rural maternal mortality rate is spuriously increased relative to the corresponding urban rate.

"It may be concluded," said Doctor Dorn, "that for the country as a whole there is practically no difference between maternal mortality rates in urban and rural areas, but that there is considerable variation among the states in this respect. Moreover, it is probably true that the maternal mortality rate is decreasing more rapidly in urban than in rural communities. This situation results, in part at least, from the increasing emphasis placed upon prenatal and postnatal care of mothers and from the provision of better medical care at the time of delivery. Such services and facilities are undoubtedly more extensively available to women living in urban than in rural areas.

"Complications of pregnancy and childbirth must be included in an increasing list of diseases and other manifestations of ill health which are being brought under control by the widespread application of modern medical knowledge and public health principles. The more general availability of these services to residents of urban communities is beginning to counterbalance the more healthful rural environment, so that mortality rates for several diseases among rural residents are now equal to or greater than the corresponding rates among urban residents."

Yates Reporting Service

Specialists in

REPORTING CONVENTIONS, LECTURES, MEETINGS AND CONFERENCES

Complete public stenographic and mimeographing service available.

431 Sutter Street
SAN FRANCISCO, CALIFORNIA
EXbrook 5053

La Loma Feliz

SANTA BARBARA · CALIFORNIA

Residential school, Kindergarten through College Preparatory, for boys and girls handicapped by heart disease, asthma, and kindred ailments.

INA M. RICHTER, M. D., *Medical Director* JOHN A. ROBINSON, *Senior Master*

With Drugs that Constipate--

★★ ..Petrolagar

★ ***Available at all Pharmacies in 5 Types***

During a period of treatment with drugs that constipate, consider the usefulness of Petrolagar as an aid to regular Bowel Habit Time.

Petrolagar is inert. It induces a soft, comfortable movement with little possibility of affecting the therapeutic efficiency of drugs likely to cause intestinal stasis.

In most cases, the interruption of Bowel Habit Time may be avoided with the aid of Petrolagar Plain. In others, more obstinate, the mild stimulating effect of Petrolagar with Cascara may be indicated. Petrolagar is prepared in Five Types—Plain, with Phenolphthalein, with Milk of Magnesia, Unsweetened and with Cascara, to provide the physician with a choice of medication adaptable to the individual's requirements.

Petrolagar . . . Liquid petrolatum 65 cc. emulsified with 0.4 Gm. agar in a menstruum to make 100 cc.

Petrolagar Laboratories, Inc. • 8134 McCormick Boulevard • Chicago, Illinois

(Above) Institutional Model Endotherm

Endotherm

The Endotherm is one of the *wisest* investments you can make today. You'll find year-around need for short wave diathermy, but *right now* is the time for its most widespread use. For facts, figures and a demonstration —sign and mail the coupon *today*.

(Left) Transpartable Endatherm

Westinghouse X-Ray Co., Inc.
Long Island City, New York

Gentlemen: Please arrange for a demonstration of Endotherm at my office on____________________. It is understood that I can give it a thorough trial without obligation on my part.

DR.____

____

Tune in "Musical Americana," NBC Blue Network, Thursday, 8 P.M., E.S.T.; 7 P.M., C.S.T.; 9:30 P.M., M.S.T.; 8:30 P.M., P.S.T.

BOOK REVIEWS

BOOKS RECEIVED

The Therapeutics of Internal Diseases. Supervising Editor, George Blumer, M. A., (Yale), M. D., David P. Smith Clinical Professor of Medicine, Yale University School of Medicine; Consulting Physician to the New Haven Hospital; and Associate Editor, Albert J. Sullivan, M. D., Chief Medical Officer, Gallinger Municipal Hospital, Washington, D. C. Volume I. Pp. 871. Volume II. Pp. 1042. Cloth. Price, $10 each volume. New York: D. Appleton Century Company, 1940.

British Empire Cancer Campaign. Sixteenth Annual Report of the Grand Council. At the request of the Grand Council this Annual Report has been edited by Mr. J. P. Lockhart-Mummery, M. A., M. B., B. Ch., F. R. C. S., F. A. C. S. Paper. Pp. 368. London, S. W. 1: British Empire Cancer Campaign, 1939.

Gregg Medical Dictation Series. By Marie Zweegman Yates, Director Zweegman School for Medical Secretaries, San Francisco. Volume 4, Ear, Nose, and Throat. Pp. 90. Volume 5, Obstetrics and Gynecology. Pp. 92. Paper. Price, $1 per volume. New York: The Gregg Publishing Company, 1940.

The Medical Stenographer. By Effie B. Smither. Cloth. Pp. 399. Price, $2. New York: The Gregg Publishing Company, 1939.

Frontier Doctor. By Urling C. Coe, M. D. Cloth. Pp. 264. Price, $2.50. New York: The Macmillan Company, 1940.

Handbook of Orthopedic Surgery. By Alfred Rives Shands, Jr., B. A., M. D., Medical Director of the Nemours Foundation, Wilmington, Delaware, Associate Professor of Surgery in Charge of Orthopedic Surgery, Duke University School of Medicine, Durham, North Carolina (on Leave of Absence). In Collaboration with Richard Beverly Raney, B. A., M. D., Associate in Orthopedic Surgery, Duke University School of Medicine. Illustrated by Jack Bonacker Wilson. Cloth. Pp. 567. Price, $4.25. St. Louis: The C. V. Mosby Company, 1940.

Pneumoconiosis (Silicosis). The Story of Dusty Lungs. A Preliminary Report. By Lewis Gregory Cole, M. D., Director of Silicotic Research, John B. Pierce Foundation, New York City, and William Gregory Cole, M. D., New York City. Cloth. Pp. 100. Price, $1. New York: John B. Pierce Foundation, 1940.

Diseases of the Gall-Bladder and Bile Ducts. By Waltman Waters, B. S., M. D., M. S., in Surgery, Sc. D., F. A. C. S., Head of Section in Division of Surgery, The Mayo Clinic; Professor of Surgery, The Mayo Foundation (University of Minnesota), and Albert M. Snell, B. S., M. D., M. S., in Medicine, F. A. C. P., Head of Section in Division of Medicine, The Mayo Clinic; Professor of Medicine, The Mayo Foundation (University of Minnesota). Cloth. Pp. 645, with 342 illustrations on 195 figures. Price $10. Philadelphia: W. B. Saunders Company, 1940.

Injection Treatment of Hernia, Hydrocele, Ganglion, Hemorrhoids, Prostate Gland, Angioma, Varicocele, Varicose Veins, Bursae, and Joints. By Penn Riddle, B. S., M. D., F. A. C. S., Assistant Professor of Clinical and Operative Surgery, Baylor University, College of Medicine; Director of the Varicose Vein Clinic, Parkland Hospital, Dallas, Texas. Cloth. Pp. 290, with 153 illustrations. Price, $5.50. Philadelphia: W. B. Saunders Company, 1940.

A Handbook of Accepted Remedies. Symptoms and Treatment of Poisoning; Diagnostic Procedures; Miscellaneous

(Continued on Page 18)

GIVE YOUR PRACTICE THE ADVANTAGES
of a DISTINCTIVE and
PERMANENT ADDRESS
plus accessibility—easy parking—quiet—unobstructed light and a delightful view.

SUMMIT MEDICAL BUILDING

A few suites
still available at
moderate
rentals

TEMPLEBAR 4060 · 400 29th STREET, OAKLAND

NEW MEDICAL BOOKS

Bothman: Fundus Atlas	$17.00
Naegeli: Differential Diagnosis in Internal Medicine	10.00
Osgood: Laboratory Diagnosis (3rd Ed.)	6.00
Steindler: Orthopedic Operations	9.00
Thienes: Clinical Toxicology	3.50
Watson-Jones: Fractures and Other Bone and Joint Injuries	13.50

Gladly Sent on Approval

J. W. STACEY, INC.
MEDICAL AND SCIENTIFIC BOOKS
236-238 Flood Building San Francisco

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

SCABIES TREATMENT

CLINICALLY ESTABLISHED*
NON-IRRITATING
PLEASANT ODOR
RAPIDLY EFFECTIVE

If you would like to give it a test, send 20c to cover handling and we will mail enough for one adult treatment.

**Report on 1213 cases on request.*

UPSHER SMITH CO.
MINNEAPOLIS, MINN.
PRODUCERS OF
FINE DIGITALIS PRODUCTS

Accuracy, attained wit
the use of high precisio
instruments contribute
to the perfection of fin
therapeutic agents. Her
the chemist is determin
ing the exact degre
of acidity of a solu
tion by means of th
potentiometer.

HORIZONS

MANY a therapeutically useful substance con-tinues to elude the powerful searchlight tha scans the distant horizons for better, safer more certain ways to alleviate and preven disease. Research and more research, inten-sive and unceasing, is necessary to discove and render useful the things that now li hidden beyond the horizon of the "Unknown"

Men of acknowledged standing in thei highly specialized professions are devoting themselves in the Warner Institute for Ther-apeutic Research to bring these "horizons"

113 West 18th Street, New York, N. Y

OMNIS ORBIS
WARNER
ESTABLISHED 1856

WILLIAM R. WARNER

within reach of medicine, by the discovery of new remedial agents, by the improvement of known drugs, and by searching out facts dedicated to pure science alone.

Drugs in the making must prove their safety and worth to the pharmacologist, to the biochemist, to the bacteriologist before they can be passed on for final judgment to the clinician. Only devotion to an aim can sustain the research worker in his quest for the seemingly unattainable. When his unremitting patience is rewarded and "new horizons" are reached, it will be the privilege of William R. Warner & Co., Inc., to make these results available to the physician and pharmacist, and through them, to the public.

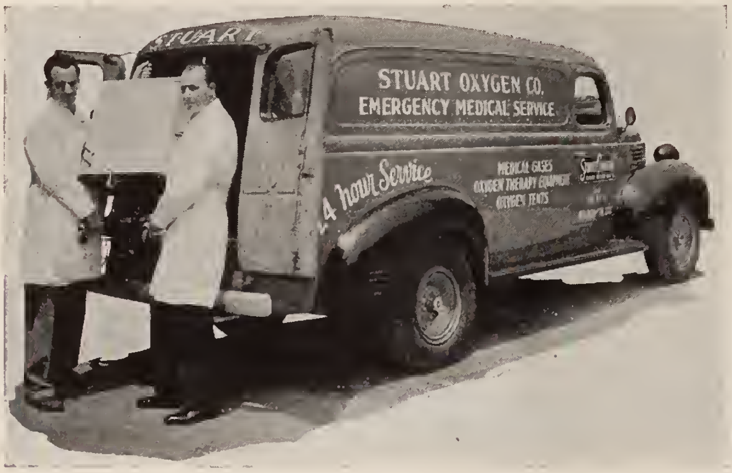
PACKAGED FOR PRESCRIPTION

Biological testing on laboratory animals of various types precedes release of a new drug to the clinician for study of its therapeutic efficacy. This specially constructed X-ray and fluoroscopic unit permits the observation of structural changes and movements of internal organs influenced by drugs.

404 South 4th Street, St. Louis, Mo.

& COMPANY, INC.

A world-wide organization
with laboratories and agencies in 75 foreign countries.



24-Hour Service
at the End of Your Telephone

Stuart service is at the end of your telephone twenty-four hours of every day. Call the nearest of our four plants—we'll rush the most approved type of tent or catheter, with oxygen to use in it, and a trained man to attend to installation. As the largest independent producer of oxygen in California, you can depend on us for fast, competent service in giving your patients the benefits of oxygen therapy *in time*.

Stuart Oxygen Co.
SAN FRANCISCO · OAKLAND · FRESNO · LOS ANGELES
Manufacturers of a Complete Line of Medical Gases

BOOKS RECEIVED

(Continued from Page 15)

Information. Third Edition. Edited by P. J. Hanzlik, M. D., Professor of Pharmacology, Stanford University School of Medicine, San Francisco. Department of Public Health, San Francisco, J. C. Geiger, Director. Paper. Pp. 127. Price, $1. San Francisco: J. W. Stacey, Ind., 1940.

Annual Report of the Surgeon General of the Public Health Service of the United States. For the Fiscal Year, 1939. Cloth. Pp. 185. Price, 75 cents. Washington: United States Government Printing Office, 1940.

Proceedings of the Tenth International Congress of Military Medicine and Pharmacy, Washington, D. C., May 7 to 19, 1939. Volume II. Paper. Pp. 303. Price, 50 cents. Washington, D. C.: United States Government Printing Office, 1939.

United States Naval Medical Bulletin. Compiled and published under the authority of Naval Appropriation Act for fiscal year 1940. Vol. XXXVIII, No. 1, January, 1940. Paper. Pp. 150. Price, 25 cents. Washington, D. C.: United States Government Printing Office, 1940.

Manual of Fractures, Dislocations and Epiphyseal Separations. By Harry C. W. S. de Brun, M. D., F. A. C. S., Adjunct Professor of Surgery, New York Polyclinic Medical School and Hospital; Associate Visiting Surgeon, Swedish Hospital, Brooklyn; Consulting Skeletal Surgeon, New York Police Department; Member, Association Française de Chirurgie. Cloth. Pp. 468, with 150 illustrations. Price, $3, postpaid. Chicago: The Year Book Publishers, Inc., 1940.

Fundus Atlas. Stereoscopic Photographs of the Fundus Oculi. By Louis Bothman, B. S., M. D., F. A. C. S., Clinical Professor of Ophthalmology, The University of Chicago; Associate Ophthalmologist, St. Luke's Hospital, Chicago; Co-Editor of "The Eye," in The Year Book of Eye, Ear, Nose and Throat, and Reuel W. Bennett, Photographer for the Division of Ophthalmology, The University of Chicago Clinics. Fifty original Stereoscopic photographs of congenital anomalies and important fundus diseases. Mounted on stout 7x9-inch cards bearing complete diagnostic criteria of the conditions pictured. Enclosed in a cloth covered gold stamped case. Price, $17, express prepaid. Chicago: Year Book Publishers, 1940.

Citrus Fruits and Health. Clinical and Scientific Data from the Literature of Nutrition as related to Citrus Fruits. Compiled for the use of the Medical and Dental Professions. Paper. Pp. 73. Lakeland, Florida: Florida Citrus Commission, State of Florida.

BOOK REVIEWS

Chronic Diseases of the Abdomen. A Diagnostic System. By C. Jennings Marshall, M. S., M. D. (London), F. R. C. S. (England), Surgeon, Charing Cross Hospital and Victoria Hospital for Children; Surgical Consultant, L. C. C. and Bromley District Hospital; Examiner in Surgery, London University and Victoria University, Manchester. Cloth. Pp. 247. Boston: Little, Brown & Company, 1939.

The first part of this volume is an easy reading outline (limited to the abdomen) of methods of examination, x-ray procedures and instrumentation and the significance

(Continued on Page 20)

It's time to begin treatments for

HAY FEVER

The advantages of the strong glycerin medium of "Pollen Antigens *Lederle*" are

—its high preservative property (no detectable deterioration in 5 years);

—its excellent bacteriostatic property;

—its property of lessening the severity of constitutional reactions (presumably because the concentration of glycerin at first lessens the rate of absorption).

An approximate guide to the proper dosage of Pollen Antigen in each case is furnished by the simple quantitative scratch test, which is described in our literature.

A postcard to any of our offices will bring to your desk detailed information regarding routine treatment or the management of unusual cases.

Let us be your consultants.

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA NEW YORK, N. Y.

San Francisco: 450 Sutter St. Los Angeles: 714 W. Olympic Blvd.
Lederle Laboratories Depot, 1216 S. W. Stork St., Portland, Oregon

N. Y. W. F. 1940

PROFESSIONAL PROTECTION

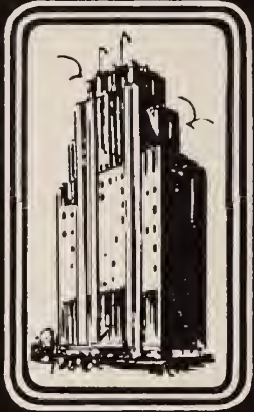
SINCE 1899
SPECIALIZED
SERVICE

A DOCTOR SAYS:

"Were my policy to cost several hundred dollars, instead of your nominal premium, I would feel that it was the best investment that I ever made."

THE
MEDICAL PROTECTIVE COMPANY
OF FORT WAYNE, INDIANA
WHEATON, ILLINOIS

SAN FRANCISCO'S Newest and Most Modern Downtown Hotel



"Home of the Persian Room"

Hotel Sir Francis
DRAKE

DON B. BURGER, Mgr. HILTON MANAGEMENT

BOOK REVIEWS

(Continued from Page 18)

of laboratory procedures. Common material more frequently found in an interne's handbook than in a volume for a modern general practitioner.

The second part (beginning with an introductory admission that dogmatism in medicine is dangerous) is the concise outline of signs and symptoms and laboratory assistance in differential diagnosis of chronic diseases of the abdomen.

The approach in the beginning of part two is by anatomical areas, for example, pain in the left hypochondrium and loin. The remaining part is devoted to other symptoms, breaking down, for example, hemoptysis by outline into type, character and probable source.

The volume lacks fundamental detail for use by students but could serve nicely as a quick reference for the general practitioner.—R. S. Peers.

Microbiology and Pathology. By Charles F. Carter, B. S., M. D., Director, Carter's Clinical Laboratory, Dallas, Texas; Consulting Pathologist, St. Louis Southwestern Railway Hospital, Texarkana, Arkansas; Consulting Pathologist, Mother Frances Hospital, Tyler, Texas; Formerly Director of Laboratories, Parkland Hospital, Dallas, Texas, and Lecturer in Bacteriology and Pathology, Parkland Hospital School of Nursing. Cloth. Pp. 755, with 165 text illustrations and 25 color plates. Second Edition. Price, $3.25. St. Louis: The C. V. Mosby Company, 1939.

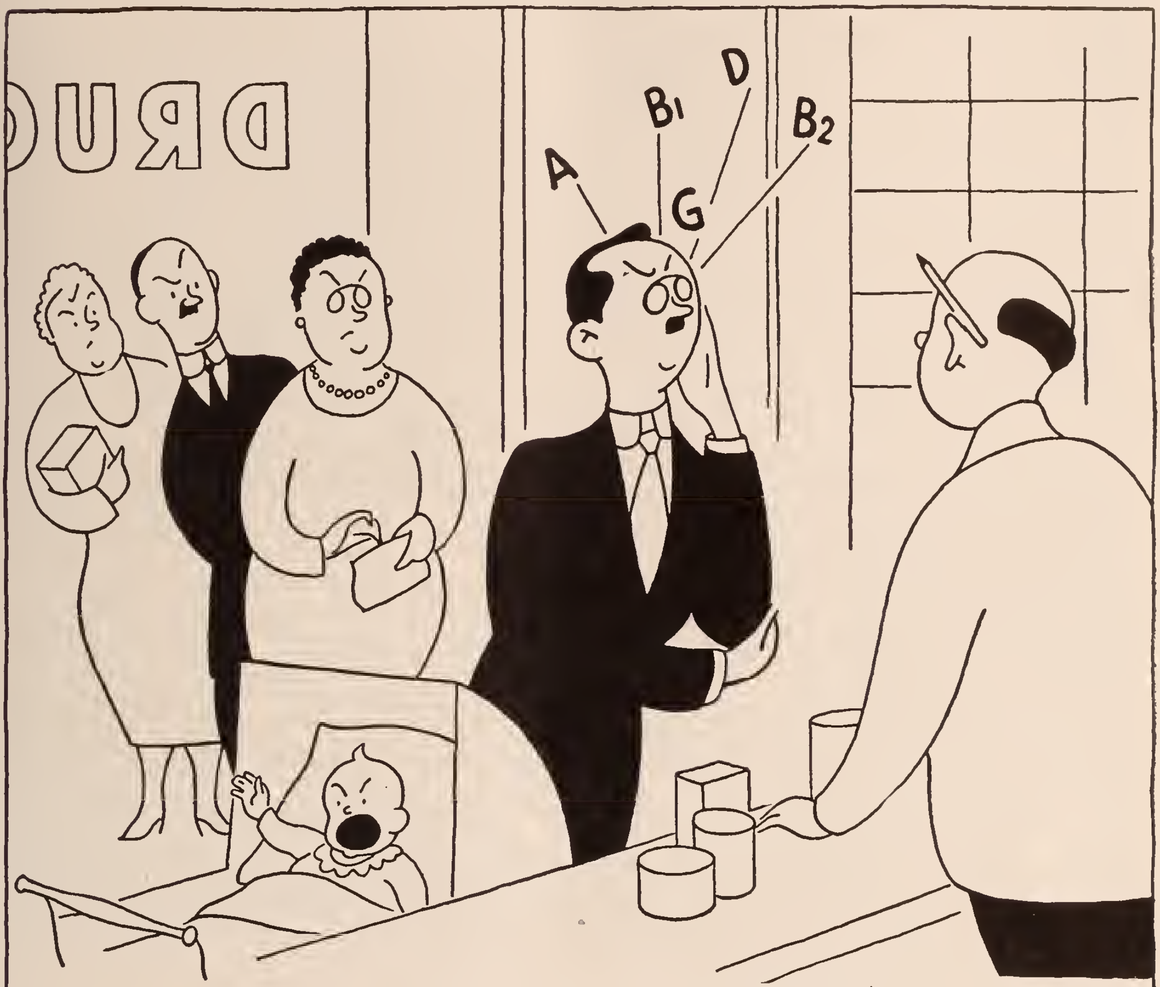
The first edition of this book, appearing in 1936, was specifically entitled "Microbiology and Pathology for Nurses." In that capacity it served a very useful purpose, being neither too brief nor too verbose, but clear and easily understood. The new or "second" edition omits from its title the words "For Nurses." This seems regrettable either as an oversight or as intentionally misleading for the book could in no sense be accepted as an authoritative work on "Microbiology and Pathology." However excellent as the first edition was, the second is measurably improved by the addition of new material, as, for instance, the new chapter on death and the new information on Chemotherapy. Most especially appreciated are the many new color plates among the illustrations. As a textbook for nursing education the book can be highly commended. —R. A. G.

The Rectum and Colon. By E. Parker Hayden, A. B., M. D., F. A. C. S., Assistant in Surgery in the Harvard Medical School, Boston, Massachusetts; Assistant Surgeon and Chief of Rectal Clinic, Massachusetts General Hospital, Boston, Massachusetts. Cloth. Pp. 434, illustrated with 169 engravings. Price, $5.50. Philadelphia: Lea & Febiger, 1939.

This book, written in a simple, concise style and profusely illustrated, is a welcome addition to our proctologic literature. It is much more than a hand book for general practitioners who wish to "treat hemorrhoids" and yet office procedures are considered in sufficient detail to make the book of decided value to the general practitioner. The author's training has been essentially surgical and this is reflected in his consideration of the various pathological conditions of the rectum and colon. His own opinions, based upon a twelve years' experience as head of the rectal clinic in the Massachusetts General Hospital, are definitely stated. Although due consideration is given to differing opinions, the book is not cluttered up with drawn-out discussions of controversial questions. A valuable chapter discusses in some detail lymphogranuloma inguinale, the most common cause of rectal stricture, which is being encountered with increasing frequency in California. A very adequate bibliography is found at the end of each chapter although no attempt is made to impress the reader with the fact that the author has exhaustively covered the entire literature. Neither is the book padded with discussions of unusual operations and conditions which would probably never be encountered by the average proctologist. In short, the book can be recommended as a textbook for the general practitioner who wishes to learn a standard method of diagnosing and treating various conditions of the rectum and colon as well as a ready reference book for the surgeon or proctologist to use more than infrequently. —E. A. Blondin.

(Continued on Page 22)

CALORIE COMPUTATIONS



*Joe Splivens shops for vitamins—No need to buy extra vitamins**
if the baby's food is S. M. A.

Vitamins A, B_1 and D are included in S.M.A. in quantities sufficient to meet the needs of the normal infant. Only the addition of vitamin C, as supplemented by orange juice, is required, just as it is for breast-fed infants.

When diluted according to directions, each quart of S.M.A., ready to feed, provides not less than 200 International Units of vitamin B_1, 7500 U.S.P. units of vitamin A activity, of which approximately 333 U.S.P. units are in the form of Pro-vitamin A (200 gamma of carotene) and not less than 400 U.S.P. units of vitamin D in the form of cod liver oil.

**Except vitamin C*

NORMAL INFANTS RELISH S.M.A.—DIGEST IT EASILY AND THRIVE ON IT

S. M. A. is a food for infants—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

S. M. A. CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILLINOIS

86c out of each $1.00 gross income used for members benefit

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

HOSPITAL
ACCIDENT
SICKNESS } INSURANCE

For ethical practitioners exclusively

(50,000 POLICIES IN FORCE)

Liberal Hospital Expense Coverage for $10.00 per Year

$5,000.00 ACCIDENTAL DEATH $25.00 weekly indemnity, accident and sickness	For $33.00 per year
$10,000.00 ACCIDENTAL DEATH $50.00 weekly indemnity, accident and sickness	For $66.00 per year
$15,000.00 ACCIDENTAL DEATH $75.00 weekly indemnity, accident and sickness	For $99.00 per year

38 years under the same management

$1,850,000 INVESTED ASSETS
$9,000,000 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability.

Send for applications, Doctor, to

400 FIRST NATIONAL BANK BUILDING • OMAHA, NEBRASKA

CANYON SANATORIUM
REDWOOD CITY, CALIFORNIA

◆

For the Treatment of Diseases of the Chest

◆

"The summers are not too hot nor the winters too cold. Climatically, Canyon Sanatorium is an ideal location."

PHILIP H. PIERSON, M.D.
Medical Director

LEO ELOESSER, M. D.
Surgical Consultant

EDWARD S. SCHULZE, M. D.
Resident Physician

MR. ARNOLD W. SCHEIER
Business Manager

Rates and Booklets on Request

Redwood City, Calif.
Redwood 1600

San Francisco Office
490 Post St., Suite 1228, GA 2127

BOOK REVIEWS

(Continued from Page 20)

The Clinical Diagnosis of Swellings. By C. E. Corrigan, B. A., M. D., F. R. C. S. (Eng.), Lecturer in Surgery, University of Manitoba, Assistant Surgeon and Director of Out-Patient Department, St. Boniface Hospital. Cloth. Pp. 313. Price, $4. Baltimore: The Williams & Wilkins Company, 1939.

"The aim of this book is to present a simple, practical method of investigating swellings in order to clarify the problem of their diagnosis." Thus does the author state the purpose of his book with its odd, layman-like title. I imagine Doctor Corrigan was impelled to write this book to fulfill a need which he senses in teaching medical students. It seems a laudable enterprise since the author puts emphasis upon the art of physical diagnosis rather than the science of the laboratory to ascertain the nature of the various swellings, bumps, knobs and protuberances that appear upon the human body and send people to physicians.

After a short introductory chapter on the general diagnosis of swellings about two-thirds of the book is devoted to the various kinds of swellings; inflammatory, granulomatous, cystic, malignant, etc. The last one hundred pages take up regional swellings as those of the neck, heart, abdomen (including hernias), etc.

In his effort to reinstate the physical signs to their proper place in the diagnosis of tumors the author succeeds very well. "No matter who the patient, his swelling is more eloquent than his tongue," so he proceeds with the aid of questions and line-drawings to elucidate the physical characters of swellings. He starts with those which arise in the skin and proceeds to those which originate in bone and ultimately disturb the body's contour.

At the end of each chapter are very short biographical paragraphs upon the pioneer investigators of swellings such as Meiborn, Van Recklinghausen, Paget and others who are referred to in the text. A very complete eight-page index is included in the book which will appeal to teachers and could well adorn any physician's library. Because it deals with fundamentals of physical diagnosis, it is the kind of book which does not become out-dated.—J. Marion Read.

Allergic Diseases—Their Diagnosis and Treatment. By Ray M. Balyeat, M. A., M. D., F. A. C. P., Associate Professor of Medicine and Lecturer on Diseases Due to Allergy, University of Oklahoma Medical School; Chief of the Allergy Clinic, University Hospital; Consulting Physician to St. Anthony's Hospital and to the State University Hospital; President of the Association for the Study of Allergy 1930-1931; Director, Balyeat Hay Fever and Asthma Clinic, assisted by Ralph Bowen, B. A., M. D., F. A. A. P., Chief of Pediatric Section, Balyeat Hay Fever and Asthma Clinic, Oklahoma City, Oklahoma. Cloth. Pp. 547, illustrated with 145 engravings, including eight in colors. Fifth edition, revised and enlarged. Philadelphia: F. A. Davis Company, 1938.

The keynote of this new fifth edition is stressed in the preface by Doctor Balyeat: "It has been written not for those doing special work in allergy, but primarily for the general practitioner."

The reviewer believes that the book will be useful and not too voluminous for the doctor seeking a clear-cut and simple guide to the diagnosis and modern treatment of the common allergic diseases. For more difficult problems, one must turn to a more complete text. Another use for such a volume could be made by nurses who wish to assist the doctor treating the allergic patient.

The authors give no particular emphasis to any part of the problem of allergy. They approach the subject consecutively from a short historical review, through a rather long part presenting the pollen problem, and on through asthma and miscellaneous allergic syndromes. The better known manifestations are divided into the following headings: Heredity Factor, Incidence, Etiology, Symptomatology, Pathology, Laboratory Data, Representative Cases, Case Discussions, Diagnosis, Differential Diagnosis, Prognosis and Treatment. Other chapters and paragraphs are under titles such as *Is Treatment of Asthma Successful? Should Turbinates be Removed?* This method of writing is quite good in helping the physician's memory, and gives some stable background for the total handling of an allergy problem and an estimation of good or bad results to be expected.

(Continued on Page 24)

For uniformity and dependability in digitalis medication, rely on

DIGITOL

Digitol decreases conduction of the auriculoventricular bundle (of His), thus suppressing abnormal impulses and tending to correct irregularities.

Digitol acts directly on the heart muscle to increase its force of contraction and cause more complete systolic emptying.

When the physician prescribes a digitalis preparation, he expects to receive a uniform and thoroughly dependable product. Our laboratories early recognized the necessity for a uniform tincture of digitalis and, sensing the direction of scientific medicine in the greater accuracy of dosage, applied physiological assay methods in the standardization of Digitol as early as 1901.

Today, each lot of Digitol is physiologically standardized by the "one-hour frog method" official in the U.S.P. XI. The date of this test appears on the label of each bottle.

Digitol is a fat-free tincture; it makes a more sightly mixture with water on administration. Its elegant appearance, absence of precipitation, accurate standardization and dependable activity are advantages which have been maintained. Digitol is marketed only in one-ounce sealed bottles supplied with a dropper for ease of administration.

"For the Conservation of Life"

Pharmaceuticals **SHARP & DOHME** *Mulford Biologicals*

PHILADELPHIA

THE POTTENGER SANATORIUM AND CLINIC

For Diseases of the Chest *Monrovia, California*

AN INSTITUTION FOR DIAGNOSIS AND THERAPY

CHOICE rooms and bungalows at rates ranging from $35 per week up, including medical service, general nursing, x-rays, routine laboratory examinations, ordinary medicines and therapeutic pneumothorax.

A few accommodations as low as $25 per week assigned on special application in selected cases.

In the foothills of the Sierra Madre Mountains, thirty-five miles from the ocean. Surrounded by beautiful gardens.

Close medical supervision. Aside from tuberculosis, special attention is given to asthma, bronchiectasis, lung abscess and kindred diseases.

For particulars address:

THE POTTENGER SANATORIUM AND CLINIC, Monrovia, California

Luzier's Fine Cosmetics and Perfumes

Are distributed in California by:

Southern California Distributor
LYLE G. CHRISTY
1718 N. Gramercy Place • Hollywood

Northern California Distributor
J. R. HAVLIN
1544 Sixteenth Avenue • San Francisco

PAYSON-BURNS
1365 Wishon Street • Fresno

LOCAL DISTRIBUTORS WANTED

KING AMBULANCE COMPANY

Transporting the Sick since 1906

WEst 1400

2570 Bush Street
SAN FRANCISCO

Physicians' and Surgeons'
Telephone Exchange
Nurses' Bureau

BOOK REVIEWS

(Continued from Page 22)

The chief contribution is a plea and detailed method for the more frequent use of iodized oil in treatment as well as in diagnosis of chronic asthma and early bronchiectasis.

All in all the new edition maintains its place and usefulness as a stepping stone for those who are finally becoming interested in the subject of allergy.—S. H. H.

Urology. By Daniel N. Eisendrath, M. D., Consulting Urologist to the American Hospital, Paris, France; Formerly Attending Urologist, Michael Reese and Cook County Hospitals; Assistant Professor of Surgery (Genito-Urinary) Rush Medical College of the University of Chicago, and Harry C. Rolnick, M. D., Attending Urologist, Michael Reese, Mount Sinai, and Cook County Hospitals, Chicago; Formerly Clinical Professor of Urology, Loyola University Medical School. Cloth. Pp. 1061, with 750 black and white illustrations and 12 in color. Fourth edition, entirely revised and reset. Price, $10. Philadelphia: J. B. Lippincott Company, 1938.

The present volume completely revises the former edition, while retaining the previous divisions into chapters, according to the different parts of the urinary tract in both sexes, and the component parts of the male genital tract. The book is very comprehensive as well as attractive in its presentation of the subject of urology in full. The new edition is profusely illustrated both diagrammatically as well as photographically and many illustrations are new since the last edition.

Venerology is thoroughly covered and includes the modern ideas of therapy, and the subject of gonorrhea in men has been condensed into two chapters, and that in women has been revised by I. F. Stein. The treatment of early syphilis is that adopted by the Coöperative Clinical Group of the United States Public Health Service.

Newer material which has been added includes recent studies on the male sex hormones, related both to diagnosis and treatment. Neurogenic dysfunction of the bladder is well discussed as are the more recent concepts of the etiology, diagnosis, and treatment of renal lithiasis; renal tumors, and tuberculous and nontuberculous infections. A special section of the book is devoted to urology in women and children, and medical nephritis as related to urology, receives ample attention. Anesthesia is completely but briefly handled. Each section of the book has a page entitled "orientation," an innovation which acquaints the reader with the subject matter of that section. Operative technique is given in detail in a special chapter at the end, and represents the standard methods of today. The table of contents shows great detail and the volume has a complete index. Important references are not at the end of the chapter but are included in the text and the authors have avoided too many references with skill and yet the international literature has been reviewed.

The authors are to be congratulated on their achievement and this book can be recommended heartily and it ranks as one of the best of available textbooks for teaching in medical schools, and because of its broad scope, should be on the bookshelf of every urologist, as well as of the general practitioner.—S. O.

The Rockefeller Foundation Annual Report, 1938. Paper. Pp. 515. New York: The Rockefeller Foundation, 1939.

These annual reports have long been models of concise and interesting reporting of the far flung activities of the Foundation. The first 200 pages are given to the medical work in all parts of the world, especially the tropics. The following part of the book gives a concise report on all projects classed as natural sciences, and the humanities.

Even those long familiar with the Rockefeller Foundation will read this report with pride as a peculiarly American contribution to world betterment.—M. C. Harding.

$186,291.19 Spent in 1939 by YOUR BUREAU as EXPENSE OF DOING BUSINESS

COLLECTIONS · CREDIT REPORTS · ACCOUNTING, ETC.

$118,900.93 paid to 73 employees—all bonded
$18,873.06 paid to outside collectors
$7,497.95 paid for telephones
ETC., ETC.

YOUR BUREAU — FOUR OFFICES

Oldest · Largest · Safest · Best

BE WISE and BUREAU-IZE!

Spreckels Building
TRinity 1252
LOS ANGELES

Times Building
LONG BEACH

The DOCTORS BUSINESS BUREAU
Established 1916

153 Kearny Street
GArfield 0460
SAN FRANCISCO

Latham Square Building
OAKLAND

A Manual of Fractures and Dislocations. By Barbara Bartlett Stimson, A. B., M. D., Med. Sc. D., F. A. C. S., Associate in Surgery in the College of Physicians and Surgeons, Columbia University, New York City; Assistant Attending Surgeon to the Presbyterian Hospital, New York City. Limp binding. Pp. 214, illustrated with 95 engravings. Price, $2.75. Philadelphia: Lea & Febiger, 1939.

A careful reading of this clearly written little monograph on fractures leads to two conclusions.

First, for the medical student it is an orientation course on fractures. It bears the same relation to his studies as an article in *Hygeia* does to one on the same subject in the *Journal.*

The second conclusion is that it is an excellent set of ready made notes for a lecturer. I can highly recommend for it for this purpose.—M. C. Harding.

Essentials of Medical Electricity. By Elkin P. Cumberbatch, M. A., B. M. (Oxon.), D. M. R. E. (Camb.), F. R. C. P., Medical Officer in Charge, Electrical Department, and Lecturer on Medical Electricity, St. Bartholomew's Hospital; Examiner in Medical Electrology, University of Cambridge; Former President, Section of Electrotherapeutics, Royal Society of Medicine. Eighth edition, revised and enlarged. Cloth. Pp. 528, with 15 plates and 147 illustrations. Price, $5, plus postage. Cleveland: The Sherwood Press, 1939.

This volume contains in its first few chapters a review of the elementary phases of electrical phenomena, followed by a more or less general description of therapeutic electrical appliances. Chapter 26 contains the usual index to therapeutic applications constituting a list of alphabetically arranged from Asthma to Xanthelasma Palpebrarum. Much of the newer surgical application of both high and low frequency current is not mentioned. It is considered that this work might prove of some value to the medical student. In its present edition the volume is far from complete. Much of the elementary material might well be replaced by chapters dealing with the application of these modalities in industrial surgery, orthopedics, etc.—A. E. Banks.

(Contnued on Next Page)

THE CALSO COMPANY

To the Medical Profession

May we suggest **CALSO WATER** as a vehicle for supplying your alkalinity when **administering Sulfanilamide to your patients.**

CALSO is not a laxative and contains no sulphate.

SPARKLING PALATABLE

25 Years Ethical

CALSO WATER CO.
524 Gough St. · San Francisco

FOUR FIFTY SUTTER GARAGE

An outstanding service feature, occupying eight floors in FOUR FIFTY SUTTER BUILDING, is available to the public as well as tenants and their patients.

Equipped for complete automotive service, including the latest porcelain paint preservation treatment.

SUTTER BETWEEN POWELL AND
STOCKTON STREETS
GArfield 4444

LOS ANGELES TUMOR INSTITUTE
1407 South Hope St. • Los Angeles, Calif.
Hours 9 to 5
Saturday afternoons and Sundays excepted
Telephone PRospect 1418

An institution owned and operated by Drs. Soiland, Costolow and Meland, dedicated to the study and treatment of cancer, neoplastic pathology and allied disease.

The Institute is provided with adequate facilities for the surgical and radiological treatment of such lesions by approved standardized methods.

STAFF
Albert Soiland, M.D.
William E. Costolow, M.D.
Orville N. Meland, M.D.
Harry F. Mershon, M.D.
Roy W. Johnson, M.D.
John W. Budd, M.D.
A. H. Warner, Ph.D.
R. B. Neil, A.B.
—Physicists

BOOK REVIEWS

(Continued from Preceding Page)

Textbook of General Surgery. By Warren H. Cole, M. D., F. A. C. S., Professor of Surgery, University of Illinois College of Medicine; Formerly Associate Professor of Surgery, Washington University School of Medicine, St. Louis, and Robert Elman, M. D., Associate Professor of Surgery, Washington University School of Medicine, St. Louis.

This Textbook of General Surgery, having undergone in its second edition a general revision, is well arranged and profusely illustrated. There are many photomicrographs to portray the pathology under consideration, and it has kept pace with the modern concepts of surgical diseases and treatment. Included, for example, is a description of sulfanilamide therapy, and the use of vitamin K for the prevention of bleeding in jaundice. The chapter on shock and hemorrhage also is well presented.

Though the arrangement is systematic and scientific, the subject is interesting and easily read. The discussions treat of many surgical conditions and the description perforce must be relatively brief. As a matter of fact, there is no intention of presenting a detailed description of surgical procedures, which rightfully belongs to a more extensive surgical work.

This textbook is invaluable to the student, the hospital intern, as well as to even the practicing physician.

TWENTY-FIVE YEARS AGO

(Continued from Text Page 150)

service for small communities. The suggestion, advanced at that time, has borne fruit in the form of a bill which comes before the present legislature endorsed by the League of California Municipalities.

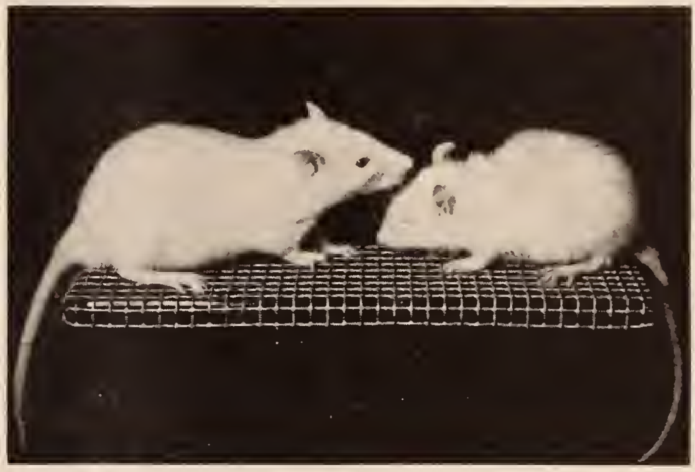
Assembly Bill No. 923 will at once commend itself to every physician thoughtful enough to realize the powerful

(Continued on Page 28)

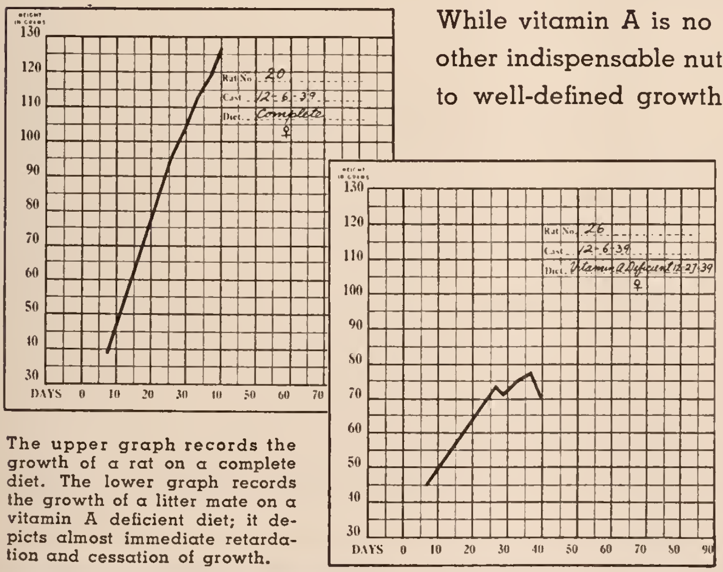
STUDIES IN THE AVITAMINOSES

This page is the third of a series on vitamin deficiencies presented by the research division of The Upjohn Company because of the profession's widespread interest in the subject. A full color, two-page insert on the same subject appears in the March 9 issue of The Journal of the American Medical Association.

INHIBITION of growth in the rat produced by restriction of vitamin A in the diet. The animals, litter mates, were 21 days old at the start of the experiment which was continued for 33 days. The animal at right received a diet containing all nutritive substances except vitamin A; the animal at left, an adequate diet. Note the xerophthalmia in vitamin A deprived rat.



Retardation of Growth Due to Vitamin A Deficiency



The upper graph records the growth of a rat on a complete diet. The lower graph records the growth of a litter mate on a vitamin A deficient diet; it depicts almost immediate retardation and cessation of growth.

While vitamin A is no more essential for growth than are other indispensable nutritional factors, its deprivation leads to well-defined growth retardation in man as well as in experimental animals. This action is so predictable that it is employed as a basis for one of the methods of vitamin A assay. The immediate effect of vitamin A deficiency on growth is cessation of endochondral bone formation. The curves reproduced illustrate the prompt growth-inhibiting effect of vitamin A deprivation in rats.

UPJOHN

COPYRIGHT 1939, THE COCA-COLA COMPANY

TWENTY-FIVE YEARS AGO

(Continued from Page 26)

weapons which we are furnishing for our own undoing by our present shiftless methods of public health administration. A few comments on the bill are in order:

1. The bill provides for the union of small counties into health districts, with a minimum of 20,000 population, but no county is subdivided. . . .

From an Original Article on "Dystocia Due to a Funnel Pelvis," by J. Morris Slemons, M. D., San Francisco.—The frequency of contracted pelves and the effect they have upon the course of labor are questions dealt with extensively in obstetrical literature, but with a few notable exceptions monographs upon these subjects consider only deformity of the superior strait. Textbooks, also, emphasize contraction of the pelvic inlet. Thus, the importance of making the familiar pelvic measurements several weeks before the expected date of confinement has become established and, furthermore, the value of these measurements is constantly demonstrated by the experience of every physician who has adopted the precaution of taking them. However, at the time of the antepartum examination the study of the pelvis should include observations regarding the inferior strait. Without this knowledge the physician will occasionally be unable to explain a prolonged delay in the second stage of labor almost at the moment when he is expecting delivery to take place. . . .

From an Original Article on "Increased Blood Pressure," by Joseph M. King, M. D., Los Angeles.—While the use of instruments to measure blood pressure can only be said to really date from 1900, and indeed, has only become general in the last six or seven years, still it must not be forgotten that the method is somewhat older. Marey, in 1876, was the first to devise an instrument at all suited for practical purposes, but it was Von Brasch of Vienna who first, in 1887, perfected and adapted the sphygmomanometer to clinical use. . . .

From an Original Article on "The Perversion of Forces in and About the Oral Cavity," by Dr. B. Frank Gray, Colorado Springs.—I come to you as an orthodontist to talk on a subject about which some of you know nothing. A good many of you know something of it, while a few of you know a great deal about it.

As you go up and down the streets of Los Angeles, you will observe multitudes of children with inharmonious features, distorted faces, poor physique, anemic and ill-nourished. What you see in our own city is to be seen in every city, town, and hamlet in the country.

Among the factors which operate to bring about these undesirable conditions, a tremendous percentage is due to causes in which the physician and the orthodontist are mutually interested. The physician is constantly being called upon to remove adenoids and tonsils, to treat deflected nasal septa and all the pathological conditions of the nasal tract. How many physicians realize the great importance of the teeth in just such cases? . . .

From an Original Article on "Endocarditis with Streptococcemia," by W. H. Strietmann, M. D., Oakland.—Under this title it is my purpose to consider only that group of cases of the so-called class of malignant or infective endocarditis in which the streptococcus is demonstrable in the blood stream, and with the particular purpose in view of

(Continued on Page 30)

"It must be EFFICIENT, DEPENDABLE, and PORTABLE"

Nootka Mission Hospital, located in isolated Ceepeecee on the west coast of Vancouver Island off the British Columbia mainland, serves 1500 persons who live and work along a 100-mile stretch of coastline.

THAT'S what the Nootka Mission Hospital required in its x-ray equipment, and the G-E Model F-3 Unit was selected because it met every need.

Efficiency and ease of operation were important. Most of the people in the Ceepeecee area are engaged in hazardous work —mining, logging, millwork, fishing—work that produces a large number of emergency cases.

There could be no question about dependability. It's a long, hard trip to Ceepeecee from the mainland. Mail boats make it every 10 days. Nootka's staff demanded a unit that "could take it," a unit that would require an absolute minimum of servicing —and the Model F-3 filled the bill.

True portability was necessary. Transportation on Vancouver Island is a real problem. There are no roads; all travel is by air and water, and there's no room for "excess baggage."

To every medical man who does not have adequate roentgenological service readily available, and who realizes a need for a compact, efficient, dependable portable x-ray unit, G-E makes this suggestion: Protect your investment by investigating the Model F-3 thoroughly before you invest in any x-ray unit.

GENERAL ELECTRIC
X-RAY CORPORATION
2012 JACKSON BLVD. CHICAGO, ILL., U. S. A.

Please send complete information about the G-E Model F-3 Office-Portable X-Ray Unit. Check here ☐ and we will arrange a demonstration of the F-3 for you in your office.

Name________________________

Address________________________

City________________________

A53

FRENCH HOSPITAL • Geary Boulevard and Fifth Avenue
SAN FRANCISCO, CALIFORNIA
HENRY J. BAZERQUE, *President*
LAURENT LALANNE, *Secretary*
V. LABRUCHERIE, *Superintendent*
GRACE GREY, R.N., *Superintendent of Nurses*
A. H. McNULTY, M.D., *Chairman of the Staff*
COLEMAN A. BLOCK, M.D., *Secretary of Staff*
W. L. ROGERS, M.D., *Chief of Staff*

A general hospital of 225 beds operating an accredited school of nursing, admitting all classes of patients except those suffering from mental diseases. Organized in 1851 and is operated by the French Mutual Benevolent Society, through a Board of Directors, a chief executive officer and staff. Accredited for intern training by the American Medical Association and approved by the American College of Surgeons.

MEDICAL STAFF

Medicine
AIME N. FREGEAU, M.D.
FRANCIS ROCHEX, M.D.
JOSEPH H. D. ROGER, M.D.
ALEX THIBODEAU, M.D.
E. S. KILGORE, M.D., Consultant in General Medicine
HAROLD HAND, M.D., Consultant in Gastro-Enterology
THOMAS G. INMAN, M.D., Consultant in Neuropsychiatry
MELVIN R. SOMERS, M.D., Associate Consultant in Neuropsychiatry
JAY JACOBS, M.D., Dermatologist
CABOT BROWN, M.D., Consultant in Lung Diseases

Surgery
ASA W. COLLINS, M.D., F.A.C.S., Chief-Emeritus
H. M. GILFILLAN, M.D.
W. L. ROGERS, M.D.
E. B. TOWNE, M.D., Consultant in Neurological Surgery
EDMUND J. MORRISSEY, M.D., Consultant in Neurological Surgery
FRANK W. LUSIGNAN, M.D., Consultant in Neurological Surgery
FREDERICK A. FENDER, M.D., Consultant in Neurological Surgery
GEORGE WARREN PIERCE, M.D., Consultant in Plastic Surgery

Radiology
LLOYD B. CROW, M.D., Director

Urology
A. H. McNULTY, M.D.
ALVIN E. CERF, M.D.
AUGUST SPITALNY, M.D.
OSCAR F. NOLAN, M.D., Consultant
WILLIAM A. SUMNER, M.D., Consultant

Pathology
DAVID A. WOOD, M.D., Director

Pediatrics
BRADFORD F. DEARING, M.D.
M. STALLINGS, M.D., Pediatrics, Allergy

Anesthesia
HERMAN MARCUS, M.D., Chief
O. K. ALLEN, M.D.

House Visiting Department
COLEMAN A. BLOCK, M.D.
LOUIS D. RONCOVIERI, M. D.

Orthopedics
FRANK A. LOWE, M.D.
LEON O. PARKER, M.D.

Ophthalmology and Otolaryngology
E. C. FABRE-RAJOTTE, M.D., Chief
VICTOR d'ERCOLE, M.D., Associate
C. B. COWAN, M.D., Associate

Obstetrics and Gynecology
CHESTER L. COOLEY, M.D.
M. A. FRANCOZ, M.D.
ELLIS D. HARMON, M.D.
HANS VON GELDERN, M.D., Consultant

TWENTY-FIVE YEARS AGO

(Continued from Page 28)

translating the older conceptions of the etiology of this disease into terms of the recent explanation of its bacteriology and pathology as offered by the brilliant work of E. C. Rosenow of Chicago. . . .

From an Original Article on "After Medicine, What?" by Raymond Russ, M.D.—A friend, a recent graduate who has been filling a long internship in an eastern hospital, has faced a tragedy. He writes that, as the result of septicemia, he has lost his right hand. His letter is galled by woe, and in his helplessness he curses the influences which thrust him into medical work. "My training is purely technical," he has dictated, "to what benefit can I turn knowledge that demands hands as well as head? The years which I have spent in preparation are wasted; yes, worse than wasted, for my heart was in my work and I cannot stifle my interest." . . .

From an Original Article on "Spinal Anesthesia," by L. L. Stanley, M.D., San Quentin.—In an article published in the *New York Medical Journal* in 1885, Dr. L. J. Corning described the manner in which he had produced anesthesia by injecting cocain between the lower spinous processes in a man and in a dog. This was the first known attempt to block the lower nerve segments, by injecting into the back; although Corning did not introduce the cocain within the arachnoid space. It was fifteen years later, however, that Bier in Germany made the first successful attempt at intradural spinal anesthesia. He was so convinced of the logic and feasibility of the anesthetic, that he allowed himself to be injected, and his assistant followed his example. There were many imperfections in his technique, as well as there were in that of many other investigators who tried the new anesthetic throughout the various larger clinics. Poor results were recorded for the most part, until the discovery of stovain by a Frenchman, Fourneau. As Fourneau, translated into English, means stove, the word "stovain" was introduced. . . .

From an Original Article on "Combined Treatment of Syphilis with Mercury and Salvarsan," by G. W. Hartman, M.D., San Francisco.—Due to the complement-fixation test, the cultivation of spirochetae, and the new arsenic therapy, the literature of syphilis has increased enormously in the last few years. Thought is beginning to crystallize and results formerly very much at variance are being reconciled. We considered that we got along very well in the presalvarsan days with the old intermittent treatment of Fournier and Neisser. There was supposed to be a psychological moment after the development of the secondary signs when treatment was to begin. If before that it would not be so successful. Treatment was continued over a period of two to five years with periods of intensive administration of mercury alternating with rest, during which potassium iodid was given. Relapses occurred frequently which yielded but slowly to treatment, or the patient became, in years, a victim of one of the so-called parasyphilitic afflictions, tabes, general paralysis, etc.

From an Original Article on "The Clinical Value of Percussion of the Skull," by W. F. Beerman, M.D., San

(Continued in Back Advertising Section, on Page 34)

For Patients *who need sleep* IPRAL provides these advantages . . .

. . . It produces sleep closely resembling the normal from which the patient awakens generally calm and refreshed.

. . . Its average therapeutic dose is small.

. . . It acts promptly after administration and its action continues over a period of hours.

. . . It is readily absorbed and rapidly eliminated.

. . . It is free from cumulative effect when dosage is properly regulated.

. . . Its effect on heart, circulation and blood pressure is negligible.

HOW SUPPLIED

IPRAL CALCIUM (calcium ethylisopropylbarbiturate) is supplied in 2-gr. tablets as well as in powder form for use as a sedative and hypnotic; and in ¾-gr. tablets for use when it is desired to secure throughout the day a continued, mild, sedative effect.

IPRAL SODIUM (sodium ethylisopropylbarbiturate) is supplied in 4-gr. tablets for preanesthetic medication.

For literature address Professional Service Department, 745 Fifth Ave., New York

E·R·SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

Step Toward Perfection

Crude drugs and chemicals procured for the preparation of Lilly products must measure up to highest standards. Assays from outside sources, no matter how reliable, never are accepted without confirmation from the Lilly control laboratories.

Ephedrine Inhalants, Lilly—Ephedrine, topically applied to inflamed nasal mucous membrane, relieves congestion and facilitates drainage.

Inhalant Ephedrine Compound—contains ephedrine, camphor, menthol, and oil of thyme. INHALANT EPHEDRINE (PLAIN)—contains ephedrine combined with cinnamic aldehyde and benzaldehyde. EPHEDRINE JELLY—contains ephedrine sulfate with aromatics.

ELI LILLY AND COMPANY

INDIANAPOLIS, INDIANA, U. S. A.

CALIFORNIA AND WESTERN MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

VOL. 52 MARCH, 1940 NO. 3

California and Western Medicine
Owned and Published by the
CALIFORNIA MEDICAL ASSOCIATION
Four Fifty Sutter, Room 2004, San Francisco, Phone DOuglas 0062
Address editorial, business, and advertising communications to Dr. George H. Kress as per address above.

EDITOR . . . . GEORGE H. KRESS

Advertisements.—The Journal is published on the seventh of the month. Advertising copy must be received not later than the fifteenth of the month preceding issue. Advertising rates will be sent on request.

BUSINESS MANAGER . . . . . GEORGE H. KRESS

Advertising Representative for Northern California
L. J. FLYNN, 544 Market Street, San Francisco (DOuglas 0577)

Copyright, 1940, by the California Medical Association

Subscription prices, $5 ($6 for foreign countries); single copies, 50 cents.

Volumes begin with the first of January and the first of July. Subscriptions may commence at any time.

Change of Address.—Request for change of address should give both the old and the new address. No change in any address on the mailing list will be made until such change is requested by county secretaries or by the member concerned.

Responsibility for Statements and Conclusions in Original Articles.—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the Journal and the demands on its space may permit. The right to reduce or reject any article is always reserved.

Contributions—Exclusive Publication.—Articles are accepted for publication on condition that they are contributed solely to this Journal. New copy must be sent to the editorial office not later than the fifteenth day of the month preceding the date of publication.

Contributions—Length of Articles: Extra Costs.—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

PAGE
Editorials 103
Editorial Comment 107
Original Articles 110
Clinical Notes and Case Reports 124
California Medical Association 127
Official Visits by President 132
Committee on Public Health Education . . . 132
C. M. A. Department of Public Relations . . . 133
Committee on Postgraduate Activities 135
Committee on Scientific Work 136
California Physicians' Service 136
County Societies 137
Woman's Auxiliary 140
News 142
Letters 147
Twenty-Five Years Ago; State Examining Board . 150
Index to Advertisements . . . . Adv. p. 8

EDITORIALS[†]

PROPOSED CALIFORNIA INITIATIVE: FOR COMPULSORY HEALTH INSURANCE

A Compulsory Health Initiative Will Be on the November Ballot.—An initiative for compulsory health insurance will be on the November, 1940, ballot, unless its printed forms, now ready for circulation, are not distributed for voters' signatures. The proponents of the measure believe the expense of securing needed signatures (estimated usually at from $25,000 to $35,000) can be greatly lessened by voluntary circulation of the petitions among members of labor and other organizations.

* * *

Nature of the Proposed Law.—The law suggested is a modification of the statute submitted to the Assembly of the California Legislature in 1939, but which went down to defeat in that body. The story of that venture was outlined in CALIFORNIA AND WESTERN MEDICINE at that time.

It has been stated that the proposed law, soon to be called to the attention of the electorate, is basically the same as that brought up in 1939; the changes being largely on matters of procedure. It would be an act that would institute the capitation system, in which the funds necessary to carry out its provisions would come from three sources: employers, employees, and the State. General practitioners (a group including the great majority of physicians now in practice, and, as defined in the law, perhaps even some present-day specialists) must each have a panel of citizens for whose care in sickness and injury they would be severally responsible; the physician receiving from the State a certain sum for each citizen whose name was on his panel. To many members of the medical profession, the rôle of specialists, and the plan of the so-called "health centers" appear involved, and not altogether practicable; but no such doubt seems to exist in the minds of the lay economic experts and that group of advanced social service philosophers who have so militantly promoted, by word of mouth and otherwise, the propaganda that a compulsory health law is urgently needed for California, if proper medical and hospitalization service is to be rendered to the citizens of this State.

[†] Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

Psychologic Background of Certain Proponents.—As has been stated many times, it seems almost impossible to understand the kind of psychologic or other background of the propagandists and ultra-proponents of a compulsory health system; the more so, that the more active and vociferous among that fold are not members of the profession of medicine, in the practice of which exist ample opportunities to acquire first hand and accurate knowledge concerning the medical needs of fellow citizens. Some of these proponents parade their cause with all the unctiousness and intensity of crusaders, or—perhaps a more expressive term would be—sanctified evangelists. They ignore the comparatively accurate figures on record in the vital statistic reports of the State and Nation, whereby it is clearly proven that the United States, under the existing voluntary system of medical service, has the lowest morbidity and mortality rates of any civilized nation in the world. Instead, again and again, they quote, emphasize and over-accentuate the unreliable data gathered in miscellaneous survey adventures which, in the past, have often been carried on by untrained investigators or field agents, in so-called cross-section areas of communities. The statistical (?) information that has been gathered under such conditions rarely incorporates or separates the diagnoses of physicians, who by training are in position to give far more reliable data. Instead, as authoritative, are accepted the reports sent in by field workers who have enumerated all the self-made diagnoses of housewives and others interviewed. Of such nature are many of the figures so frequently put forward by forum speakers who have espoused the compulsory health insurance system dogmas. The whole thing, if it were not so tragic as regards possible end-results through the emotional enactment of pernicious legislation, would be little less than ludicrous.

* * *

Physicians Must Awaken to the Impending Dangers.—It is to be regretted that among physicians, here and there, may be found a considerable number who do not seem to sense the seriousness of the proposed compulsory health insurance legislation; both regarding its power to lower public health standards, and also to change the whole nature of medical practice as it is now being carried on. It is to be hoped, therefore, that those among us who are reluctant to believe that such dangers are imminent, may awaken in time to a realization of what may be impending—so that in the battle which is now almost immediately ahead, they may stand shoulder to shoulder with their professional fellows and friends, to prevent the evils a compulsory health insurance system would bring upon California.

In this connection, it may be stated that the California Medical Association Committee on Public Relations will, within a short time, distribute to members copies of an illuminating booklet brought out by the Public Relations Bureau of the Medical Society of the State of New York, and entitled "On the Witness Stand." Its careful perusal is recommended to all physicians, because it gives accurate information on a host of questions soon to come to the front.

In the meantime, it is suggested that component county societies, in their meetings, give to this important subject the attention it deserves, and particularly to the ways and means best calculated to protect both the people and the profession.

ON A MEETING OF THE ALAMEDA COUNTY MEDICAL ASSOCIATION: SOME OBSERVATIONS

An Interesting Session.—In Oakland, at the regular meeting of the Alameda County Medical Association, on Monday, February 19, two officers of the California Medical Association (President Charles A. Dukes and Secretary George H. Kress) spoke on problems related to organized medicine, and two members of the Board of Trustees of the California Physicians' Service (Doctors T. Henshaw Kelly and Alson R. Kilgore) gave a portrayal of the present status of that statewide, nonprofit medical service plan. More than five hundred members of the Alameda County Medical Association were present (almost 90 per cent of the membership) and evinced keen interest in the presentations, the value of which was added to materially by the favorable progress report by W. Earl Mitchell on the "Insurance Association of Approved Hospitals," and the observations of Dr. Daniel Crosby on his work as a district medical director of California Physicians' Service.

It is gratifying to record so large a percentage of attendance by members of a component county society at a meeting where pertinent medical-economic and medical service plans were program topics.

* * *

Some Past Achievements.—The interest of Alameda County Medical Society members, as so evidenced, probably explains why they have been pioneers in practical experiments in California, involving attempts to solve pressing medical-economic and associated problems. In this connection, reference may first be made to the successful efforts of Dr. O. D. Hamlin to place in operation, years ago, for the county hospital of Alameda County, an "Institutions Commission," a plan which many observers believe to be the best of all means of supervision of such institutions thus far suggested and tried out; and, second, to the work of President Charles A. Dukes of Oakland who, in former years as chairman of the California Medical Association Committee on Public Relations, did much to bring into being—especially in hospitals which had been offenders—the proper recognition of the professional status of physicians specializing in laboratory technique or radiology; and, third, mention should also be made of the "Alameda Plan" so often referred to in the literature, and which was designed to make possible the giving of medical service to near-indigents—a set-up sponsored by Dr. George G. Reinle and coworkers; and, fourth, the more recent service of Dr. W. Earl Mitchell and his associates should be noted in raising a fund of twenty-five thousand dollars to establish the "Insurance Association of Approved Hospitals," a hospitalization service that now numbers more than thirty thousand members. A county society that can point to such achievements may well take pride in its record. At some future time, the story of how the Alameda County Society secured permanent auditorium and library facilities from the county authorities, through donation of the property of the former Oakland College of Physicians and Surgeons, may be made the subject of another interesting story.

* * *

A Recent Statement of Alameda County Medical Society's President.—In concluding these observations, and to show the reactions of leaders of the Alameda County Medical Association to some present-day trends and activities, two paragraphs from a recent announcement by Dr. A. A. Alexander, now president of the Alameda County Medical Association, are worthy of perusal and careful consideration:

> It is characteristic of reformers that they never let up. At times, it may be, they seem to relax their efforts, but no one should be deceived thereby. Expediency of some sort is the reason and they seek to recruit strength against a more opportune moment when defenses are down. At the moment we are hearing little of the National and State campaigners for Socialized Medicine, and during this election we are not likely to hear a great deal upon that subject. But don't be deceived: they have not grown sympathetic with Medicine, and they are not going to stop shedding their crocodile tears because (sic) medical care is beyond the reach of many good citizens. These enthusiasts are going to offer again and again the bait of something for nothing and later the taxpayer will learn of the costs. Many are convinced that because life in this country is free it should be gratuitous; and as a matter of fact what they are getting for nothing they value at its cost to them.
>
> Let us not assume that, in its present form, California Physicians' Service is perfect. It is not; but it offers a valuable service at a modest cost. To successfully sell the Service, will involve a tremendous effort in education. We will be asked by our patients for that education. Let us prepare ourselves to give it intelligently. The next meeting of your Association will be devoted largely to providing the information we need. Come and get it. Then go in the spirit of united, whole-hearted coöperation on our part to put over a really workable plan for prepaid medical service. To be sure, there will be criticisms; but if we are a unit, constructive criticism will bear the fruit of correction.

ON VARIOUS TOPICS

Annual Conference of County Society Secretaries with Officers and Committeemen of the California Medical Association.—At San Francisco, on Sunday, February 18, the fourth annual conference of representatives of the component county societies met in joint session and conference with officers and committeemen of the California Medical Association. Rarely has a group of physicians in California sat through a whole day of reports and exchanges of opinion, in which such intense interest was shown in the topics under consideration. It is not possible to record in the OFFICIAL JOURNAL the reports submitted, the highlights of which will, no doubt, be brought out in the "Pre-Convention Bulletin," to appear as a supplement to the April issue of CALIFORNIA AND WESTERN MEDICINE. County society secretaries who were in attendance will carry to their respective units the story of what they heard and learned. The scope of the meeting may be visualized by referring to the program printed in this issue.*

* * *

Annual Session, Coronado, May 6-9, 1940.—The sixty-ninth annual session of the California Medical Association will begin its informal meetings on Sunday, May 5. The general plan of the program was outlined in the November issue of the OFFICIAL JOURNAL, on page 289. Hotel information was given in the same number, on page 333, and members who have in mind to attend may wish to make reservations early with one or other of the hotels there mentioned.

As previously stated, the time set aside for the twelve specialty sections of the Association has been cut down, emphasis being placed this year on the four general sessions—one for each morning—in which topics of interest to physicians in general practice will be given particular attention.

Excellent programs for the twelve specialty sections also will be presented. Synopses of the papers will appear in next month's "Pre-Convention Bulletin and Program." All members, then, of the California Medical Association who can arrange to be in attendance are urged to do so.

* * *

Status of Federal Health and Hospitalization Legislation.—Present indications are that the Wagner Health Bill will not travel far in the second session of the present Congress. In this connection, a profitable period may be spent in reading the excerpts from the illuminating address by the Honorable Edward R. Burke, Congressman from Nebraska, which he recently made to the members of the Chicago Medical Society and which appear in this issue of the OFFICIAL JOURNAL, on page 133. The story there revealed is in line with other reliable information.

It is somewhat of a far-cry from Senator Wagner's proposed annual health appropriation of almost one hundred million dollars annually—or about one billion dollars in ten years—to President Roosevelt's hospitalization bill, briefly commented upon on page 52 of last month's issue, and for which an appropriation of only ten million dollars is requested. Should that measure become a law, the provisions for its execution are such that the expenditure during the coming year would not be overgreat—perhaps only a quarter of the entire appropriation. In the meantime, however, the publicity brought into play should make for careful and helpful consideration of the problem of hospital needs. What measures a succeeding Congress may bring forth, no one at the present time is in position accurately to forecast.

* * *

National Physicians Committee for the Extension of Medical Service.—At the meeting of the California Medical Association Council held on February 18, the newly formed organization, "National Physicians Committee for the Extension of Medical Service" was approved, and in this issue is printed a contribution "Minute Men of American Medicine," in which a clear statement of the needs and objectives of this national organization (which is somewhat similar to the Public Health League of California but only on a national, instead of a state scale) are indicated.

---

* For program, see page 131.

Times have changed, and circumstances alter cases. The California Medical Association is primarily a scientific organization. So also, is the American Medical Association. There are excellent reasons—of financial, political and other nature—why these organizations should not be called upon to be militantly active in the legislative halls of Sacramento or Washington, D. C. On the other hand, certain legislative trends having intimate public health implications must be carefully watched. In matters related to legislation, not only is an ounce of prevention worth a pound of cure, but it also is true that, if certain proposed measures are not modified or prevented in their early stages, later it may be impossible to cure or do away with them. This new organization by physicians who, of their own volition, have chosen to become members and contributors to the National Physicians Committee for the Extension of Medical Service (or to the National Physicians Committee as it is already popularly known), will provide a means of rendering positive and valuable aid in the promotion of the Nation's public health interests and in the promotion and maintenance of the standards of scientific medicine. Readers are requested to at least scan the "Minute Men of American Medicine" referred to on page 120.

TWO MEDICO-LEGAL ITEMS: I. ON CORPORATE PRACTICE OF MEDICINE. II. ON CITIZENSHIP AS A CONDITION PRECEDENT TO MEDICAL LICENSURE

A Judgment of the California Supreme Court.[*] Reference is again made to a decision of the Supreme Court of California given on an appeal from a judgment of the Superior Court for the City and County of San Francisco, that concerns the right of a corporation to engage in the practice of medicine. The case was one of issue between the Board of Medical Examiners of the State of California and the "Pacific Health Corporation," an organization operating for profit and which offered for sale contracts whereby purchasers would receive medical service at its expense, from its own limited panel of physicians. Its contentions as submitted to the Supreme Court could be stated thus:

> The defendant corporation admitted that a corporation may not lawfully engage in the practice of medicine, but contended that it did not undertake to perform medical services, only to furnish competent physicians; that the contracts did not contemplate that services were to be performed at the offices of the corporation, but elsewhere, and that the physicians were not employed by the corporation on a salary basis nor directed by the corporation, but were compensated for actual services after they had been rendered. The corporation's theory was that the physicians were independent contractors and that this fact absolved it of the charge of practicing medicine.

However, the Supreme Court took a different point of view of the matter, holding that technical distinctions, whereby corporate medical practice could be denied, do not abrogate the intent of a California statute; the court emphasizing the fact that plans wherein loyalty due to the patient could be divided between patient and the corporation, and wherein real freedom of choice of physician was not possible, were undesirable and unlawful.

* * *

Pleas Concerning Group Medicine.—Of special interest were the pleas of the corporation on the subject of group medicine and health insurance, intended to give its own work the same status as that of fraternal and other benevolent associations existing to furnish service to their members. Here the Supreme Court pointed out that, in the latter type of medical service organizations, the participating members are a limited group having special affiliations; the medical service rendered to them not being designed to make profits for a corporation's stockholders.

In commenting on the corporation's emphasis on certain social service trends of the present day, the court went further, indicating that the controversial discussion of medical needs gives no warrant in law to nullify California laws which were brought into being to prevent the practice of medicine by a corporation. Until such time as other statutes are enacted, existing statutes remain in force. It also may be inferred, from the court's observations, that it should be possible to furnish adequate medical service to citizens—in manner to protect both the public and the profession—without resorting to the practice of medicine by a corporation.

In several counties in California, this judgment of the Supreme Court of California should have special interest.

* * *

Texas Case Concerning Citizenship as a Requirement for License to Practice Medicine.—Turning to the State of Texas, and its 53rd Judicial District, in Travis County, we find put forward as an issue, the constitutionality of citizenship requirements in relation to the medical practice act of Texas. Comments here given refer to a brief prepared for the State Medical Association of Texas by its legal representatives in the case of *Manuel Garcia-Godoy* (plaintiff) vs. *Texas State Board of Medical Examiners.* The plaintiff's contentions included claims (1) that even though the plaintiff was not a citizen of the United States, he had been deprived of a "valuable property right"; and (2) that the law enacted by the Texas Legislature, prescribing citizenship as a prerequisite to medical licensure, is void.

---

[*] Case reported is that of *People ex. rel. State Board of Medical Examiners* vs. *Pacific Health Corporation, Inc.* (Calif.), 82 P. (2d) 429; 59 S. Ct. 463.

For other comment on this case, see California and Western Medicine, October, 1938, on page 306, and November, 1938, on page 416 (discussion by Hartley F. Peart, Esq.).

Excerpts from the Brief Filed by the Attorneys Representing the State Medical Association of Texas.—Some excerpts from the brief filed on behalf of the State Medical Association of Texas are worthy of thought by members of the medical profession of California, and especially so, since the California Legislature in 1939 enacted a similar act, which failed to become a law owing to a veto by Governor Culbert L. Olson.

The legal counsel of the State Medical Association of Texas included in their brief, in which many authorities were cited, illuminating statements such as follows:

> We think it well to point out in the beginning that the practice of medicine is not an inalienable or vested right inherent in any person, and that the State, in the proper exercise of its police power, may grant or withhold the privilege of practicing medicine. . . .
>
> The practice of medicine, of course, affects the lives and well-being of the citizenry, and is subject to regulation by the State under its police power. . . .
>
> The Texas Legislature has prescribed citizenship as a prerequisite to medical licensure, and it becomes important to determine several important questions as a preface to the discussion of the various facts bearing upon the reasonableness of the classification so attempted. . . .
>
> The burden of proving that any statute is unconstitutional by reason of an arbitrary or unreasonable classification rests upon the party asserting such invalidity.
>
> * * *
>
> The foregoing language was by the Supreme Court of Texas. In commenting thereon, the Supreme Court of the United States said:
>
>> There is a strong presumption that a legislature understands and correctly appreciates the needs of its own people, that its laws are directed to problems made manifest by experience, and that its discriminations are based upon adequate grounds. . . . If one entertained the view that the act might as well have been extended to other classes of employment, this would not amount to a constitutional objection. . . .
>>
>> The burden being upon him who attacks a law for unconstitutionality, the courts need not be ingenious in searching for grounds of distinction to sustain a classification that may be subjected to criticism. . . .
>
> * * *
>
> Finally, therefore, we reach the question of whether, in the instant case, the legislative requirement of citizenship as a prerequisite to medical licensure in Texas may be sustained. We have dealt at unusual length with the general rules applicable to the proper construction of statutes attacked because of alleged unconstitutionality, for we have been unable through diligent research to discover any case in which this exact question has been presented. So far as we have been able to determine, this question is one of first impression in the courts of the United States. . . .
>
> The power of the State to prescribe citizenship as a requirement for admission to the bar, and thus close the door to this profession to aliens, has never been denied. This is a privilege, and not a right; and the power which grants the privilege can deny it to aliens.
>
> * * *
>
> In discussing such restraints imposed upon the practice of law, the Supreme Court of Michigan, in *People* vs. *Phippin*, 37 N. W. 888, said:
>
>> There is no good reason why restraints should not be placed upon the practice of medicine as well as the law. The public are more directly interested in this than in the practice of law; and persons who engage in this profession require a special education qualifying them to practice. A great majority of the public know little of the anatomy of the human system, or of the nature of the ills that human flesh is heir to; and there is no profession, no occupation, or calling, where people may more easily or readily be imposed upon by charlatans. It is almost an every-day experience that people afflicted with disease will purchase and swallow all sorts of nostrums, because some quack has recommended it.
>
> Let it not be supposed that the practice of medicine is in any way a vested right. In addition to the authorities cited and quoted in the first portion of this brief, we desire to quote others, and, at the same time, to point out that there is a valid and substantial distinction to be made between the pursuit of the ordinary callings of life and those which require special training and knowledge. . . .

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 127.

EDITORIAL COMMENT†

TOXIN ALLERGY

The systematic attempts now being made in certain German laboratories to "debunk" the classical Ehrlich theory of immunity have already led to results of clinical interest. This is particularly true of the evidence recently reported by Schlossberger and his co-workers[1] of Berlin, which tends to show that animals can be immunized against bacterial toxins without passing through a preliminary stage of toxin hypersensitivity. This is not only contrary to the basic Ehrlich postulate, but will tend to remove some of the classical fears of vaccine therapy.

It was noted by Behring[2] and his co-workers nearly fifty years ago that in the attempted immunization of laboratory animals against tetanus toxin an appreciable number of the partially immunized animals died as a result of an injection of a fractional lethal dose of homologous toxin. Certain of their partially immunized guinea pigs, for example, were killed by the injection of 1/400 MLD tetanus toxin.

The Ehrlich theory postulates the existence of preformed specific "receptors" for tetanus toxin in the fixed tissue cells. An initial proliferation of these hypothetical "cell receptors" during the early stages of immunization would logically increase the toxin affinity or toxin susceptibility of vital tissues. It would not be till desquamation of supernumary "receptors" had taken place in the blood stream that this underlying tissue hypersensitivity would be masked by an adequate titer of circulating antitoxin. The paradoxical phenomenon reported by Behring and his co-workers, therefore, was predictable from the Ehrlich postulate. The relatively few guinea pigs showing this paradox were taken as conclusive evidence that toxin immunity cannot be produced without the production of a potentially lethal tissue hypersensitivity. Attempts to show that the Behring "paradox" was a "summative phenomenon" due to cumulative tissue injury from previous toxin injections were unsuccessful. In some of the reported experiments the sum of all previous doses of tetanus toxin was less than a single MLD for a normal guinea pig.

---

† This department of California and Western Medicine presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

[1] Hiroki, Hikokiti: Ztschr. f. Immunitätsforsch., 96:37 (June), 1939.

[2] Von Behring, E., Deutche. med. Wchnschr., 19:000, 1893.

In spite of the fact that many investigators failed to confirm the Behring paradox, the Ehrlich interpretation of this phenomenon became a generally accepted dogma in practical immunology. It was apparently self-evident that immunization of patients by multiple injections with bacterial toxins was clinically dangerous.

In order to attack this clinical dogma, the German investigators repeated the original Behring experiments with a sufficiently large number of animals and toxins to be statistically conclusive. Groups of guinea pigs of equal weight, size, and age were injected subcutaneously with multiple doses of diphtheria tetanus, dysentery toxin, or snake venom, the size of the dose being doubled with each subsequent injection, until a lethal reaction was produced.

Out of all of his series, only three guinea pigs gave quasi-Behring reactions. One guinea pig, for example, died twenty-four hours after the first injection of about 1/1000 MLD dysentery toxin. In all three of these atypical cases necropsy showed atypical histologic changes, from which it was concluded that the deaths could not be solely attributed to the toxin injected. All other animals of the series exhibited no toxic symptoms till the daily dose was increased to at least one MLD. Two MLD was the approximate average lethal dose for these partially immunized animals. An appreciable immunity, therefore, was developed in each series, with no suggestion of an acquired toxin hypersusceptibility.

Of even greater clinical interest is the series injected with nontoxic diphtheria toxoid. After the eighteenth injection—that is, at the height of the predictable Ehrlich hypersensitivity—the entire series was divided into subgroups, and tested with unit and subunit doses of active diphtheria toxin. None of the animals tested with less than one MLD died of the active toxin. There was, therefore, no demonstrable toxin hypersusceptibility. All animals injected with one MLD survived the test, showing an appreciable immunity. In most cases at least two MLD were necessary to cause death.

Hiroki's general conclusion from his data is that a toxin hypersensitivity is not a necessary concomitant of an acquired antitoxic immunity. He believes that Behring's much published "paradox" was due to experimental or statistical errors, presumably to a few unsuspected subnormal or virus-infected animals which died of other causes during the course of his immunization, or to mistakes of his technicians in making toxin dilutions. Hiroki concludes from his data that an acquired humoral immunity is invariably accompanied by an underlying acquired tissue immunity, and not by the "mythological" tissue hypersusceptibility deduced from the Ehrlich theory. Errors in the Ehrlich theory, of course, have long been recognized by American immunologists.[3]

P. O. Box 51.

W. H. Manwaring,
Stanford University.

RECENT DEVELOPMENTS IN THE BACTERIOLOGY AND TREATMENT OF URINARY INFECTIONS

Interest in the bacteriology and treatment of urinary infections has increased greatly in the past few years. Knowledge of the effects upon urinary infections of the reaction of urine, of metabolic products as beta-hydroxybutyric acid, and chemicals, as mandelic acid and sulfanilamide, have opened new fields for treatment. The fact that various bacteria are affected to different degrees by the same therapeutic agent, and that new chemicals are constantly being introduced, make it important to keep abreast of new findings.

The pathogenicity of various urinary infectants was investigated by Goldstein in 1938. He injected cultures of Streptococcus fecalis, Staphylococcus aureus, and Micrococcus into rabbits. Streptococcus fecalis produced lesions in 37 per cent of nineteen rabbits, pathologically mostly pyelitis, and a larger dose was required than in the case of Staphylococcus aureus, which caused renal lesions in 73 per cent of eleven rabbits. Micrococcus produced no lesions in the fourteen animals into which it was injected, and the urine remained normal in contrast to that of the animals injected with the other organisms.

Recently, Schulte introduced several new methods of studying the bacteriology of the urinary tract. He reported (1) the use of a new medium containing urea for the determination of urea-splitting organisms; (2) and a presumptive test for coagulase, which differentiates virulent mass-forming Gram-positive cocci from nonvirulent; the virulent Staphylococci were shown to coagulate human or horse plasma, while Micrococci did not exhibit this property; and (3) he determined the specific virulence of organisms by animal injections, including urea-splitters as Staphylococcus and Proteus.

The history of chemotherapy of urinary infections has shown rapid strides since Shohl and Janney in 1917 proved the value of acidification in destroying the commoner bacilli infecting the urinary tract. The use of mandelic acid for urinary infections, following the reports of Rosenheim in 1935, almost revolutionized the chemotherapeutic armamentarium of the urologist. Results obtained with this drug far exceeded those previously reported. However, where a low p^H could not be secured, or when there was not an adequate renal function to produce the needed concentration of mandelic acid or degree of acidity, the drug would not act bactericidally.

---

[3] Jordan, E. O., and Falk, I. S.: "Newer Knowledge of Bacteriology and Immunology," Chap. 81, p. 1078, University of Chicago Press, 1928.

The need, therefore, was for a drug which would act in an alkaline urine and not require the renal function necessary with the previously used drugs. At this point, in 1937, sulfanilamide began coming into use, in this country, for Streptococcal infections. Helmholz investigated its use as a urinary antiseptic and found that it created a bactericidal urine which acted against most of the common urinary invaders.

Following this experiment, it was found by Buchtel and Cook that sulfanilamide was more bactericidal for bacillary than for coccal infections, especially the Streptococcus fecalis. They also showed that the drug was excreted by the prostate, but in lower concentration than in the urine.

More recently, Cook used neoprontosil soluble orally in urinary infections, and found fewer reactions than with sulfanilamide. As with mandelic acid and sulfanilamide, neoprontosil soluble was found of most value in uncomplicated cases caused by the usual Gram-negative bacilli, the beta hemolytic Streptococci, or some of the Micrococci.

At present sulfapyridine is another drug which is being tested widely for its efficacy in urinary tract infections, and its value should be known shortly. Other drugs will undoubtedly be offered the medical profession in the near future, but none should be accepted until careful investigation has proved its worth.

1911 Wilshire Boulevard.

Harry A. Zide,
Los Angeles.

DIFFERENTIAL COUNT FOR SPERMATOZOA

There has been a great deal of interest shown lately in the differential count of spermatozoa. The following method of staining is quite satisfactory and not at all complicated:

The semen should be diluted with ten parts of Ringer's solution with 0.5 per cent chloramin added, and centrifuged strongly for twenty minutes or more; the supernatant liquid poured off, and the sediment spread on a slide as for a blood smear. (The fresh specimen should be examined microscopically before making the smear, and the smear should be made thick or thin, according to the density of the sperm population.)[1]

The smear is then dried, fixed in methyl alcohol and washed with distilled water.

Stain with Sterling's gentian violet, one per cent, one-half to one minute. (Williams uses gentian violet, one-fourth of one per cent. for four or five minutes.)[2]

Wash in distilled water.

Place in Gram's iodin one minute.

Decolorize in alcohol, 80 per cent, acetone, 20 per cent, not over one-half minute.

Counterstain ten to thirty seconds with rose bengal.

Wash in distilled water.

Dry and examine with the 1/12 (oil).

If a permanent smear is desired, mount with balsam and cover slip.

This stain is a modification of that given by W. W. Williams.[3]

Hotchkiss'[4] method of staining, though more complicated, is better for permanent smears.

Moench's[5] stain is very satisfactory, but chloramin is better than chlorozene for removing mucus.

A fresh wet specimen should be studied, both with the H. D. F. and oil, and compared with the findings of the stained smear for proper evaluation.

490 Post Street.

Lewis Michelson,
San Francisco.

USES AND ABUSES OF PITUITARY EXTRACT DURING LABOR

There is no question that posterior pituitary preparations have been woefully misused in the conduct of obstetric cases. They have been given indiscriminately in the first and second stages of labor to increase the intensity of uterine action, and to speed up the normal processes. DeLee, and others, feel that the injudicious and indiscriminate use of the pituitary preparations is one of the major factors contributing to the persistently high maternal and fetal death rates in the United States.

Any oxytocic given, with or without proper indications, can kill both mother and baby. These oxytocic drugs are really never indicated in the first or second stages of labor. It is dangerous to interfere with the normal uterine motility.

Posterior pituitary extract used during labor initiates marked tetany of the uterus; as this tone diminishes, the uterine contractions increase in severity and frequency. This abnormal uterine action may result in interference with the placental circulation, resulting in fetal asphyxia, and even death. It may, likewise, result in interference with the uterine circulation and, subsequently, damage the uterine musculature.

Other uterine conditions which may result from injudicious use of pituitary extract are rupture of the uterus; laceration of the cervix with hemorrhage or infection; secondary atony of the uterus with thrombosis and embolism, and even cardiac death from sudden overexertion.

It is true that many doctors use small doses of pituitary extract during the second stage of labor and claim no untoward results. However, one never knows how an individual may react, and rather than take a chance with life the drug should be used only when indicated, and that is in the third stage of labor. Used judiciously and with the proper indications, the oxytocic drugs often prevent the occurrence of postpartum hemorrhage and the serious results that may be caused by it.

350 Post Street.

Abraham Bernstein,
San Francisco.

---

[1] Lane Roberts et al.: Sterility and Impaired Fertility, Paul Hoeber, Inc., N. Y., 1939.

[2] Williams, W. W., et al.: The Staining and Morphology of the Human Spermatozoa, J. Urol., 32:201-212, (Aug.), 1934.

[3] Suggested by H. P. Oliver, M. D.

[4] Hotchkiss, R. S.: Semen Appraisal, J. A. M. A., 102: 587-590, (Feb. 24), 1934.

[5] Moench, G. L.: Clinical Laboratory Methods and Diagnosis, Gradwohl, 2nd ed., p. 710, 1938.

ORIGINAL ARTICLES

SUMMARY OF THE PHARMACOLOGY OF SULFANILAMIDE AND RELATED COMPOUNDS[*][†]

By Windsor C. Cutting, M.D.
San Francisco

AND

William L. Cover, M.D.
San Bernardino

THE new chemotherapeutic drugs, sulfanilamide, neoprontosil, and sulfapyridine, are among those of greatest general interest at present. In this paper, these compounds are compared in a summary of the important actions and uses, largely from the pharmacologic standpoint.

CHEMISTRY

The formulas for these three compounds are shown in Figure 1. From the simplest of them, sulfanilamide, many derivatives have been made by the introduction of side chains, or by substitutions through diazotization. Neoprontosil is a representative of this latter group, sulfapyridine of the former.

As a class, most of the derivatives which have been used clinically are less soluble than sulfanilamide, and most are presumed to act by decomposition into sulfanilamide in the body. Although neoprontosil probably acts by decomposition into sulfanilamide,[15] as indicated by the demonstration of sulfanilamide in the urine after its administration, and by the similarity of microörganisms affected, the same is not true for sulfapyridine. The latter drug acts against the same microörganisms, as does sulfanilamide, in many cases being more effective, but, in addition, it acts on several microörganisms which are not affected by sulfanilamide.

MODE OF ACTION

Many workers have sought to discover the mechanism by which these chemotherapeutic agents act; but, thus far, there has been little unanimity of opinion. The elucidation of the mode of action is extremely important, because of the probability that, through such knowledge, applications can be made to other conditions. Since bacteria are easily cultivated and observed, there would appear to be more hope for a solution of this problem than in the similarly disputed problem of the mode of action of drugs in spirochetal and protozoal diseases.

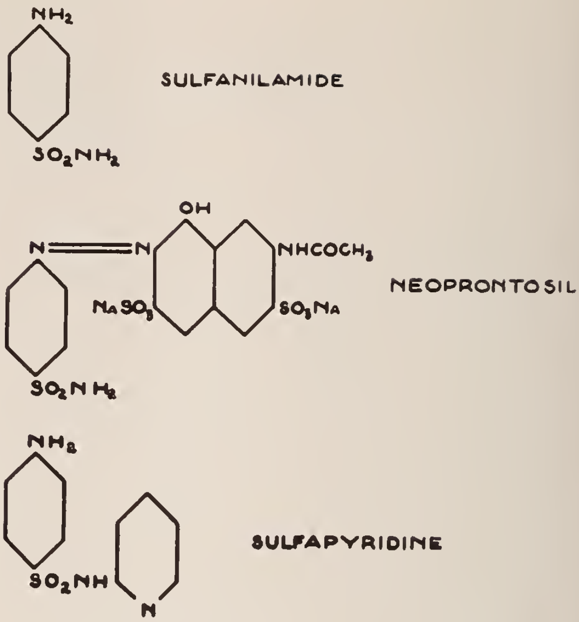


Fig. 1.—Chemical formulas of sulfonamide compounds.

The hypotheses advanced may be briefly stated as follows:

(a) *Action on the organism:* The drugs may act directly by inhibiting multiplication[1] (bacteriostasis) or killing the organisms (bacteriocidal action). These may be specific toxic actions, or such debilitating processes as destruction of capsules. A variant of these theories is that the bacteria change the drugs to a compound (by some thought to be anticatalase), which is then inimical to bacterial life.[2] Recent work[3] has shown that the bacteriostasis is accompanied by an elevated oxidation-reduction electrode potential, and is only effective so long as this is maintained.

(b) *Action on toxins:* The drugs may neutralize the toxins produced by the invaders.[4]

(c) *Action on host:* The drugs may stimulate the natural processes of resistance in the body by increasing opsonins, and so aiding phagocytosis; and by increasing the formation of specific antibodies.

(d) *Combined action:* The drugs may depress the bacteria by direct action to a point at which the natural forces of resistance are effective.

Where the truth lies is at present impossible to say.

BACTERIOLOGY

Sulfanilamide is generally effective against Group A Beta hemolytic streptococci, and many strains of meningococci and gonococci. It is also undoubtedly often effective against brucella, Ducrey and Welch infections, and against coli, aerobacter, proteus, and staphylococcic infections in the urinary tract. Action against other organisms is not as yet entirely convincing.

Neoprontosil is effective against these same organisms.

---

[*] From the Department of Pharmacology, Stanford University School of Medicine, San Francisco.

Read before the joint meeting of the Sections on General Medicine and General Surgery of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

[†] Since this paper was written, new information concerning certain points mentioned has become available. It is by no means proved that sulfapyridine does not act by breakdown into sulfanilamide, or, in fact, that both may not be changed to a single active agent. Cyanosis has been produced in mice, and found to be due to sulfhemoglobin. In cyanosis in man, methemoglobin is partly if not entirely responsible for the color. In serious illness, where sulfanilamide is badly needed, the appearance of drug fever does not necessarily contraindicate further use of the drug. After a brief rest period it may be tried a second time, and may not again produce fever. Finally, the sodium salt of sulfapyridine may be given intravenously, as a 5 per cent solution in distilled water, in medical emergencies where the drug cannot be administered by mouth.

Note:—A third paper, "Sulfanilamide in Urologic Infections," by Bernard Silver, M. D., will appear in a future issue.

Sulfapyridine has been reported[5] to have most of the actions ascribed to sulfanilamide, but in addition to be particularly effective against pneumococci and staphylococci.

ABSORPTION

Sulfanilamide[6] is absorbed rapidly and completely from the gastro-intestinal tract, maximum concentration in the body being reached in an hour or two. Apparently, due to the large absorbing surface in the duodenum, the rate of absorption may actually be faster by this route than by subcutaneous injection. When it is impossible to administer the drug orally, however, isotonic solutions may be given subcutaneously, and small amounts may be given intraspinally, with a resultant locally effective concentration.

Sulfapyridine is comparatively insoluble in ordinary solvents. Neoprontosil and sulfapyridine are poorly absorbed from the alimentary canal, the peak concentration in the blood being two or more hours later than with sulfanilamide.[8] Both of these drugs have been thought to be less toxic than sulfanilamide, but it is probable that both actually have potential dangers which sulfanilamide does not have. When poorly absorbed, the resultant blood concentration is naturally lower, and toxic manifestations are less marked than with equivalent doses of sulfanilamide. Because of irregular absorption, however, the possibility remains that complete absorption of a large dose, by some unusual condition in the intestine, may result in unexpected blood concentrations and, hence, toxicity. There is no acceptable evidence that the same clinical response can be obtained with fewer symptoms after neoprontosil than sulfanilamide. Recently the soluble sodium salt of sulfapyridine has been prepared,[14] and has been given intravenously as an emergency measure in lobar pneumonia with both excellent results and complete control of absorption.

DISTRIBUTION

Sulfanilamide,[9] like alcohol and urea, is remarkable in being quickly distributed throughout all the fluids and tissues of the body in more or less equal concentration. Neoprontosil is less widely distributed through the tissues, little, for instance, appearing in the spinal fluid. Sulfapyridine[8] lies between the two, being somewhat less well distributed than sulfanilamide, which from this standpoint would appear to be the most desirable drug.

CONJUGATION

Both sulfanilamide and sulfapyridine are partially conjugated[7] to inactive acetyl derivatives in the body, the change probably being greater with sulfapyridine than with sulfanilamide. Little is known about conjugation of neoprontosil. However, the exact fate of these agents during the course of action in the body is still imperfectly understood.

CONCENTRATION

The concentration of sulfanilamide or sulfapyridine in body fluids may be easily determined by diazotization and coupling the diazotized compound to form a dye, which may then be compared colorimetrically with known standards.[10] Neoprontosil may be estimated directly from the red color, but the amount of effective sulfanilamide which has been formed from it cannot easily be determined. An adult dose of sulfanilamide of 0.1 gram per kilo, distributed throughout the day, will ordinarily result in a blood concentration of about 10 milligrams per cent, and a urine concentration of 50 to 100 milligrams per cent.

Very little is known about the optimal blood level in the treatment of clinical infections.. Good therapeutic results have been described when the blood level has been 3 milligrams per cent and also 20 milligrams per cent. Possibly 10 milligrams per cent should be considered a desirable level until further evidence is brought forward. For investigative work it is essential that blood levels be followed. In general practice they are certainly desirable, especially when the drug seems to be ineffective, and the level may actually be low, or in renal damage, where the level may rise very high. Ordinarily, however, such estimations are not made, and therapy is not seriously hampered.

EXCRETION

Sulfanilamide[6] is rapidly excreted in the urine, very little remaining in the body twenty-four hours after a single average dose. The rapid absorption and excretion necessitate frequent administration of the drug to maintain an adequate concentration in the body. In practice, a four-hour interval between doses, night and day, has been found to produce a satisfactory plateau of concentration.

With impaired renal function, the excretion of sulfanilamide is hindered, and high concentrations in the body may result from ordinary dosage. Since this may be dangerous, care should be taken when the drug is given to such patients.

Sulfapyridine[8] is excreted somewhat more slowly than sulfanilamide, this fact, together with its slower absorption, making less frequent administration, and also possibly smaller dosage, satisfactory. It has been suggested that a six-hour interval is advisable.

Little is known about the quantitative elimination of neoprontosil.

TOXICITY

Many untoward reactions may follow the administration of sulfanilamide; and since some are extremely serious, the subject is very important. Although less is known about toxic manifestations after neoprontosil and sulfapyridine,[10] they appear to be similar to those after sulfanilamide and to be no less frequent when comparably effective doses are used.

Toxic reactions may be divided into two types: (1) Those of overdosage, and (2) those of idiosyncrasy. The manifestations of overdosage are usually similar in man and in experimental animals, and, although they may vary greatly from individual to individual, the symptoms always appear when the individual tolerance is reached.

The reactions from idiosyncrasy are infrequent, unpredictable, bear no relation to dose, and have little counterpart in experimental animals.

Effects of Overdosage.—The commonest disability from the administration of sulfanilamide is that from nausea and dizziness. These symptoms are no contraindication to the use of the drugs in hospitalized patients, but may make the use impossible or unsafe in ambulatory patients, particularly in those who must drive cars.

Acidosis is an infrequent toxic manifestation which is easily controlled by accompanying each dose of sulfanilamide with an equal dose of sodium bicarbonate.

Rashes are common, and bear some relation to exposure to sunlight. The formation of porphyrin has been suggested. If rashes are severe, despite avoidance of sunlight, the drug should be discontinued.

Cyanosis is probably the most disputed toxic manifestation. Different investigators have considered sulfhemoglobin,[11] methemoglobin,[12] and pigment derivatives[13] from the drug as possible causes. Cyanosis has not been satisfactorily produced in experimental mammals, but in birds it is easily produced, and is definitely due to methemoglobin. Certain workers[11] have reported the disappearance of the cyanosis, which they thought was due to methemoglobin, after the administration of methylene blue.

In general, it may be said that, whatever the cause, the cyanosis is rarely accompanied by air hunger or other disabilities which alarm one to the extent of either discontinuing the drug or making use of radical measures to combat the cyanosis.

Effects of Idiosyncrasy.—Agranulocytosis, hemolytic anemia, and acute hepatitis have followed the use of sulfanilamide in human beings. These side actions are extremely serious toxic manifestations and considerably temper one's enthusiasm for unlimited use of the drug. Therapy should be stopped at the first sign or evidence of any of these conditions, although they all tend to run their natural course in spite of withdrawal of the drug. Agranulocytosis may be fatal, but hemolytic anemia is rarely so, the response to transfusions being excellent. Too few cases of hepatitis have been observed to allow prognostication. Fever, undoubtedly due to the drug, is occasionally seen. While in itself it may not be dangerous, it is always an indication to stop the drug, as it frequently precedes a serious idiosyncrasy.

ADMINISTRATION

In urgent conditions, sulfanilamide should be given in an initial dose (adult) of 5 to 7 grams (roughly 0.1 gram per kilo of body weight), in order to achieve a desirable therapeutic level, and continued in doses of about one gram every four hours. Therapy should be continued for several days after the evidences of infection have disappeared. In less urgent conditions, 0.5 to 1.0 gram is given every four hours, without a large initial dose. Where necessary, equivalent amounts of an 0.8 per cent solution in physiologic saline solution may be given subcutaneously.

Neoprontosil is given by mouth, one gram every four hours, or as a 2.5 per cent solution (formerly prontosil soluble), 10 to 40 cubic centimeters every four hours. The psychotherapeutic value of the injection of a vivid red solution would seem to be only infrequently necessary.

Sulfapyridine is given by mouth in an initial dose of 2 grams, and from 1.0 to 2.0 grams every six hours thereafter.

INDICATIONS

The philosophy of the use of dangerous drugs has various interpretations. Just as the arsphenamins carry a definite hazard, yet are generally considered worth the risk in syphilis, so also the sulfanilamide compounds, which also present considerable risk, are, nevertheless, acceptable in the therapy of certain diseases.

In serious diseases, where life is endangered and the microörganisms are susceptible, few physicians would refrain from using the drugs. Thus, in streptococcic or meningococcic meningitis and in puerperal sepsis, there should be no hesitation in using what may be a life-saving measure.

In mild conditions, where recovery is expected to be rapid and complete, it would seem inadvisable to use any of the sulfanilamide compounds. Thus, in simple sore throat, which may be both benign and of nondescript bacteriology, the exhibition of these drugs is to court trouble.

It is in the milder diseases with serious potentialities, such as scarlet fever, gonorrhea, trachoma, and urinary tract infections, that the decision is difficult. Where such patients can be hospitalized, frequent blood counts made, and facilities for transfusion or other therapeutic measures are available, the risk is minimized. Treatment in the home, or of ambulatory patients, must remain the difficult decision of the attending physician.

SUMMARY

Of the recently introduced chemotherapeutic drugs belonging to the sulfonamide group, sulfanilamide has the definite advantages of having been investigated most extensively, both experimentally and clinically, of being absorbed regularly and completely, and of penetrating most thoroughly throughout the body. This makes it the drug of choice, except against pneumococcus and staphylococcus infections, where sulfapyridine appears to be superior.

Stanford University Medical School.
575 Fifth Street, San Bernardino.

REFERENCES

1. Long, P. H., Bliss, E. A., and Feinstone, W. H., Mode of action, clinical use and toxic manifestations of sulfanilamide; further observations, J. A. M. A., 112:115, Jan. 14, 1939.

2. Shinn, L. E., Main, E. R., and Mellon, R. R., Proc. Soc. Exper. Biol. and Med. 39:591, 1938.

3. Fox, C. L., German, B., and Janeway, C., Effect of sulfanilamide on electrode-potential of hemolytic streptococcal cultures, Proc. Soc. Exper. Biol. and Med. 40:184, 1939.

4. Osgood, E. E., Culture of human marrow; studies on mode of action of sulfanilamide, J. A. M. A. 110:349, 1938.

5. Bliss, E., and Long, P. H., Proc. Soc. Exper. Biol. and Med. 39:483, 1938.

6. Marshall, E. K. Jr., Emerson, K., and Cutting, W. C., Para-aminobenzenesulfonamide; absorption and excretion; method of determination in urine and blood, J. A. M. A. 108:953, 1937.

7. Marshall, E. K. Jr., Bratton, A. C., Litchfield, J. T., Science, 88:597, 1938.

8. Long, P. H., and Bliss, E. A., Proc. Soc. Exper. Biol. and Med. 39:486, 1938.

9. Marshall, E. K. Jr., Emerson, K., and Cutting, W. C., Renal excretion of sulfanilamide, J. Pharmacol. and Exper. Therap. 61:191-195, 1937.

10. Marshall, E. K. Jr., and Litchfield, J. T., Determination of sulfanilamide, Science, 88:85, 1938.

11. Paton, J., and Eaton, J., Sulphaemoglobinaemia and methaemoglobinaemia following administration of para-aminobenzenesulphonamid, Lancet, 1:1159, 1937.

12. Hartmann, A. F., Perley, A. M., Barnett, H. L., Study of some of the physiological effects of sulfanilamide; methemoglobin formation and its control, J. Clin. Investigation, 17:699, 1938.

13. Marshall, E. K. Jr., and Walzl, E., On cyanosis from sulfanilamide, Bull. Johns Hopkins Hosp. 61:140, 1937.

14. Marshall, E. K. Jr. (Personal communication.)

15. Feinstone, W. H., Bliss, E. A., Ott, E., and Long, P. H., Observations concerning toxicity, absorption and therapeutic effect of sulfanilamide and certain related organic sulphur-containing compounds in experimental infections in mice, Bull. Johns Hopkins Hosp. 62:565, 1938.

EFFECTIVE SULFANILAMIDE DOSAGE: THE VALUE OF QUANTITATIVE SULFANILAMIDE DETERMINATIONS*

By William J. Mitchell, M.D.
Los Angeles
Paul M. Hamilton, M.D.
Alhambra
and
Albert G. Bower, M.D.
Glendale

Sulfanilamide has been the subject of more discussion and more investigation since its introduction in this country in 1937 than any drug of recent origin. Many articles have appeared regarding diseases in which it was successful and conditions in which it has failed, and many reports of toxic effects have been printed. However, less has been said regarding dosage.

In an early American article[1] it is suggested that one gram (fifteen grains) per twenty pounds of body weight per day is adequate dosage. Subsequent suggestions regarding dosage were made on the basis of body weight, it being recognized that children require proportionately larger doses than adults. Long, Bliss, and Feinstone[2] published tables giving dosage by weight in severe and moderate infections. The dosage they suggest for use in severe infections they believe will usually provide a blood concentration of 10 to 15 milligrams per 100 cubic centimeters, and indicate smaller dosages for moderate infections in which 5 to 10 milligram levels should be maintained. However, Stewart, Rourke, and Allen[3] observed that there was considerable variation in the level of the sulfanilamide concentration in the blood of different individuals receiving the same proportionate doses. It has been our experience that *not only does the effective blood concentration of sulfanilamide vary with the severity of the disease, but also that it varies with the type of the disease.* Because of the variability of blood concentrations in different individuals, we feel that the dosage cannot be arbitrarily set at a given number of grains per pound of body weight, but *dosage must be individualized and controlled by frequent quantitative blood determinations.* This may be done if three factors are considered: The method of administration of the drug, the efficiency of the kidney in excreting it, and the effective blood concentration in various diseases.

In our cases we determine only free sulfanilamide concentration in the blood, since the conjugated form is therapeutically inactive.[4]

METHOD OF ADMINISTRATION

Sulfanilamide may be given orally, in tablet form, or in a one per cent solution in normal saline, either subcutaneously or intravenously. Regardless of the method, the first day's dose is administered on the basis of 15 grains per twenty pounds of body weight in twenty-four hours. Orally, one-third to one-half the total twenty-four-hour dose is given as an initial dose; subsequently a full twenty-four-hour dosage is given in divided portions at four-hour intervals. A quantitative sulfanilamide determination of the blood should be done after twenty-four hours to see if the desired concentration has been obtained. Blood for quantitative determination should be taken four hours following the last oral dose, as absorption is maximum at this time. After the first quantitative test subsequent dosage varies with the blood concentration, which should be determined every day.

Many patients require very large doses, others require smaller amounts than average. *The correct dose is the dose that cures the patient.* We have found it easier in the treatment of infants to use the one per cent solution, diluted in milk or Karo water, than to powder the tablets.

When given subcutaneously we have found that an eight-hour interval between doses gives a more constant blood level than a twelve-hour interval. The rate of absorption is approximately the same for subcutaneous and oral administration.

Chart 1 shows the hourly concentrations done in two patients, one of whom received a large single dose subcutaneously, the other divided doses orally at three-hour intervals. It will be noted that following each oral dose the curve parallels the subcutaneous curve, and that the rate of absorption is appproximately the same, although the concentration rose to a higher level in the patient treated subcutaneously because of the larger initial dose.

Subcutaneous administration is preferred to oral in comatose patients and in patients who vomit.

---

* From the Department of Communicable Diseases, Los Angeles County General Hospital, Los Angeles.

Read before the Section on Pediatrics of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

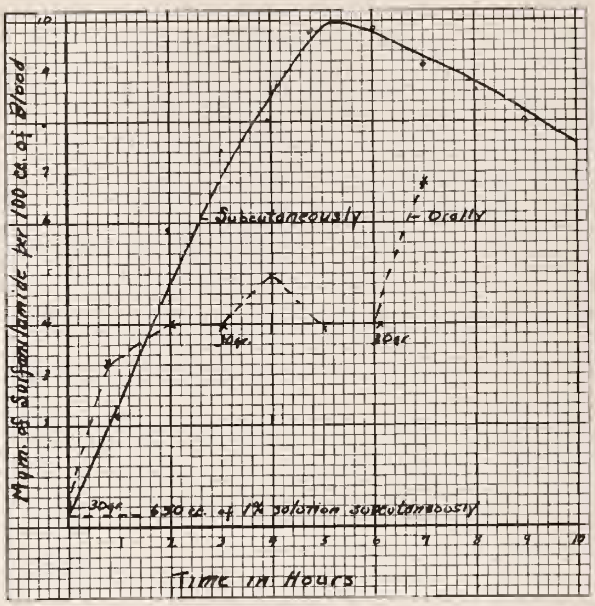


Chart 1

Ordinarily there is little need for intravenous administration of sulfanilamide since it is so rapidly absorbed by the oral or subcutaneous route, and so rapidly excreted when given by vein. We do not give sulfanilamide intraspinally, as it has been shown that when given orally or subcutaneously the spinal fluid concentration approximates that of the blood.[4]

Chart 2 compares the concentration of sulfanilamide in the blood and spinal fluid in a patient receiving the drug by subcutaneous and oral routes.

It may be noted that the spinal fluid concentration lags just behind the blood, both when the curve is increasing and diminishing.

EFFICIENCY OF THE KIDNEY IN EXCRETING SULFANILAMIDE

Sulfanilamide is excreted in free and combined form by the kidneys. Two or three days are sometimes necessary before an equilibrium is established between the rate of absorption and the rate of excretion. During this time frequent quantitative sulfanilamide determinations are indicated to insure adequate dosage. Diuresis increases the rate of excretion, and consequently it is inadvisable to force fluids if a high blood concentration is desired. To secure the desired concentration of the drug it may be necessary to restrict the fluid intake. Patients with kidney damage excrete the drug more slowly than those with normal kidney function, and require smaller doses to maintain an adequate blood concentration.

EFFECTIVE BLOOD CONCENTRATIONS IN VARIOUS DISEASES

Erysipelas.—Approximately two hundred cases of erysipelas have been treated with sulfanilamide in the Los Angeles County General Hospital. The average blood concentration of sulfanilamide in a sample group of fifty of these cases was 5 milligrams per 100 cubic centimeters of blood. The days in the hospital were reduced from an average stay of twelve before sulfanilamide to six, and the death rate from 5 to 2 per cent.

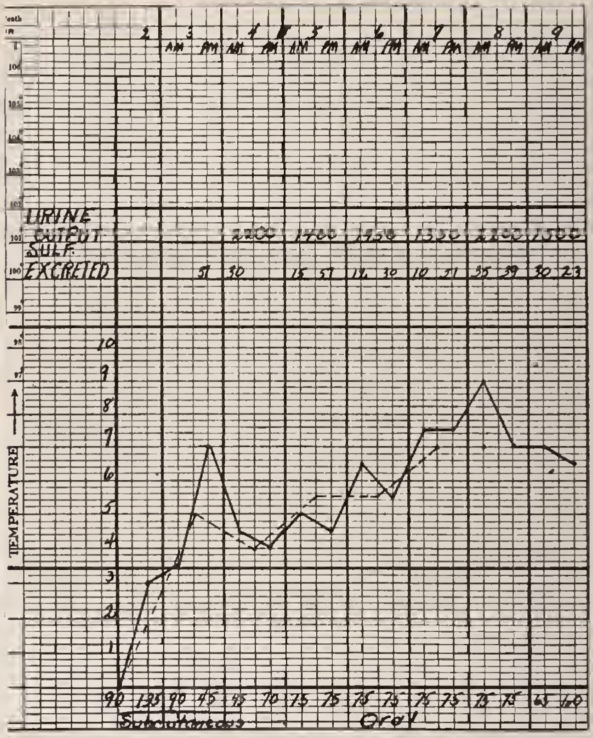


Chart 2

Scarlet Fever.—The death rate for scarlet fever in California has been almost negligible, but prior to sulfanilamide and convalescent human serum, the complication rate was in the neighborhood of 43 per cent. In a series exceeding two hundred cases treated with sulfanilamide, the complication rate was reduced to 10 per cent.[5] In fifty of these cases the average blood concentration was 5 milligrams per 100 cubic centimeters. Patients with scarlet fever, complicated by otitis media, mastoiditis and cervical adenitis, require higher concentrations, and we have set this empirically at 10 milligrams per 100 cubic centimeters.

Undulant Fever was very resistant to treatment before sulfanilamide was used, but of ten cases, nine have responded to sulfanilamide with clinical cures. Four of these had quantitative levels of 10 milligrams, in four no determinations were made, and one (Chart 3) required higher concentration.

Urinary Infections, except *Streptococcus fecalis,* respond satisfactorily to blood concentrations of 3 to 4 milligrams.[6]

Gonorrheal Urethritis.—Over 50 per cent of patients with gonorrheal urethritis are cured if a blood concentration of 15 milligrams per 100 cubic centimeters is maintained.[7]

Gonorrheal Vaginitis is more resistant to sulfanilamide than gonorrheal urethritis, but somewhat less than one-half of our patients have responded with blood concentrations of 15 milligrams or over.

Gonorrheal Ophthalmia responds quickly to sulfanilamide.[8] We recommend a blood concentration of 10 milligrams per 100 cubic centimeters.

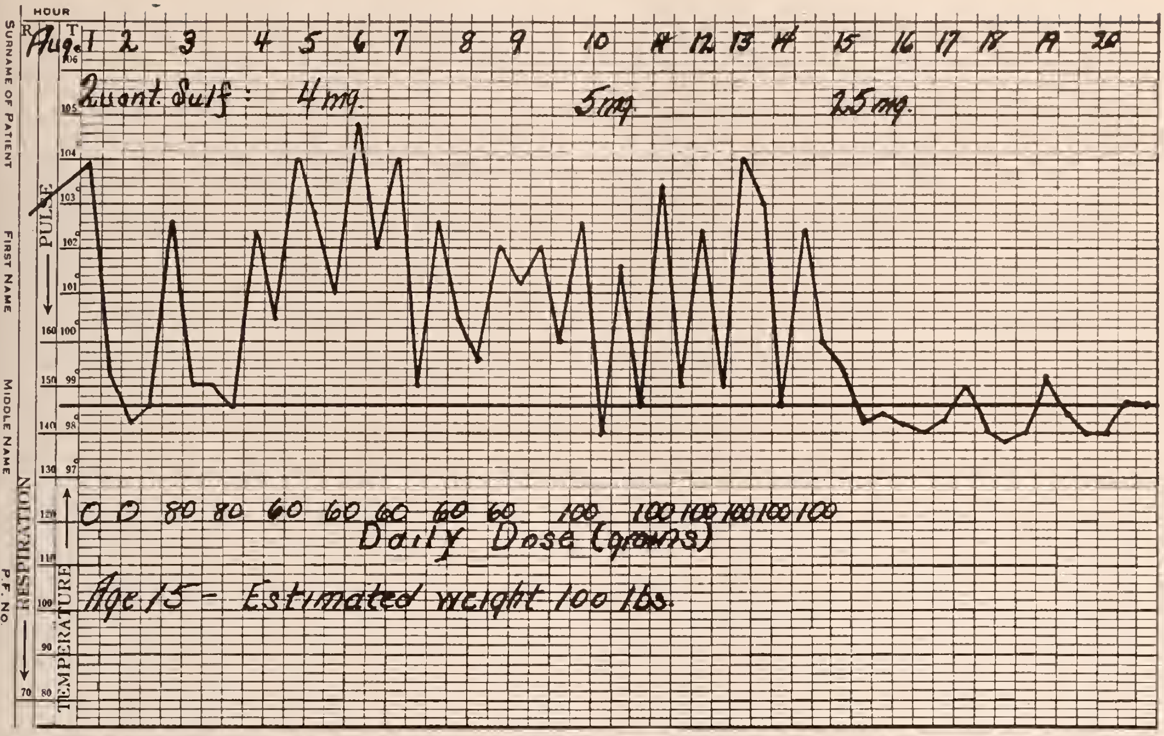


Chart 3

The eyes must be kept free from pus by frequent irrigation.

Epidemic Meningitis is treated almost exclusively with sulfanilamide alone. Many cases recover with low concentrations; but because of the severity of the disease, we attempt to maintain a concentration of 10 milligrams.

Streptococcic Meningitis.—We have treated only five cases. One patient died before we were doing routine quantitative determinations. Four recovered, the average blood quantitative level being 10 milligrams per 100 cubic centimeters.

Disease	*Blood Concentration* (Mgms. per 100 cc. blood)
Erysipelas	5.0
Scarlet fever (uncomplicated)	5.0
Scarlet fever (complicated)	10.0
Undulant fever	10.0
Urinary infections	3.0 to 4.0
Gonorrheal urethritis	15.0
Gonorrheal vaginitis	15.0
Gonorrheal ophthalmia	10.0
Epidemic meningitis	10.0
Streptococcic meningitis	10.0

Failure in sulfanilamide therapy is frequently encountered, but it is our opinion that the drug should not be discarded in any disease in which it has been proved of value until a satisfactory blood level has been obtained.

Chart 3 is the record of a patient with undulant fever who was given the usual dosage of sulfanilamide. On the third day the quantitative blood level was 4 milligrams per 100 cubic centimeters of blood and on the seventh day, 5 milligrams. The fever continued to oscillate, dosage was increased, the quantitative sulfanilamide rose to 25 milligrams. Twelve days later the temperature dropped to normal and remained within normal limits. Sulfanilamide was discontinued on this day by mistake, but there was no relapse.

CONCLUSIONS

1. The dose of sulfanilamide is the dose that cures the patient.
2. The index to the correct dose is the sulfanilamide concentration in the blood stream.
3. The desirable sulfanilamide concentration and, consequently, the dosage, varies with the type and severity of the disease.

248 East Main Street, Alhambra.
1635 Chelsea Road, San Marino.
136 North Central Avenue, Glendale.

REFERENCES

1. Long, Perrin, and Bliss, Eleanor A.: Para-Amino Benzensulfonamide and Its Derivatives, J. A. M. A. 108:32 (Jan. 2), 1937.
2. Long, Bliss, and Feinstone: Mode of Action, Clinical Use and Toxic Manifestations of Sulfanilamide, J. A. M. A. 112:115 (Jan. 14), 1939.
3. Stewart, J. D., Rourke, G. M., and Allen, J. G.: Excretion of Sulfanilamide, J. A. M. A. 110:1885 (June 4), 1938.
4. Marshall, E. K., Emerson, Kendall, and Cutler, W. C.: Paraminobenzenesulfonamide, Absorption and Excretion, J. A. M. A. 108:953 (March 20), 1937.
5. Hamilton, Paul M., and Togasaki, Yoshiye: J. Pediat. To be published.
6. Bannick, Brown, Foster: Therapeutic Effectiveness and Toxicity of Sulfanilamide, J. A. M. A. 111:77 (Aug. 27), 1938.
7. Belt, A. Elmer: Personal communication to A. G. B.
8. Bower, A. G., and Frank, William: Treatment of Gonorrheal Ophthalmia, Am. J. Oph. 22:277 (March), 1939.

ACUTE SUPPURATIVE PERICARDITIS*

WITH AN INITIAL LEUKEMOID BLOOD PICTURE

By Mast Wolfson, M. D.
Monterey
and
John C. Sharp, M.D.
Salinas

It is of interest to note that Galen first observed pericarditis in animals in 131-201 A. D. It was not until 1649, however, that Riolan first advocated pericardiotomy by trephining the sternum. The first successful pericardiotomy was performed by Laennec in 1819. Then, in 1844, Hilsman was the first to perform pericardiotomy for suppurative pericarditis. Many others discussed the various aspects of pericarditis up to that time, and since then still others have worked out the finer points in pathology, diagnosis, and treatment.

The case we are about to report was trying and puzzling from the beginning. The important symptoms, on the patient's entrance to Monterey County Hospital at Salinas, were fever, pain, and swelling in the right neck. For one so sick, as you will soon see, together with the fact that this swelling subsided without treatment in thirty-six hours, we were misled at first completely. The blood count showed a mild secondary anemia, with a low leukocytosis, *i. e.,* 10,500, with 5 per cent myeloblasts and myelocytes. There were a great many nucleated red cells and many polychromatophylic red cells. This type of white count continued for one month. Again we were puzzled to know whether this was an aleukemic phase of myelogenous leukemia. As Krumbhaar states, "The recognition of many acute cases which have only a mild leukocytosis, or even a leukopenia, coupled with fever and some localized signs of infection, may make immediate diagnosis a difficult or impossible feat." One may refer here to the number of conditions that give a leukemoid blood picture, *i. e.,* (1) measles and pertussis; (2) acute infectious lymphocytosis; (3) acute infections with hemorrhage; (4) terminal septicemia with myeloid leukemia; (5) bone-marrow intoxication, with terminal blood picture; (6) agranulocytosis, like acute leukemia; and (7) myeloma, resembling acute leukemia. Two cases were given with terminal leukemic pictures, and at autopsy they could not be distinguished from acute leukemia and acute gastrocolitis and Banti's disease, respectively.

REPORT OF CASE

This patient, a young American male, was admitted, walking to the Monterey County Hospital, on the morning of May 20, 1937. He was twenty-four years of age, weighed 170 pounds and was about twenty pounds under his normal weight. His chief complaint was a painful swelling on the right side of the neck, and he stated he had had a sore throat for about twenty-four hours before coming to the hospital.

Family History.—Native American stock from Oklahoma, otherwise not remarkable.

Past History.—The usual childhood diseases, but other ailments were not remembered. These are irrelevant to his present illness.

Present Illness.—He became acutely ill about a month prior to his admission to the hospital, suffering from severe pains in his throat and chest, and a shortness of breath, with moderately productive cough. He states that he remained in bed for about ten days, after which he would get up and walk about his room, but had to return shortly to bed as he tired easily. His throat became sore a few days before coming to the hospital, and the swelling came on in his neck one day before.

Physical Examination.—Temperature, 100; pulse, 100; respiration, 20. Patient appeared acutely ill. *Skin:* moist and slightly cyanotic. *Eyes:* pupils equal and active to light and accommodations. *Eye grounds:* normal. *Mouth:* oral hygiene poor, with moderate gingivitis and pyorrhea, along with many cavities in the teeth. *Throat:* mucous membrane injected, edematous, and slightly cyanotic. *Tonsils:* large and cryptic. *Neck:* soft and somewhat rubbery, slightly edematous, and tender swelling over the right anterior and posterior triangles. Few small, palpable anterior cervical lymph nodes. *Thyroid:* normal. *Heart:* A. C. D. widened to the anterior axillary line on the left. P. M. I., faint in the fifth left interspace, 17 centimeters from M. S. L. The right border is 4 centimeters from M. S. L. The aortic dullness is 8 centimeters. *Heart sounds:* distant, no murmurs or thrills; rate regular, 100 to 126. A 2 greater than P 2. Blood pressure: 100/60. *Lungs:* the voice sounds and breath sounds are increased over the anterior upper chest. A pleural rub is present on the right above the third rib. *Breath sounds* and *voice sounds* are bronchial over both uppers posteriorly. Tactile fremitus is decreased in the posterior mid-right, and flat at the right base. The percussion note is also flat on the left posterior below the spine of the scapula. *Abdomen:* soft, spleen not palpable, but liver is 6 centimeters below the costal margin, and to the fourth rib above. No masses, fluid or tenderness made out. *Genitals:* normal. *Rectal:* negative. *Prostate:* normal. *Extremities:* muscularity good, no clubbing of the fingers, but slight cyanosis on the tips of the fingers and toes. *Neurological:* cranial nerves all normal. *Reflexes:* upper and lower extremities normal. Romberg, Kernig, and Brudzinski, all negative.

Laboratory Reports.—*Urinalysis* showed a normal specific gravity with a trace of albumen, and an occasional white blood cell and red blood cell with a rare granular cast. This continued throughout his hospitalization.

Blood.—The first count showed: Hemoglobin, 88 per cent; red blood cells, 4,140,000; white blood cells, 10,600; polymorphonuclears, 68 per cent; lymphocytes, 27 per cent; eosinophils, 1 per cent; myeloblasts and myelocytes, 4 per cent; smears showed many basophilic red blood cells, no stipling, many nucleated red blood cells. The myeloblasts and myelocytes disappeared by June 30, 1937. A secondary anemia developed by August 11, 1937, *i. e.,* hemoglobin, 44 per cent; red blood cells, 2,450,000. The white blood cells fluctuated between 11,000 and 13,000. With the above anemia it reached 8,200 with an essentially equal differential. The patient's blood count following therapy gradually rose to normal by November 19, 1937.

E. K. G.—*Auricular rate,* 130; ventricular, 130; P. R. 0.12; Q. R. S. 0.06; normal axis deviation. *Sinus,* regular rhythm. Inverted T, one and two. T 3, diaphasic; T 4, upright and slightly high take-off. Complexes in almost iso-electric. All other complexes low.

Sputum.—May 24, 1937. Tubercle bacilli, none. Many Gram-positive cocci in pairs and masses.

Bacteriology.—Blood cultures were always negative. The pericardial fluid, on May 25, 1937, was serosanguineous and contained many pus cells. This showed, on culture, hemolytic Staphylococcus aureus. One week later the findings were the same. On June 5, 1937, showed a clear sterile fluid. On June 23, 1937, left pleural fluid was cloudy but sterile. This became purulent with many pus cells on August 5, 1937, and a culture of hemolytic Staphylococcus aureus. With treatment this became sterile six weeks later.

X-ray showed, on May 23, 1937, a massive pericardial effusion and a resolving pneumonia of the right lower

---

* From the Department of Medicine (cardiology) and Surgery (chest surgery) of the Monterey County Hospital, Salinas.

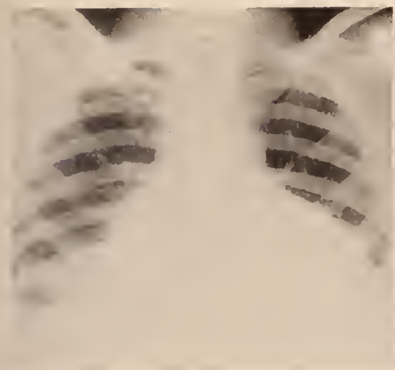


Fig. 1

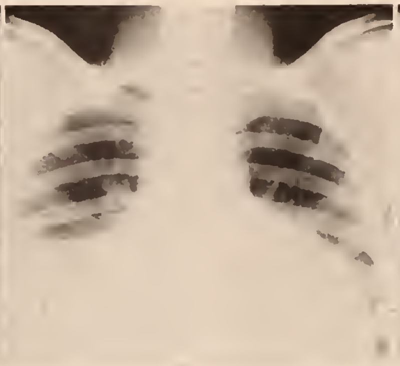


Fig. 2

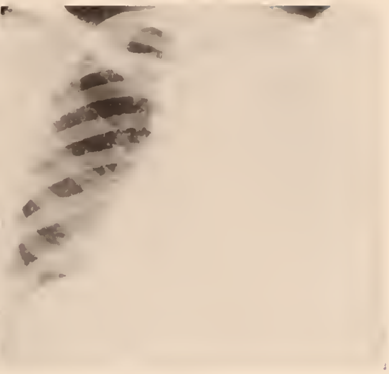


Fig. 3

lobe. Ten days later the pericardial effusion had increased and a large left pleural effusion and a small right one developed. First postoperative films, on July 29, 1937, showed massive left pleural effusion. Heart shadow not visualized well. On August 5, 1937, heart shadow was normal in size with hydropneumothorax left. Right chest entirely clear. Six weeks later, following second left rib resection, showed no fluid, but thickened pleura. One week later, September 22, 1937, showed left lung 80 per cent expanded. Heart shadow and right chest normal. Serial films from this date, November 26, 1937, showed gradual reëxpansion of left lung and marked thickened pleura on the left. Normal heart size.

PATHOLOGY

The essential pathology of pericarditis has been shown to be an inflammatory reaction to both the visceral and parietal pericardium, with thickening and often an increase in size of the parietal layer. Delafield and Prudden state "that in this form of exudative pericarditis there are usually more or less serum and fibrin mingled with pus cells, and often red blood cells. The process may start as a serofibrinous inflammation. It is apt to occur as an extension of an infectious process in the neighborhood, or as part of a general pyemic process." The organism may be in the pericardial wall (seen on microsection), but not in the purulent fluid. The heart musculature may or may not show an inflammatory attack. The offending organism, so states Branch,[3] may be according to percentages in cases, *i. e.,* pneumococcus 35 per cent, in acute cases; organisms of rheumatic fever 30 per cent; staphylococcus, streptococcus, and tuberculosis, about 15 per cent. Hemolytic staphylococcus pericarditis has the highest mortality. Noninfectious terminal cases, 20 per cent, such as uremia, diabetes, anemia, leukemia, and coronary heart disease. As for the source of the pericarditis with or without suppuration,[5, 6, 7] intrathoracic infectious disease was apparently the primary condition in 74 per cent of cases. Infections were the etiologic factor in 98.2 per cent, with a predominance of males.*

Various conditions may be considered in the etiology, such as malignancy, chronic passive congestion, cardiac infarction, hypertension, bronchopneumonia, rheumatism, myxedema, subacute bacterial endocarditis, tuberculosis, otitis media, mediastinitis and laryngeal edema, myelogenous, leukemia, nephritis, liver abscess, infectious arthritis, goiter, lues, influenza, measles, tonsillitis, pleurisy, puerperal sepsis, whooping cough, osteomyelitis, esophageal perforation, pyemia, gunshot and stab wounds, gangrene of the feet; the pericardial fluid may be serous, serofibrinous, turbid, serosanguineous, bloody and purulent, or it may be encapsulated.

TREATMENT

When the correct diagnosis of acute suppurative pericarditis was made clinically, the next step was to determine the correct method of treatment. The anatomic, physiologic, and pathologic bases for treatment of pericarditis have been successfully covered in various texts and articles on the subject. It is to be remembered that a collection of purulent material, due to infection in any closed sac, must be considered as an abscess and, as such, evacuated. This may be accomplished by two methods, namely, paracentesis percardii, *i. e.,* "closed drainage," which may, and generally will, of necessity be repeated, with or without irrigation of the sac, with various antiseptic agents; or pericardiotomy, *i. e.,* "open drainage" with continued drainage with or without the use of various antiseptic agents for irrigation. The advantages and disadvantages of both methods have been discussed by various authors, and the interested reader is referred to the bibliography attached for details of the various methods.

Briefly, the mortality of purulent pericarditis by expectant methods, or by aspiration, is above 70 per cent, and most authors would place this figure at 100 per cent. Shipley and Winslow, in 1927, collected 128 cases treated by pericardiotomy, with recovery in over 55 per cent. In 1935, they collected ninety-nine cases more, with recovery in over 49 per cent. These two articles in particular have given an excellent review of the literature, as have writings by other authors, and it is unnecessary to repeat the many excellent statistics here. It would seem, however, that any method which would reduce the mortality from 100 to 50 per cent at least offers a great deal, particularly when one considers that some 80 to 85 per cent of all cases of purulent pericarditis are in young adults under thirty, and 70 per cent of all cases are in males. Aspiration, although a simple procedure, is not without its dangers, and when one considers the difference in mortality results with open pericardiotomy, the evidence must be in favor of the latter procedure. Doctors Shipley and Winslow have said: "If unrecognized, purulent pericarditis kills

---

* Slide 1. Marked pericardial effusion.

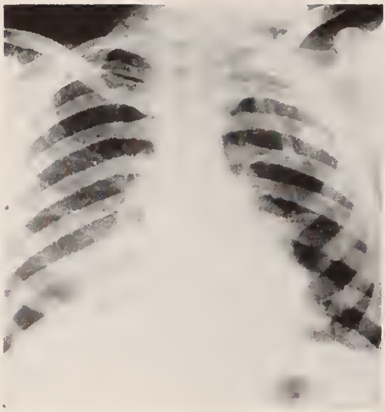


Fig. 4

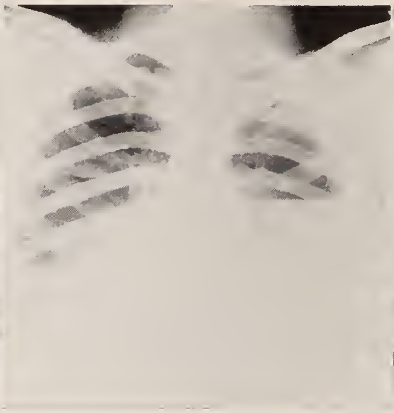


Fig. 5

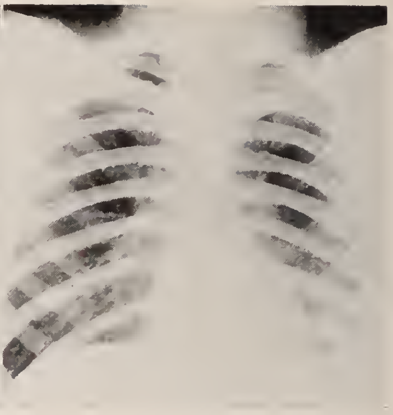


Fig. 6

the patient" and "the patient, in whom the condition is diagnosed and who is treated expectantly, or by therapeutic aspiration, fares no better." Operative attack is the only method at our disposal which offers any chance to cope successfully with the condition. To repeat, as in abscess elsewhere, adequate drainage would seem to be the crux of the treatment of purulent pericarditis, and it is of paramount importance in the prevention of hertz-tamponade with stoppage of the heart and death. It is not our purpose to discuss here the various means of approach to the pericardial sac, each of which will vary according to the personal preference of the surgeon, but among these may be mentioned the right parasternal approach, with resection of the fourth, fifth, or sixth costal cartilages; the left parasternal with resection of the fifth, sixth, or seventh costal cartilages; the transternal approach, or the chondro xyphoid approach. Of these, the left parasternal approach, with resection of the sixth or seventh costal cartilages, seem to have the most advocates. Other factors to be considered are those of adhesions, which may cause pocketing of the pus and which will require breaking up to secure proper drainage of the dependent pockets, or recesses of the pericardial sac. The importance of the prevention of soiling and contamination of the pleura cannot be stressed too strongly, as this adds another hazard to the prognosis in an already dangerously ill patient. The mortality of pericarditis complicated by, or subsequent to empyema, is much higher. Organisms may cross the barriers from the pleura to the pericardium or vice versa, without being due to surgical contamination, and indeed would be difficult to avoid, but the seeding of the pleura by the surgeon certainly should not occur.*

In our case the patient had a clear and sterile pleural effusion bilaterally, more on the left than on the right. The right effusion was cleared up and remained so by a single aspiration. It might have been wiser to perform open drainage a little earlier in the disease; but, as previously noted, there were several complicating factors, making the absolute diagnosis somewhat uncertain until just before operation. Obviously at this time the patient was not doing well, and we felt to temporize longer would reduce the chances for recovery, although statistics show little difference between mortality in early or late operations. The operation was attended with little or no shock, and although the patient had a somewhat rapid and irregular pulse, perhaps due to slight irritation from the soft rubber drain, his convalescence was uneventful, with good drainage and rapid healing of the wound.* Although the pleural cavity was not opened, the sterile pleural effusion subsequently became contaminated with the same organism six weeks later, and eventually required open drainage with rib resection,† as repeated aspiration failed.

Although adequate drainage was established by the first rib resection, the wound closed too early, and a second operation was required, with subsequent irrigation with azochloramid solution. About eight weeks passed between the pericardiotomy and the first rib resection, and five weeks between the first and second rib resection. Unfortunately the sections of the rib were disposed of before smears could be made of the bone marrow to check the early blood findings. The empyema wound was completely healed sixty-nine days after the second operation, at which time the patient had been up and around for about four weeks.‡ At the time of discharge from the hospital the patient was perfectly well and exhibited no evidence of cardiac disability, *i. e.*, no dyspnea, no edema or subjective symptoms of pericardial or thoracic pain or distress. There was no evidence of constricting pericarditis or adhesion, such as edema, enlarged liver, venous distention, cyanosis, or pulmonary congestion.

He was last seen on July 14, 1938, eight months after his discharge from the hospital, at which time he reported he was working without any difficulty and with only occasional slight dyspnea after extra exertion and occasional aching over the pericardium. His physical examination was essentially negative, with a slight elevation of the blood pressure, 145/100. Fluoroscopic examination revealed a small pericardial adhesion posteriorly, and a little pleural thickening on the left. He is obviously

---

* Slide 2. Pericardial and right pleura effusions.

* Slide 3. Right effusion cleared; left pleural effusion formed.

† Slide 4. Pericardial and left pleural effusions drained surgically.

‡ Slide 5. Left empyema reformed due to poor drainage.

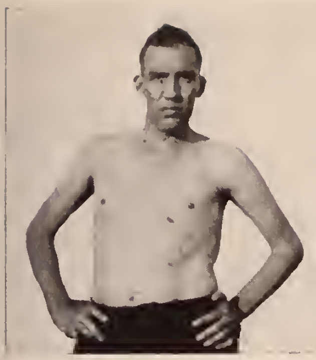


Fig. 7

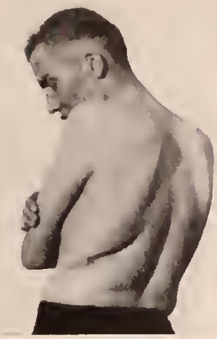


Fig. 8

well and active now. It is too early to state if he will require cardiolysis. At the present time we feel that in all probability he has a fair chance of continuing well without further procedure.*

OPERATIVE PROCEDURES

Operation: By Dr. W. L. Rogers of San Francisco and Dr. John C. Sharp of Salinas, California, on June 10, 1937.

Local anesthesia with three-fourths per cent novocain and adrenalin. A two-inch portion of the left sixth rib was resected anteriorly, along with a portion of the sternocostal cartilage. Incision into the pericardial sac without entering the pleural cavity. A soft rubberdam drain was inserted into the wound with drainage of much bloody pus.

In a communication, Dr. W. L. Rogers stated that he had seen the patient for the first time on the morning of June 10, 1937. "The purulent nature of the pericardial effusion had already been investigated and found to contain staphylococci. The left-sided pleural effusion had not been tapped. Upon doing this by means of a posterior approach and clear amber fluid being obtained, an operative approach was easily determined. After the removal of a portion of the sixth rib and its cartilage, the bulging parietal pleura was reflected backward and this portion of the wound packed with iodoform gauze. This was left in place following the operation. A rather large opening was then made into the lower anterior border of the pericardial sac, after pus had been obtained with an aspirating needle. A portion of a surgical rubber glove was used as a drain. This proved very efficacious, as it was soft—being unlikely to irritate the heart, and yet affording a constant portal for drainage. The wound was left open, the soft tissues being loosely packed with iodoform gauze. After eight days the drain was removed. This proved to be sufficiently long and quite in contrast to our experience with pleural exudates.

"The most recent films of the patient reveal a relatively normal heart and pericardial outline. I believe we may safely say he will very likely be spared any late complications due to changes in the pericardium. It would seem to me this factor is due to the acute pyogenic nature of the disease, in this case, as in contrast to others, having a slowly progressive course with the tubercle bacillus, or some other specific organism as the etiologic factor.

"As these cases are comparatively very rare in our smaller clinics, I wish to congratulate the authors in their successful management of this very interesting but very sick patient."

COURSE

For the first ten days the patient passed an essentially normal convalescent period. At this time the pericardial drain was removed. However, drainage continued freely from the pericardial sac. Temperature and pulse rate remained somewhat elevated. Repeated aspirations of the left pleural cavity yielded large amounts of clear, straw-colored, sterile fluid up to July 28, 1937. On August 4, 1937, temperature had risen to 102 degrees Fahrenheit, and thoracentesis of the left pleural cavity revealed an empyema with the identical organism of hemolytic Staphylococcus aureus. On August 10, 1937, with local anesthesia, two inches of the left tenth rib in the posterior axillary line, were resected, and a soft rubber tube was inserted and the wound left wide open. In the meantime the liver and spleen, which had been enlarged, gradually returned to normal. The tube was removed in about two weeks and the drainage continued well. The sinus gradually closed. On September 18, 1937, a second rib resection was performed, because the drainage had practically stopped and the pleural cavity had again filled with pus. At this time a portion of the eleventh rib was resected. Following this the empyema cavity was irrigated with normal saline and 1 : 1000 azochloramid. The tube was removed in about three weeks and the empyema cavity gradually decreased in size with full expansion of the lung and closure of the sinus by November 16, 1937. On November 23, 1937, the general condition of the patient was excellent: he gained in weight above his normal 194½ pounds; blood pressure 130/90; pulse 82, regular. He was traveling after this to his home in Oklahoma. He was last seen in July, 1938.

COMMENT

On the day of entrance the physical examination revealed a large cardiac dullness and distant heart sounds. Pneumonic signs resembled a bronchopneumonia and pleural effusion on the right. The x-rays also brought this out. The E. K. G. revealed low voltage of all complexes in all leads. Rate 130, regular.

With the pleural effusion, the pericardial effusion and increased venous pressure, a liver edge which was below the costal margin, were we dealing with a case of Pick's disease? It is stated by Paul White, in discussing pericarditis, that over 50 per cent of the cases are missed, because of no symptoms or signs. An increased venous pressure, an increased liver dullness, ascites, with a few or no heart signs in young persons, suggests Pick's disease. (As for effusions, it may be stated here that the normal amount of pericardial fluid is 25 to 50 cubic centimeters.[3, 4, 5] The usual abnormal amount is less than 500 cubic centimeters, being the least that can be recognized (Cabot). Amounts of over 4,000 cubic centimeters have been reported.) However, this patient's signs and symptoms could not be brought under the term "Pick's disease."

---

* Other slides presented following phases:
Slide 6. Complete drainage and clearing.
Slide 7. Healed wound from pericardial drainage.
Slide 8. Healed wound from left pleural drainage.

To seek further, a paracentesis was done, and purulent fluid was obtained from the pericardial sac. Another was done and a clear fluid came from the right pleural cavity. The former had an organism, present on culture (hemolytic Staphylococcus aureus). The fluid from the pleural cavity was sterile. We were certain then of a suppurative pericarditis, caused by the above organism.

SUMMARY

In summarizing the diagnosis considered in this interesting case, we have, first, cellulitis of the right neck; second, an aleukemic phase of a usual myelogenous leukemia with cardiac and pericardial complications; third, Pick's syndrome; and fourth, the correct diagnosis, namely, acute suppurative pericarditis with an initial leukemoid blood picture, which was apparently subsequent to a bronchopneumonia. The offending organism was a hemolytic Staphylococcus aureus. It is of unusual interest that, although the pericardial effusion was purulent, both the right and left pleural effusions were clear and sterile originally. The right effusion cleared up on repeated simple aspiration. It was only after operative intervention with pericardial drainage that the left pleural effusion became purulent and required open drainage. Complete recovery followed open surgical drainage of both the pericardium and the left pleural sac; but had the infection been generalized rather than localized to the lungs and pericardium, the outcome would probably not have been so fortunate.

Box 631, Monterey.
Monterey County Hospital, Salinas.

REFERENCES

1. Alexander, E. G.: Suppurative Pericarditis from Surgical Viewpoint, Ann. Surg. 88:801-822, Nov. 1928.

2. Krumbhaar, E. B.: Leukemoid Blood Pictures in Various Clinical Conditions, Am. J. M. Sc. 172:519-533 (Oct.), 1926.

3. Branch, C. F.: Brief Review of Essential Pathology of Pericarditis, New England J. M. 208:771-773 (April 13), 1933.

4. Porter, William B.: Pericarditis with Effusion, Virginia M. Monthly, 49:140-142 (June), 1922.

5. Camp, Paul D., and White, P. D.: Pericardial Effusion: Clinical Study, Am. J. M. Sc. 184:782-798 (Dec.), 1932.

6. Smith, H. L., and Willius, F. A.: Pericarditis—Chronic Adherent Pericarditis, Arch. Int. Med. 50:171-183, Aug. 1932. Pyrah, L. A., and Pain, A. B.: Acute Pericarditis: Review of 215 Autopsies.

7. J. Path. and Bacteriol. 37:233-241, 1933.

8. Winslow, N., and Shipley, A. M.: Pericardiotomy for Pyopericardium, Arch. Surg. 15:317-350 (Sept.), 1927.

9. Shipley, A. M., and Winslow, N.: Purulent Pericarditis: Report of Five Cases in Which Treatment was by Pericardiotomy, and Review of Literature from April 30, 1927, to January 1, 1934, Arch. Surg. 31:375-394 (Sept.), 1935.

10. Blumer, George: Subacute Bacterial Endocarditis, Medicine, 2:105-170 (May), 1923.

11. Bunch, George H.: Suppurative Pericarditis, Am. J. Surg. 28:613-628 (June), 1935.

12. Heyl, J. H.: Acute Suppurative Pericarditis, Ann. Surg. 104:365-372 (Sept.) 1936.

13. Libman, Emanuel: Characterization of Various Forms of Endocarditis, J. A. M. A. 80:813-818 (March 24), 1923.

14. Locke, E. A.: The Occurrence and Diagnosis of Pericarditis, Boston M. and S. J. 175:590, 1916.

15. Morris, Roger S.: Physical Findings in Pericarditis with Effusion, Am. J. M. Sc. 165:625-629 (Nov.), 1923.

16. Musser, J. H., and Herrmann, G. R.: Chronic Pericarditis: Clinical and Experimental Aspects, J. A. M. A. 87:459-462 (Aug. 14), 1926.

17. Shattuck, F. C.: Pericarditis: Some Points in Its Diagnosis and Treatment, Trans. Assn. Am. Phys. 12:185-204, 1897.

18. Simici, D., Popescu, M., and Craifaleanu, A.: Recherches sur la composition des épanchements sanglants péricardiques avec quelques considérations sur les moyens de pouvoir les différencier rapidement du sang qu'on peut extraire par la blessure du ventricule droit au cours d'une paracentèse, Presse méd. 39:539-540 (April 15), 1931.

19. Truesdale, P. E.: Low Pericardiotomy for Acute Suppurative Pericarditis, New England J. M. 208:671-680 (March), 1933.

20. Wells, H. G.: Pathology of the Healed Fibrous Adhesions of Pericardium, Am. J. M. Sc. 123:241, 1902.

21. Schenck, H. P., and Pepper, O. H. P.: Confusion Between Acute Leukemia and Infectious Mononucleosis, Am. J. M. Sc. 171:320-331 (March), 1926.

22. Landon, John F.: Conditions Simulating Acute Lymphatic Leukemia, Am. J. M. Sc. 170:37-43 (July), 1925.

23. Graham, E. A., Singer, J. J., and Balloon, H. C.: Surgical Diseases of Chest, Lea & Febiger, 1935.

MINUTEMEN OF AMERICAN MEDICINE[*]

Q. Why was a question and answer digest prepared? [*on the aims and objectives of the National Physicians Committee for the Extension of Medical Service.*[†]]

A. The task that has been undertaken is of vast and vital importance. It affects every practicing physician. It is essential that every doctor understand the purpose and the methods of the institution.

Q. What fact or factors were responsible for the establishment of the National Physicians Committee for the Extension of Medical Service?

A. The twenty-five year trend in political thinking and legislation affecting medicine, medical practice and health.

Q. What was the influence of the report of the Interdepartmental Committee to Coördinate Health and Welfare Activities?

A. It resulted directly in the introduction in the Senate of the Wagner National Health Bill.

---

[*] A Question and Answer Digest and Exposition of the Origin, the Aims, Purposes and Methods of the National Physicians Committee for the Extension of Medical Service. (For editorial comment in this issue, see page 105.)

Note.—The Detroit Medical Bulletin has named the members of the National Physicians Committee for the Extension of Medical Service "The Minutemen of American Medicine." The designation is self-explanatory.

The institution was officially established as a nonprofit, nonpolitical trust on November 18, 1939.

For action by Council of California Medical Association concerning National Physicians Committee (approval) see in this issue on page 131, item 45.

[†] Address is: National Physicians Committee, 700 Michigan Avenue, Chicago, Illinois. John M. Pratt, executive administrator.

Q. What were the direct results of the introduction of this proposed legislation?

A. The Wagner National Health Bill—for the first time—brought to clear focus the real issue, namely, *"The Political Control of Medicine, Medical Practice and Hospitalization."* It aroused the medical profession and allied interests to a realization of the imminence and the menace of a totalitarian regimentation of the medical profession.

Q. What were the reactions to the introduction of this legislation?

A. Its enactment was vigorously opposed on a nation-wide front by physician, lay and industrial groups which understood and believed in the development of medicine and medical practice on the basis of the pattern of a free and independent profession.

Q. What was the attitude of the American Medical Association on this issue?

A. On May 17, 1939, the House of Delegates of the American Medical Association unanimously adopted a resolution which reads, in part, as follows: "The American Medical Association would fail in its public trust if it neglected to express itself unmistakably and emphatically regarding any threat to the national health and well-being. *It must, therefore, speaking with professional competence, oppose the Wagner Health Bill."*

Q. What was the influence on this issue of the Federal prosecution of the American Medical Association and its officers?

A. It was most important. The indictments which were voted were criminal indictments. The prosecution and the indictments were widely publicized in such a way as to lead the public to believe that the doctors were criminals and that American Medical Service was inadequate and ineffective.

Q. What was the final result?

A. Opposition to the passage of the Wagner National Health Bill became so widespread and so vocal—that it was never voted out of the subcommittee of Education and Labor.

Q. Is this legislation "dead"?

A. No. It is merely pending and could be voted out of committee at any time for consideration by the 76th Congress.

Q. What were the final conclusions of the various groups and interests that had been active in opposing this legislation?

A. (1) That there was real danger of legislation that would result in dangerous, revolutionary changes in our system of the free and independent practice of medicine.

(2) That there was a real problem to be solved in connection with the distribution of medical service and hospital facilities.

(3) That the public was uninformed or misinformed in connection with the aims, objects, methods and achievements of American Medicine.

Q. What was done about it?

A. Many conferences were held—conferences of physicians, conferences of representatives of the Pharmaceutical Manufacturing Industry, conferences by representatives of lay groups and joint conferences of representatives of many of the above.

The joint conferences resulted in a decision—"That it was essential to establish a new institution—A Nonprofit, Nonpolitical Organization devoted to:

1. Maintaining ethical and scientific Standards and extending Medical Service to all the people.

2. Familiarizing the American public with the facts in connection with the methods and achievements of American Medicine."

This institution was named NATIONAL PHYSICIANS COMMITTEE FOR THE EXTENSION OF MEDI*cal Service.*

Q. How did it start?

A. Like all things it had to have a beginning. It started with two eminent physicians inviting ten other distinguished physicians to join with them to form an initial Executive Board.

Q. What was the next step?

A. On behalf of this Executive Board representative, distinguished members of the medical profession in the various states were invited to become members of a nation-wide, thoroughly representative Central Committee.

Q. How many physicians comprise the Central Committee?

A. As of January, 1940, more than three hundred, representing every state but two. It is growing rapidly. The names are listed on pages 3 and 4 of the letterhead.

Q. What is the next step?

9. The forming of state committees as divisions—thoroughly representative of all areas in each state. The officers of these state groups may then become the Board of Governors of the National Institution.

Q. What are considered to be the fields of operation?

A. Four distinct lines of activity are clearly indicated:

1. The clarifying and unifying of opinion within the ranks of the profession.
2. The development of coöperation with groups having special interests in the same general problem—dentists, hospitals, pharmacists, retail druggists, manufacturing pharmacists, etc.
3. The study and clarification of the problem of the "distribution of medical service"—the establishment of policy and formulating of program.
4. The broad-gauge educational effort—reaching the general public with the material, the facts, and the point of view of the physician and allied interests.

Q. What is the "Committee's Plan" for "Extending Medical Service to All of the People"?

A. The Committee has no arbitrary, mechanical or universally applicable plan. There is no panacea. The first steps have been taken in the process of concentrating the best minds in the profession and allied industries on the problem of the distribution of medical care in order to work out a solution.

Q. Why is there a need for any new organization—Why cannot all of this work be done by the American Medical Association?

A. There are definite reasons:

(1) The American Medical Association has performed and performs its invaluable service to the profession and the public on the basis and by virtue of broad-gauge, long-range planning. The present need is for speedy adaptation to a set of conditions that are constantly changing and varying widely according to areas involved. The American Medical Association could lose much of its prestige and materially lessen its effectiveness by attempts at adaptations to meet emergencies or by changes of policy on the basis of expediency.

(2) By virtue of its charter provisions and its program of operation over a period of more than ninety years, the American Medical Association has been accorded the status of a nonprofit, scientific, educational foundation. As such, it has been granted exemption from Income and Social Security taxation. A departure from established practice would, in all probability, entail the forfeiture of this status. This, in turn, would entail exorbitant taxation and lead to really serious complications.

(3) There are individuals and many lay groups that are as vitally affected by the immediately present trends and who are as much interested in the solution of the problems as are the physicians. The task is a gigantic one. The support of all interested in the solution should be enlisted. The American Medical Association, as such, could not ask for nor accept financial support from many of these. As a case in point, the findings of the Council on Pharmacy could not be kept free from suspicion if the American Medical Association were accepting substantial contributions from a drug manufacturer.

No one of these reasons would be sufficient, but the combination of all of them makes it obvious that the American Medical Association could not assume these new responsibilities without the practical certainty of serious complications and loss.

The National Physicians Committee for the Extension of Medical Service actively seeks the moral and financial coöperation of individuals and groups interested in the problem. It has assumed the great responsibility of attempting to coördinate the interests and activities of all interested in finding a practical solution.

Q. What is the official status of the Committee?

A. It was legally established as a nonprofit nonpolitical trust on November 18, 1939.

Q. How is the institution financed?

A. It is financed wholly and exclusively by voluntary contributions.

Q. How many physicians have made contributions?

A. In a period of two months, contributions were received from approximately five thousand doctors.

Q. What are the amounts of these contributions?

A. Individual contributions vary in amounts from a minimum of $1 in a few instances to $100 or more. Of the funds placed at the disposal of the Committee from November 16 to January 15, the amounts, as percentages of the total, are:

	Per Cent
$ 4.00 or less	2.7
$ 5.00 to $ 9.00	26.0
$ 10.00 to $24.00	30.2
$ 25.00 to $49.00	13.3
$ 50.00 to $99.00	4.7
$100.00 or more	23.1

Q. Can local medical societies contribute to the support of the Committee?

A. A number of county medical societies have assessed their members and made contributions for the Society as a group. These have varied in amounts of from a minimum of $50 to more than $100. A letter recently received is reproduced because it really answers the question:

> Gentlemen:
>
> It will interest you to know that the program of our Society, which has a membership of over five hundred physicians, included, at its last meeting, an explanation of the aims and objectives of the National Committee and that our group voted unanimously:
>
> First, to endorse the personnel, aims, and objects of the Committee and
>
> Second, to favor a contribution from the Society itself as well as its individual members, the amount of this contribution to be determined at our next meeting.
>
> With cordial regards and best wishes for the success of our important undertaking.
>
> Very truly yours,

Q. Can Clinics and Hospitals make contributions to the Committee?

A. Yes. A number of contributions have been received from clinics varying in amounts from $100 to in one instance $1,000. In some instances the business managers of clinics have collected amounts from the various members of staffs. One business manager forwarded 15 individual checks totaling $247.50.

Q. How much money does the Committee need to carry on its work?

A. For the first year's operation, necessary expenditures have been budgeted on a basis of $245,000. This should represent the minimum amount.

Q. Does this not seem to be a large amount?

A. It is a very great sum as related to any single office need. It is a very modest sum for the purpose of financing the necessary study and beginning a nation-wide educational effort.

Q. What has the Committee done?

A. From November 16, 1939, to January 1, 1940, the Committee produced and mailed:

Electrically typewritten letters	25,878
Processed letters	455,012
"Achilles Heel of American Medicine"	230,000
Questionnaires	23,800
Brochure, "Priceless Heritage"	154,000
Folders, Pledges and other printed material	1,468,800
Or a total of letters, booklets, folders, etc., produced and distributed (copies)	2,364,690

Q. How can a local physician help effectively in achieving the objectives of the Committee?

A. (a) Contribute financial support.

(b) Arrange through local medical society to make talks before: Rotary, Kiwanis—women's clubs, or other groups.

(c) Discuss the needs, aims, objects and methods of procedure with other physicians and at medical meetings.

(d) Discuss financial need with members of clinical or hospital staffs or managements.

(e) Discuss the medical problem, the function and objectives of the National Physicians Committee with the editor or editors of local papers. Hand them copies of literature and suggest editorial comment (see Note).

(f) Distribute copies of "Priceless Heritage" or other literature to patients and influential friends —get their comment, suggestions, and financial coöperation.

(g) Aid in forming a state division—keeping in mind that the ultimate objective is to reach every citizen—that he may come to realize his direct interest in the problem of medicine and health.

Note: Physicians in areas as widely separated as Danbury, Connecticut, Dallas, Texas, Los Angeles, California, have taken copies of the "Achilles Heel of American Medicine" and the brochure "Priceless Heritage" to local editors and secured editorial coöperation. Dr. M. A. Austin of Anderson, Indiana, was responsible for the following editorial being published in the Anderson *Sunday Herald* of January 14, 1940.

On Socialized Medicine

The National Physicians' Committee is undertaking to put 5,000,000 copies of an unusual pamphlet in the hands of representative American people. *The pamphlet is probably the best argument presented so far against socialized medicine, for it attacks it from an entirely different angle.*

Socialized medicine according to this pamphlet is far more dangerous as an evidence of a political trend than the actual results of its operation at the outset. It is a certain evidence of centralization of power in the hands of a few.

The "Priceless Heritage" of the American is: "The right to think without restraint and to voice thoughts with words without limitation or restriction." This, of course, is guaranteed in the Bill of Rights of the American Constitution.

Because of this right, so the pamphlet states, 130,000,000 Americans own twice as many automobiles as all the other two billion people in the world. By virtue of it, with one hour of labor, an American workman can buy twice as much bread as can an English or French workman and four times as much as a German. In the short span of 150 years, it has brought nine-twentieths of all the tangible wealth of the entire world to us.

And, because of this "right," a child born into the home of an average family will live years longer than a child born into a home in any other part of the world. This priceless gift—freedom—is operating in the field of medicine where it has wrought miracles. "Free men with fearless minds founded medical schools and colleges and established schools for study and research."

The progress in medicine is known to all. It has almost doubled the life span of an American, until today the life expectancy is sixty-two years. Typhoid fever has all but disappeared, smallpox has been robbed of its terror. Diphtheria is just a medical term now, no longer a scourge.

Centralized government which brings on socialized medicine, so the pamphlet says, would certainly retard progress. Research accomplishments would go out the window with freedom. Americans do not want this. Then they should fight against socialized medicine.

(*Imagine, please, the cumulative effect of the frequent publication of such editorials in five thousand or more daily weekly newspapers throughout the United States.* See your editor.)

Q. What is "Priceless Heritage"?

A. It is a small brochure that has been prepared with extreme care that endeavors to interpret the issue of "The political control of medicine" in terms of the general public interest.

Q. What is being done with this brochure?

A. It is being sent to physicians and others in lots of 10-25-50-100-500 or more copies. The physicians hand them to friends or send them with letters explaining the objectives and suggesting support. It is hoped that more than five million copies of this brochure will be placed, in this manner, in the hands of influential citizens.

Q. How many copies of "Priceless Heritage" have been asked for by doctors to use in this way?

A. To date more than 600,000.

Q. Can any physician secure copies of "Priceless Heritage" for distribution in this manner?

A. Yes. They are sent free of charge.

Q. Does not this free distribution entail substantial expenditures?

A. Generally, contributions exceed the cost of the literature asked for.

Q. Are other professions and interests helping in this effort?

A. Yes. It is expected that dentists, druggists, nurses, hospital officials and drug manufacturers will become interested and active in the long-range, nation-wide effort.

Q. Is it not true that the President of the United States has stated that he is opposed to the plan of medical service proposed in the Wagner National Health Bill?

A. Yes, he has so stated.

Q. Does not this official pronouncement indicate that the possibility of dangerous, revolutionary legislation is past?

A. In the present session of Congress probably—in the future, no. The official attitude of the Administration—as voiced by the President—is the result of three prime considerations:

1. 1940 is a presidential election year. The Wagner National Health Bill, if enacted into law, would necessitate the expenditure of huge sums—ultimately possibly as much as $3,000,000,000 per year.—The expenditures would further unbalance the budget. As a political issue it is unpopular.

2. Vast sums are desired by the Administration for national defense. Diverting substantial amounts for expenditure for public health would lessen the chances of securing them or result in reducing the amounts that might be voted by the Congress for this purpose.

At this time the National Defense issue is more popular and of greater political value than the so-called Health Issue.

3. Opposition to the Wagner National Health Bill became so widespread and effective that it became evident that its advocacy was temporarily politically injudicious. *This in no way affects the issue. It simply means that action is temporarily postponed and the real problem remains to be solved. It is essential that the public be informed—so that when the test comes it will know the facts.*

Q. Have medical journals published articles or editorials dealing with the National Physicians' Committee for the Extension of Medical Service?

A. Yes. On December 2 the AMA Journal carried the story of the organization of the institution.

In the December issue of California and Western Medicine, *Dr. George Kress ran a one-half page editorial and republished—verbatim—the text of the brochure—"The Achilles Heel of American Medicine."*

During December and January practically every medical journal and bulletin published comment.

No enterprise in the range of human experience can rank with learning. By it alone man rises above dumb creatures. If, therefore, we have received nothing else so good as the mind, what should be more worth cultivating? No quest of gold or worldly power has, in the long run, ever brought like gratification. No other adventure is to be compared with it. Through it civilization and all man's higher achievements have been won.—Leon J. Richardson.

Life is not mere living, but the enjoyment of health.—Martial.

CLINICAL NOTES AND CASE REPORTS

PSEUDOMUCINOUS CYST OF OVARY WITH ASSOCIATED OVARIAN DERMOID

By H. E. Bowles, M. D.
Honolulu, Hawaii

STATISTICS vary somewhat as to the incidence of pseudomucinous ovarian cysts, as compared with the serous type. In a total of 331 cases of ovarian cysts operated on by himself, T. Wilson[1] found 144, or 43.5 per cent, to be pseudomucinous cystadenomata. According to Taylor,[2] various other writers give the incidence of this type of ovarian cyst as from 30.6 to 53.6 per cent of all ovarian newgrowths. Forty-five per cent is considered a good general average. Masson and Hamrick,[3] in a series of thirty cases of pseudomucinous ovarian cysts, found six, or 27.2 per cent, of the benign cysts to contain papillomata..

Very little mention is made anywhere of the coexistence in the same tumor mass of a pseudomucinous ovarian cyst with a dermoid. Clear-cut case reports seem to be almost absent in recent literature, except for that of R. Wilson and Sims,[4] who removed such a tumor, measuring 65 by 45 by 9 centimeters, from a negress thirty-nine years of age. Norris[5] has described an ovarian dermoid complicated by an eighty-pound ovarian cyst, presumably of the pseudomucinous type.

Green-Armytage,[6] Frank,[7] Graves,[8] and others remark that ovarian dermoids often occur in combination with pseudomucinous cysts, the two types being found either coexisting in the same ovary, or in contralateral ovaries. Arnsperger[9] is quoted by Ewing,[10] Koucky,[11] and others. He believes that 14 per cent of multilocular cystadenomata are associated with ovarian dermoids, either on the same or opposite side. There seems insufficient evidence at present to accept these figures at face value, as Arnsperger[9] does not give enough details to warrant the above conclusions. Anspach[12] and Kelly[13] do not mention the subject. Hertzler[14] and Meigs[15] remark that such instances of coexistence have been noted, but say very little about it.

---

[1] Wilson, T.: Gelatinous Glandular Cysts of the Ovary and the So-called Pseudomyxoma of the Peritoneum, Proc. Roy. Med. Sect. Obst. and Gynec., 6:9-42, 1912-1913.

[2] Taylor, H. C., Jr.: Malignant and Semimalignant Tumors of the Ovary, Surg. Gynec. and Obst., 48:204, 1929.

[3] Masson, J. C., and Hamrick, R. A.: Pseudomucinous Cystadenoma of Ovary: Analysis of Thirty Cases in Which Cysts Were not Ruptured Before Operation, Surg. Gynec., and Obstet., 50:752 (April), 1930.

[4] Wilson, R. R., and Sims, T. J.: Dermoid Cyst of Ovary, Combined with Large Pseudomucinous Cyst, J. Kansas M. Soc., 32:151 (May), 1931.

[5] Norris, quoted by Frank, R. T.: Reference No. 7.

[6] Green-Armytage, V. B.: Postgraduate Surgery, Vol. 2, Section 4, on "Tumours of the Ovary," pp. 2641 and 2646, New York, D. Appleton-Century Company, 1936.

[7] Frank, R. T.: "Gynecological and Obstetrical Pathology," p. 418, New York and London, D. Appleton & Company, 1922.

[8] Graves, W. P.: "Gynecology," p. 344, Philadelphia and London, 1916.

[9] Arnsperger, H.: Zur Lehre von den sogenannten Dermoidcysten des Ovarium, Virch. A., 156:1-36, 1899.

[10] Ewing, J.: "Neoplastic Diseases," third edition, p. 656, Philadelphia and London, W. B. Saunders Company, 1928.

[11] Koucky, J. D.: Ovarian Dermoids: A Study of One Hundred Consecutive Cases, Ann. Surg., 81:821 (April), 1925.

The fact that the pseudomucinous cystoma may occur in the same tumor mass with an ovarian dermoid cyst has given rise to the belief that the two are embryonic tumors and have a common origin. Hertzler,[14] Ribbert,[16] Meigs,[15] and others consider this as a probability. Ribbert[16] believes that the pseudomucin cysts are the entodermal portion of a dermoid anlage, and that these cysts are embryomata in which only the entodermal layer has developed the cyst representing rudimentary intestine. Graves[8] also remarks on the similarity of its secreting cells to those of the intestinal tract, and therefore concludes that the tumor originated from embryonal entoderm. Needless to say, absolute proof is yet lacking.

Because of the paucity of actual case reports in recent literature, we present the following report.

REPORT OF CASE

Mrs. F. S., age 52, white, widow, came to us first on February 21, 1939, for relief of fatigue, and an enlarging abdomen. Past history was essentially negative, except for a series of painful boils which lasted from August, 1937, to May, 1938. Following a series of staphylococcus toxoid injections, there have been no recurrences. At the age of twenty-two she aborted spontaneously at three weeks. There have been no other pregnancies. Menopause seven years ago at forty-five years of age. Before that the menses were always regular and painless. Six months prior to her visit to us in February, she had begun to notice a slowly enlarging lower abdomen and a tendency to ready fatigue. These factors progressed slowly and steadily until she came to us. She had a constant feeling of crowding and pressure low in the abdomen and pelvis. This had become very noticeable during the preceding week. The patient's work made it necessary for her to spend much time daily on her feet.

General physical examination was essentially negative. The lower abdomen was enlarged to the size of a five and one-half months' pregnancy, with the main tumor mass lying to the right of the midline. The tumor was not ballotable, and on pelvic examination the cervical os was up near the roof of the vaginal vault, almost impossible to locate on ordinary examination. No findings were noted suggesting pregnancy. The tumor felt hard and fixed, and no tenderness was elicited, nor was any fluctuation noted. No ascites, and no level of shifting flank dullness. Moderate pitting edema of both feet was present. No cachexia. The urine was normal. Blood Wassermann and Kahn were negative. Blood count showed: red cells 3,900,000, hemoglobin (Newcomer) 75 per cent, white cells 15,950, with 76 per cent neutrophils, 15 small lymphocytes, 3 large lymphocytes, 5 transitional, and 1 eosinophil.

The abdomen was opened under cyclopropane anesthesia on February 25, 1939, through a midline incision. No ascites was found. Very few adhesions were found and these were of a plastic nature. A large multilocular cystic tumor was then encountered. As this was gradually mobilized, it was found to be replacing the right ovary. It rested immediately on another smaller and smoother cystic tumor replacing the left ovary. The two tumor masses were firmly impacted on top of a small myomatous uterus with the fundus pushed over into the right side of the pelvic cavity. Both tumor masses were mobilized and extirpated, and a supravaginal amputation of the uterus was done in the usual manner. The appendix was removed. Convalescence was normal except for a moderate attack of pyelocystitis, which occurred three weeks after operation. This subsided rapidly and has not recurred.

The larger right ovarian tumor was ovoid in shape and weighed 2,046 grams. It measured about 15 centimeters in diameter. On sectioning, it was found to be a multilocular cystic tumor, the various compartments being packed with mucinous material. One of the cysts, larger than the rest (7 centimeters in diameter) contained thick sebaceous material, intermingled with hair and a poorly developed bony process. Microscopically, two types of neoplastic structure were seen. One section showed a picture of a dermoid cyst with a lining of stratified squamous epithelium, with sebaceous glands and hair follicles beneath. The others showed many cystic spaces and papillary projections, with a lining of tall columnar epithelium. These cells were packed and distorted by large globules of mucoid material. This material was seen within the spaces, and in some regions stained faintly, while in others it took a deep purple-red stain much as does calcium deposition on the tissues.

The smaller left ovarian tumor weighed 453.6 grams and measured 10 centimeters in diameter. It was unilocular and contained thick inspissated, fatty material, but no hair. On microscopy, its wall consisted of nondescript fibrous tissue, with one small patch of stratified squamous epithelium.

The uterus contained a typical myoma, and the appendix was of the fibrotic obliterative type.

It is interesting to note that bilateral ovarian cysts were present, one of these in the right ovary being associated with a large pseudomucinous ovarian cyst.

COMMENT

1. Although many writers state that ovarian pseudomucinous cysts often occur in the same tumor mass with a dermoid cyst, no definite statistics are available.

2. Good evidence suggests that both tumors are derived from embryonal rests, the pseudomucinous cysts arising from the entoderm, while the dermoid elements arise from the ectoderm.

3. Very few case reports of the combination are reported.

4. The case of a large pseudomucinous ovarian cyst in combination with a dermoid cyst is presented. There was also a dermoid of the opposite ovary.

881 Young Street.

---

[12] Anspach, B. M.: "Gynecology," pp. 384 and 388, Philadelphia and London, J. B. Lippincott Company, 1921.

[13] Kelly, H. A.: "Gynecology," p. 736, New York and London, D. Appleton & Company, 1928.

[14] Hertzler, A. E.: "Surgical Pathology of the Female Generative Organs," p. 110, Philadelphia, Montreal, and London, J. B. Lippincott Company, 1932.

[15] Meigs, J. V.: "Tumors of the Pelvic Organs," p. 248, New York, The Macmillan Company, 1934.

[16] Ribbert, H.: "Geschwulstlehre," p. 650, Bonn, F. Cohen, 1904.

HIPPOCRATES' APHORISMS

By Moses Scholtz, M. D.
Arcadia

SECTION ONE

1. "Life is short and Art is long,"
Says wise Hippocrates;
Be cautious, and proceed with care,
In dealing with disease.

Thy judgment and experience
May fail you, as your skill;
Seek from thy patient and his nurse
Their help and their good will.

2. Do not permit sick persons to be drained,
Unless the body's poisons call for purging;
And do not cause such drain by giving drugs,
Unless the indications are quite urging.

3. Beware of drastic drugs in obese athletes;
Don't push the fasting cure to the extreme;
The safest and the best plan for the healer
Is using just a moderate régime.

5. The more severely diet is restricted,
The sooner will rebellious patient break
The rule, will overeat and later suffer
Both for the doctor's and his own mistake.

6. In treating dangerous, acute diseases,
When life's flame flickers at the gates of death,
Don't hesitate to use heroic measures:
They may avail and save your patient's breath.

7–11. When sickness storms at its full height and fury
And the patient suffers from acute distress,
Put him on a severe, starvation diet;
But lighten it, when sickness 's getting less.

12. A healer may forecast the length of illness
By noting when some symptoms usher in,
Such as in pleurisy expectoration,
Excreta from the kidneys, bowels, or skin.

13–14. The "vital heat" in aged folks is low;
Hence, they stand easier the lack of food
Than youngsters, in whom body-heat is glowing;
Methinks that starving children is not good.

15. In winter and in spring, when bowels are hottest,
The body needs much more of sleep and rest;
So in these seasons do not stint thy patient,
But give him all the food he can digest.

413 Longden Avenue.

Cites Small Industries' Need for Preventive Medical Aid.—The valuable achievement which the medical profession would make by solving the problem of extending qualified preventive medical assistance to small plants, through the joint agencies of private practice and public health administration, is emphasized in *The Journal of the American Medical Association* in an editorial on "Medicine in Industry."

"Industry deals with men as well as with machinery and materials," the editorial points out. "Only recently, however, has industry begun to realize that the man who operates the machine and who fabricates the material is its most valuable asset. As this conviction grows, fostered by both manufacturing and trade associations, employers are beginning to look more and more to the medical profession for assistance in conserving the physical welfare of man power. Already medicine has, under a variety of circumstances and in all types of industry, so convincingly demonstrated its value in reducing lost time from preventable accidents and diseases that it has come to be considered quite as indispensable as any other of industry's maintenance functions.

"Probably it will never be easy to bring to industry generally the advantages of medical and engineering control over unhealthful industrial exposures. Aside from those ordinary activities of medical service in industry usually included under emergency surgery, industrial hygiene and physical supervision, the essential functions of industrial medicine demand study of technologic changes and the introduction of new materials, and the development of methods of control. These difficult procedures require integration and coördination, functions which constitute for the profession at large the principal objectives of the Council on Industrial Health of the American Medical Association.

"Of equal complexity is the problem of unequal distribution of medical service to industry. Large plants, on the whole, have found themselves in the best position to organize medical services. Yet, contrary to common impression, industry in this country is made up predominantly of small units. Ninety-seven per cent of all manufacturing concerns employ fewer than 250 men, and almost 70,000 of them employ five wage-earners or fewer. In this segment of industry, accident and disease experience is thought to be less favorable on the whole than in large plants. In this same segment the principal medical service received is first aid and emergency surgery and care of compensable disability. From the point of view of preventive industrial medical service, the field of the small plant is almost unexplored. When it is found possible to extend qualified preventive medical assistance to such concerns, through the joint agencies of private practice and public health administration satisfactory to those who supply the service and to those who receive it, an achievement will have been recorded in which all elements in the medical profession can take lasting satisfaction."

Use X-Rays in Diagnosing "Bends."—Evidence that the diagnosis of the "bends," an occupational hazard of divers and tunnel workers, can be supported by x-ray pictures is presented by Doctors J. O. Gordon and C. H. Heacock of Memphis, Tennessee, in *The Journal of the American Medical Association.*

The "bends," characterized by severe pain in the abdomen and knees, occur when a worker who has been subjected to an unusual amount of air pressure comes up to the surface too speedily, thereby making possible the formation of bubbles in the body tissues from nitrogen absorbed in breathing compressed air.

The case reported by the authors is that of a tunnel worker who because of injuries was not adequately "decompressed" before being taken to the hospital. In the hospital, x-rays of his knees were taken and bubbles of gas were seen on the pictures. These bubbles were absorbed, which was also revealed by x-ray study. No permanent injury to the joints resulted.

The Tennessee men believe that this is the first case reported in which the diagnosis of the "bends" was supported by x-ray study.

A seven-year survey of the incidence of tuberculosis in New York City, conducted by the City Health Department indicates that about 2.5 per cent of the population is afflicted with the disease and that about 85 per cent of those so afflicted are unaware of the fact. The highest percentage of tuberculosis—5.3 per cent—is to be found among the city's homeless men and the lowest among the college students—0.2 per cent.—New York City Health Department of Health, 1940.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

Photograph of members of the California Medical Association in attendance at the annual session of the Medical Society of the State of California (now the California Medical Association), held at Hotel Del Monte, April 20, 1899. Original photograph has been donated to the California Medical Association for its archives by Lemuel P. Adams, of Oakland. Former presidents of the Association who appear in the photograph are: R. Beverly Cole (1884); W. Le Moyne Wills (1895); William Watt Kerr (1898); Thomas W. Huntington (1911), and Harry M. Sherman (1914 and 1915). The founder of the official journal, Philip M. Jones, is also among those present. Dr. Kaspar Pischel of San Francisco is the only living member of the group, so far as is known. Information concerning unidentified members is requested. First row, from left to right: (1) ——————, (2) D. D. Crowley, (3) James Black, (4) J. D. Arnold, (5) Le Moyne Wills, (6) Philip Mills Jones, (7) ——————. Second row, seated: (8) ——————, (9) ——————, (10) John S. Adams, (11) Prof. Joseph Le Conte of University of California, (12) ——————, (13) George Chismore, (14) William Watt Kerr, (15) R. Beverly Cole, (16) ——————. Third row, standing: (17) —— Burke, (18) George Hare, (19) G. S. Frisbee, (20) ——————. (21) Harry M. Sherman, (22) Kaspar Pischel, (23) ——————, (24) —— Manson, (25) ——————, (26) ——————, (27) Thomas W. Huntington, (28) C. C. Wadsworth, (29) Dudley Tait.

CALIFORNIA MEDICAL ASSOCIATION†

CHARLES A. DUKES	President
HARRY H. WILSON	President-Elect
LOWELL S. GOIN	Speaker
KARL L. SCHAUPP	Council Chairman
GEORGE H. KRESS	Secretary and Editor

INDEX

OFFICIAL BUSINESS

1. *Minutes of Meeting of Council Held on February 17, 1940.*
2. *Fourth Annual Conference of County Society Secretaries with State Association Officers and Committeemen.*
3. *Official Visits by President Charles A. Dukes and Party.*
4. *Committee on Public Health Education.*
5. *C. M. A. Department of Public Relations.*
6. *Committee on Postgraduate Activities.*
7. *Committee on Scientific Work: Annual Session at Coronado.*
8. *California Physicians' Service.*
9. *County Medical Society Reports.*
10. *Woman's Auxiliary to the California Medical Association.*

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Two Hundred and Eighty-First (281st) Meeting of the Council of the California Medical Association

The meeting was held in Room 302 of the Sir Francis Drake Hotel, Sutter and Powell Streets, San Francisco, on Saturday, February 17, 1940. The Council convened at 9:30 a. m.

1. Call to Order.

The meeting was called to order by Chairman Schaupp, when the following members were present: President Charles A. Dukes, President-Elect Harry H. Wilson, Chairman of the Council Karl L. Schaupp; Councilors Calvert L. Emmons, George D. Maner, Louis A. Packard, Axcel E. Anderson, C. Kelly Canelo, Henry S. Rogers, Philip K. Gilman, E. Earl Moody, Elbridge J. Best, Frederick N. Scatena, and F. A. MacDonald; O. D. Hamlin, Chairman of Public Relations Committee George G. Reinle, and Secretary-Treasurer George H. Kress.

Present by invitation: Vice-Speaker Dewey R. Powell, Legal Counsel Hartley F. Peart and associate, Howard Hassard; Mr. Ross Marshall, Counsel on Public Relations; and Mr. Ben Read, Secretary of Public Health League of California.

Absent: Past President William W. Roblee, Speaker Lowell S. Goin, C. O. Tanner, and William H. Kiger.

---

† For complete roster of officers, see advertising pages 2, 4, and 6.

2. Minutes of the Council.

It was moved by Charles A. Dukes, seconded by C. Kelly Canelo, that the minutes of the 280th meeting of the Council, as published in the February, 1940, issue of CALIFORNIA AND WESTERN MEDICINE, be approved. Carried.

3. Membership.

The Secretary reported that there were 6,349 active members, 4 associate, and 85 retired members on December 31, 1939, making a total membership of 6,438 members.

4. Reinstatement of Delinquent Members.

It was moved by A. E. Anderson, seconded by C. A. Dukes, that all members who had failed to pay their dues prior to April 1, 1939, and had not previously been reinstated by the Council, and whose dues had been subsequently forwarded to the Association by their respective county societies, be reinstated to membership. (By-Laws, Chapter II, Section 2b.) Carried.

5. Retired Memberships.

On recommendation of their respective county medical societies, the following retired memberships were granted:

Lillian B. Mahan, San Diego (San Diego County Medical Society).

Alfred J. Scott, Jr., Los Angeles (Los Angeles County Medical Association).

6. Affiliate Fellowship.

After consideration of membership data received, and the request of the Los Angeles County Medical Association, it was moved by Phillip K. Gilman, seconded by Calvert L. Emmons, that the Council of the California Medical Association recommend to the House of Delegates of the American Medical Association that Ernest W. Fleming of Los Angeles be granted affiliate fellowship in the American Medical Association. Carried.

7. Santa Barbara County Medical Society.

A letter of February 16, 1940, from the Santa Barbara County Medical Society regarding memberships in Kern and Santa Barbara Societies, was presented for the information of the Council.

The Secretary was instructed to reply that District Councilor Packard had reported that the application of a Santa Barbara member for transfer to Kern County is being considered in regular course by the Kern County Medical Society.

8. Ventura and Los Angeles County Society Memberships.

Discussion was had of the membership of a physician residing in Ventura County and holding membership in the Los Angeles County Medical Association.

Legal Counsel Peart submitted a report thereon, as based on a review of the correspondence in the Association files.

It was the sense of the Council that the Secretary inform the Los Angeles and Ventura County Medical Societies that at the Coronado annual session the Council will be glad to discuss this problem in an effort to clarify the question of membership status that had arisen.

9. Termination of Suspension Period.

The Secretary reported that the Council's decision on the appeal of A. T. Martin, a member of the Los Angeles County Medical Association, had been forwarded to the member and to the county society, and that date of suspension would expire on February 24, 1940, one month after the receipt of such notification.

10. Journals to Retired Members.

Report was made that CALIFORNIA AND WESTERN MEDICINE, during recent years, had been sent gratuitously to seventy-nine retired members, at an approximate cost of $300 per year.

It was moved by Louis Packard, seconded by A. E. Anderson, that retired members of the California Medical Association be informed that such membership does not include subscription to the JOURNAL, but that a special subscription price of $3 per year will be granted such members on request. Carried.

11. Membership List.

A request from the Kern County Postgraduate Committee for a list of members of the Kern County Medical Society and adjacent county societies was presented.

It was the sense of the Council that the Association would be glad to coöperate, without cost to county societies. It was suggested that the service offered by use of the addressograph be called to the attention of persons making such requests.

12. Special Assessment.

Recent requests for refunds of special assessment, and other letters relating to the special assessment levied by the House of Delegates, as of date of June 1, 1939, were referred to the House of Delegates for consideration at the Coronado annual session.

13. Financial Report for January.

Copies of the Treasurer's report for the month of January, 1940, were presented to all councilors.

14. Audit for 1939.

Treasurer Kress submitted, and read excerpts from the audit for the year 1939, covering receipts and expenditures for the California Medical Association, the Trustees Of The California Medical Association, and the Indemnity Defense Fund, as prepared by Ernst & Ernst, certified public accountants.

There being no objection, the audit as submitted was received.

15. Loans to California Physicians' Service.

The Treasurer called attention to the fact that notes covering loans to the California Physicians' Service did not bear interest. It was the consensus of the Council that this was the intent when the authorization of the loans was made, and therefore no interest is to be specified on the two $6,000 loans (one for December, the other for January), authorized at the October 7, 1939, meeting of the Council.

General Counsel Peart stated that the interest provided for on any loans which may be made from the Indemnity Defense Fund, was specified because that was a trust fund. It was stated that, up to the present time, no loans had been made from Indemnity Defense Fund balances.

16. Budget for Year 1941.

There being no further revision of the budget for the year 1941 as prepared by the Auditing Committee and approved by the Council, consideration was deferred until the annual session at Coronado.

17. Library Donations by the California Medical Association.

Chairman of the Auditing Committee, Dr. Philip K. Gilman, stated that he had requested reports from Lane and Barlow Medical Libraries concerning their respective services to the medical profession, these two libraries having been the recipients of money grants from the California Medical Association during the last several years.

The report of the Lane Medical Library, stressing the value and necessity of such donations, was read.

It was moved by Frank MacDonald, seconded by George Reinle, that the letter received from the Lane Medical Library (and also that received from Barlow Medical Library of the Los Angeles County Medical Association) be published in the OFFICIAL JOURNAL for the information of members. Carried.

The Council suggested that a copy of the letter be sent to the Washington, Oregon, and Hawaii Medical Societies, calling attention to the value of the work rendered by the Lane Library.

18. Annual Session Equipment.

The Treasurer called the attention of the Council to the fact that the Bausch & Lomb Optical Company, who under a previous administration, during March, 1938, had furnished new lanterns and rebuilt several old pieces of apparatus of the California Medical Association, had never submitted a bill for the costs, and were now asking that the purchases be paid.

It was moved by Charles Dukes, seconded by F. N. Scatena, that the bill of Bausch & Lomb, in the amount of $497.93, be approved. Carried.

19. Stenographers' Salaries.

The Secretary presented the requests of Miss Smith and Miss Laughlin, clerical assistants in the headquarters' office, for increases in salaries.

It was moved by Henry Rogers, seconded by F. N. Scatena, that the Chairman of the Auditing Committee and the Secretary investigate, with power to act. Carried.

20. Public Relations Counsel.

Mr. Ross Marshall, Counsel on Public Relations for the California Medical Association Committee on Public Health Education (special assessment), outlined the work that was being carried on in relation to publicity in newspapers, magazines, through speaking engagements before luncheon and civic clubs, dissemination of health information to schools, adult forums, and other interested groups. Mr. Marshall also discussed possible publicity through films.

The Council deferred action on films for publicity, pending the report of the special committee which had been appointed by the Committee on Public Health Education to investigate this subject.

21. Agricultural Workers' Health and Medical Association.

Dr. Karl L. Schaupp, representative of the California Medical Association on the Advisory Board to the Agricultural Workers' Health and Medical Association, presented a detailed report of a recent inspection tour of California, New Mexico, and Arizona. Doctor Schaupp stated that $1,600,000 had been paid dentists and physicians for dental and medical care rendered to migrants: for hospitalization, $409,126; for drugs, $73,000; for nursing, $7,900; medical supplies, $26,000; special diets, $25,000. Doctor Schaupp stated that the total cost of care per family in California, including cost of administration, was $88.87, and in Arizona was $65 (covering a period from March, 1939 until December 31, 1939). The medical cost per family in California was $71, or approximately $31.51 per person, and the administrative cost was $15.85. Doctor Schaupp cited districts in which hospital facilities were not available, and stated that some provision for care of patients in emergencies was absolutely necessary. Doctor Schaupp reported that he had been asked by the Agricultural Workers' Health and Medical Association to request the Council of the California Medical Association to approve procedures that would provide medical centers for the emergency care of patients needing medical service.

Doctor Schaupp stated that at the present time it was contemplated to build one such emergency medical center in Arizona, but none were contemplated for California although later one might be built in an isolated district near Firebaugh, in Fresno County.

Discussion was then had of the possibility of furnishing, through the California Physicians' Service, medical care to those eligible for aid under the Agricultural Workers' Health and Medical Association.

It was moved by Harry H. Wilson, seconded by Louis A. Packard, that the Council of the California Medical Association recommend that arrangements be instituted to make it possible for the California Physicians' Service to become the medical service organization of groups under municipal, county, state, and federal relief, in order that the medical profession through its organization might, as soon as practicable, meet the great need of these unfortunate people for widespread efficient medical care. Carried.

22. Public Health League.

Mr. Ben Read, Secretary of the Public Health League of California, outlined the activities of his organization during the past months for the protection of the health of the public. He spoke briefly concerning legislation of interest to the profession, that might be considered during the present special session, such as the bill relating to granting of certificates by hospitals, a bill to make the recent nurses legislation workable, a health insurance bill providing for payment of premiums by employers, and a bill to permit transfer of funds from special to general fund. Mr. Read stated that health insurance would undoubtedly be presented as an initiative measure at the state election in November next.

23. Noon Recess.

At this point, a recess of the Council was declared for luncheon.

24. Statistical Health Service Information.

Discussion was had of the information available, through the State University of California, in relation to health insurance and medical economics. The possibility of collecting this data and compiling it in a manner that would be of value to physicians throughout the state was discussed.

It was moved by Charles A. Dukes, seconded by Frank MacDonald, that the Council authorize the Committee on Public Health Education to expend necessary funds to gather statistical and other information on compulsory health and medical service plans. Carried.

25. Special Assessment Amendments.

The Secretary was instructed to send copies of a proposed by-law, prepared by Legal Counsel Peart, to all members of the Council for their information and suggestions.

26. Indemnity Defense Fund.

The General Counsel read a letter addressed to the Trustees of the Indemnity Defense Fund, calling attention to the fact that a Lloyd's policy had been purchased to cover any legal liability in regard to malpractice, which might be incurred by the Indemnity Defense Fund during the remaining period of its existence.

27. Journal to Lay Members of California Physicians' Service.

It was moved by Charles Dukes, seconded by Earl Moody, that the request of the California Physicians' Service that copies of the Official Journal be sent to lay members of its Board of Trustees and Administrative Board be granted. Carried.

28. Sacramento Society for Medical Improvement.

The Chairman stated that the Sacramento Society for Medical Improvement had been invited to send representatives to this meeting to discuss the California Physicians' Service.

Doctor MacDonald stated that provision for the care of indigent citizens and compilation of actuarial statistics were two of the features in which the Sacramento Society was particularly interested, and that since it had been brought out that these were now being considered, he felt that in time a solution of the problem would be forthcoming.

Doctor Schaupp stated that he wished Doctor MacDonald to convey to the members of the Society that the

Council of the Association appreciated the viewpoints of members of the Sacramento Society for Medical Improvement, and that the Council felt that, in time, the members of that county society would see that the future of the California Medical Association and the practice of medicine depended in large measure on the success of the California Physicians' Service, and that the Council, therefore, looks forward to the coöperation of the Sacramento Society for Medical Improvement in making California Physicians' Service a success.

C. Kelly Canelo read a letter addressed to Doctor Kilgore, regarding medical coverage, for the information of the Council.

29. California Physicians' Service.

The Council discussed methods by which the profession in the various areas of the state could be more accurately informed on California Physicians' Service.

It was moved by George Reinle, seconded by Harry Wilson, that it is the policy of the Council of the California Medical Association to expect all county medical societies to organize their memberships into groups, dividing them into units as a matter of convenience, with colonels, captains, and lieutenants, so that an associated leader shall be able to contact the colleagues individually, and in such manner that every member of the Association would be interviewed and his views and attitude in regard to California Physicians' Service ascertained, each leader to report back to the head of his group. In this way it is hoped that California Physicians' Service may know how to proceed to better advantage in obtaining its objectives.

It was moved by Harry Wilson, seconded by Louis Packard, that a committee of three, consisting of President Dukes, Chairman of Public Relations Committee Reinle, and C. Kelly Canelo, be appointed to act as a steering committee in the development of this plan, taking over the responsibility of supervising its efficient establishment. Carried.

30. Executive Session.*

The Council then went into executive session for a consideration of special matters and reports.

31. Board of Medical Examiners.

The Secretary reported that the mail vote of the Council concerning the terms of office of Dr. Charles B. Pinkham and Dr. William R. Molony, Sr., as members of the Board of Medical Examiners, showed all members were in favor of their reappointment and that letters of endorsement had been sent in the name of the Association to Governor Culbert Olson.

32. Needy Members; Life Memberships.

General Counsel Peart submitted a draft of the proposed amendments to the by-laws to provide for aid to needy members of the California Medical Association, and for life membership in the California Medical Association.

It was moved by C. Kelly Canelo, seconded by F. A. MacDonald, that the proposed amendments to the by-laws, regarding needy members and life membership in the California Medical Association be referred to the special committee on revision of the Constitution and By-Laws. Carried.

33. Annual Session.

Doctor Kress, as chairman of the Committee on Scientific Work, reported that the Section on Medicine and allied specialties sections had invited E. H. Rynearson of the Mayo Foundation as a guest speaker, and that the Section on Surgery and allied specialties sections had invited I. S. Ravdin of the University of Pennsylvania. Dr. W. H. Bueerman, Portland, of the Multnomah County Medical Society, had also been invited for the opening session of Monday, May 6, to speak on the medical service plan of the Multnomah County Medical Society.

The Committee on Scientific Work also requested authorization to invite as guest speakers the Doctors Lawrence, to appear on the Thursday meeting.

On motion of F. N. Scatena, seconded by C. Kelly Canelo, this request was approved.

The Council, on motion of F. N. Scatena, seconded by F. A. MacDonald, approved the invitation of the anesthesiology section, extended to E. A. Rovenstein.

34. Entertainment.

On motion of A. E. Anderson, seconded by C. Kelly Canelo, the sum of $200 was authorized to cover expense of entertainment, in connection with the annual session at Coronado.

35. Films.

Discussion was had of the cost of presenting a continuous film program at the Coronado annual session. It was decided that, because of the cost, limited space facilities, and change in the program set-up, the proposed plan be not tried out at this session. It was agreed that 16 mm. films could be presented between the hours of 4 to 6 p. m.

It was moved by C. Kelly Canelo, seconded by E. E. Moody, that the expense for demonstration of professional films be not allowed. Carried.

36. Golden Gate Exposition.

It was moved by George D. Maner, seconded by C. Kelly Canelo, that the California Medical Association continue its coöperation in the Golden Gate International Exposition, if the same can be done without further cost to the Association.

37. Humboldt County Medical Society.

Discussion was had of a medical service corporation operating in Humboldt County. General Counsel Peart, in an opinion based on the facts received by him, stated that he believed the organization referred to was guilty of illegal practice of medicine, and suggested that remedial action might be instituted through the district attorney or the Board of Medical Examiners.

It was moved by Henry Rogers, seconded by Harry Wilson, that the Council of the California Medical Association address a letter to the Board of Medical Examiners, requesting it to investigate and take appropriate action. Carried.

38. Corporate Practice.

Legal Counsel Peart stated that he had written to Dr. B. W. Hummelt, regarding facts concerning the medical and hospital services offered by a mining company at Nevada City.

39. Social Security Taxes.

It was moved by George Reinle, seconded by Elbridge Best, that the Legal Counsel be authorized to bring suit for refund of moneys paid for Social Security taxes, to cover the period during which a prior ruling had exempted the Association. Carried.

40. Smith vs. Kern County Medical Society.

The General Counsel reported that an appeal had been filed in the case of *Smith* vs. *Kern County* Medical Society.

41. Graun vs. Harder.

General Counsel Peart reported that in the case of *Graun* vs. *Harder* a motion to dismiss had been filed and the case was at an end.

42. Malpractice Insurance.

Doctor Reinle of the Public Relations Committee and Legal Counsel Peart discussed the present status of malpractice insurance in California. Doctor Reinle stated that at present there seemed to be but one American company writing malpractice insurance in California, and that for only a limited amount, and with provision for limited practice. Mr. Peart stated that he had received information that a second company was now writing medical defense insurance in San Francisco. Doctor Reinle stated that the Committee on Public Relations was compiling a booklet on medical defense, and hoped to send a copy to all members of the Association within a few weeks.

---

* Minutes on file in the Headquarters Office.

43. Hospital Liability.

A letter from the Association of California Hospitals regarding effects of an adverse decision of the Supreme Court, regarding liability of nonprofit institutions for the acts of their servants, was presented; and in accordance with previous action of the Council it was referred to the Committee on Public Policy and Legislation.

44. Association of California Hospitals.

It was moved by George Reinle, seconded by A. E. Anderson, that the letter from the Association of California Hospitals, dated February 10, 1940, relating to an initiative measure on health insurance, be referred to the Committee on Public Policy and Legislation. Carried.

45. National Physicians Committee for Extension of Medical Service.

The Secretary reported briefly on the present status of this new organization and stated that he had been advised by the Executive Administrator that California ranked second in list of contributors and contributions. Also that President Dukes had been elected a member of its Executive Board.

It was moved by C. Kelly Canelo, seconded by Elbridge Best, that the National Physicians Committee for the Extension of Medical Service be approved. Carried.

46. Council Report.

It was moved by Harry Wilson, seconded by C. Kelly Canelo, that the report of the Council be put in form by the Chairman and copies be mailed to all councilors for suggestions, revisions, etc., prior to appearing in the "Pre-Convention Bulletin."

47. Medical Émigrés.

The Secretary called attention to a letter received from the Boston Committee on Medical Émigrés. No action taken.

48. Sobisminol.

It was moved by Henry Rogers, seconded by A. E. Anderson, that the action of the California State Board of Pharmacy in placing "Sobisminol" under Schedule "C" of the Poison Act, be approved. Carried.

49. Telephone Listing.

It was suggested that the listing of cultists under "Physicians and Surgeons" headings in telephone directories be called to the attention of the telephone company, since an explanation of the improper listing in some counties had resulted in the removal of offending names.

50. Loans of Annual Session Lanterns and Equipment.

In considering the advisability of loaning balopticon lanterns to allied organizations, it was moved by C. Kelly Canelo, seconded by F. A. MacDonald, that the Executive Committee consider each such request for loan of lanterns and similar equipment, and that loans be limited to those organizations which are approved by the Executive Committee.

51. Committee on Public Health Education.

It was moved by Henry S. Rogers, seconded by George Reinle, that the minutes of the Committee on Public Health Education, January 28, 1940, be approved.

52. Adjournment.

Motion to adjourn was unanimously carried.

George H. Kress, *Secretary.*

Approved:

Karl L. Schaupp, *Chairman.*

ANNUAL CONFERENCE OF COUNTY SOCIETY SECRETARIES AND OFFICERS AND COMMITTEEMEN OF CALIFORNIA MEDICAL ASSOCIATION

The fourth annual secretarial conference met in the Empire Room, on the second floor of Sir Francis Drake Hotel, San Francisco, on Sunday, February 18, 1940, at 9:30 a. m.

Members of the Conference included: California Medical Association councilors and committeemen; and County Society secretaries. For editorial comment, see page 105.

* * *

Program follows:

President Charles A. Dukes, Oakland, Presiding

9:30 a. m. — Announcements by Association Secretary Kress.

Part I.—Morning Conference

I. 9:35 a. m. — Introductory Remarks by President Dukes.

II. California Physicians' Service.
Progress report by Alson R. Kilgore, Secretary.
Open discussion and questions followed.

III. Committee on Public Health Education (House of Delegates Committee: Special assessment).
Progress reports and talks by:
Frank R. Makinson, Committee Chairman.
Ross Marshall. Committee's Counsel on Public Relations.
Mr. Ben Read, Secretary, Public Health League of California.
Open discussion and questions followed.

IV. (Part B). California Medical Association Committee on Public Policy and Legislation.
Progress report by Junius B. Harris, Committee Chairman.
Open discussion and questions followed.

V. California Medical Association Committee on Public Relations.
Progress report by George G. Reinle, Committee Chairman.
Open discussion and questions followed.

* * *

Part II.—Noon Luncheon and Rest Period

VI. 12:30 p. m.—Recess for Luncheon. In French Room (lobby to Empire Room).

* * *

Part III.—Afternoon Conference

VII. 2–2:30 p. m.—Conferences of Standing and Special Committees, and of the Conference Organization of County Society Secretaries. During this period, members of committees conferred concerning their work and reports to this Secretarial Conference, and also on reports to be submitted for publication in the "Pre-Convention Bulletin" (which will appear as a supplement to the April issue of California and Western Medicine). The county secretaries convened under the chairmanship of Dr. Robert A. Peers of Colfax, Dr. Glenn Curtis of Orange County acting as secretary.

VIII. Reports from California State Boards.
   1. California State Board of Medical Examiners, Dr. Charles B. Pinkham, Secretary.
   2. California State Board of Public Health, Dr. Walter M. Dickie, Director.
   3. Agricultural Workers Health and Medical Association. Dr. Karl L. Schaupp (member of the Board of Directors of this nonprofit corporation).

IX. Reports by California Medical Association Standing and Special Committees.
   1. Committee on Associated Societies and Technical Groups, John V. Barrow, Chairman.
   2. Committee on Health and Public Instruction, Roy E. Thomas, Chairman.
   3. Committee on History and Obituaries, Frank R. Makinson, Chairman.
   4. Committee on Hospitals, Dispensaries, and Clinics, J. Norman O'Neill, Chairman.
   5. Committee on Industrial Practice, Donald Cass, Chairman.
   6. Committee on Medical Defense, George G. Reinle, Chairman.
   7. Committee on Medical Economics, John H. Graves, Chairman.
   8. Committee on Medical Education and Medical Institutions, L. R. Chandler, Chairman.
   9. Committee on Membership and Organization, George D. Maner, Chairman.
   10. Committee on Postgraduate Activities, Dwight L. Wilbur, Chairman.
   11. Committee on Publications, Ralph B. Eusden, Chairman.
   12. Cancer Commission, Alson R. Kilgore, Chairman.

X. Question-Box Hour: "The Good of the Association." The remainder of the session was set aside for questions on matters pertinent to "The Good of the Association."

XI. Adjournment.

OFFICIAL VISITS BY PRESIDENT CHARLES A. DUKES AND PARTY

During the last year, a total of about eight thousand miles have been covered by President Charles A. Dukes and Association Secretary-Editor George H. Kress in their visits to component county medical societies. Among recent visits note may be made of the following:

San Joaquin County Medical Society.—On Thursday, February 1, President Dukes, Councilor Anderson, and Secretary Kress were guests of the San Joaquin Medical Society at Stockton. There was an excellent attendance, the guest speakers discussing organization problems.

* * *

Merced County Medical Society was visited on Thursday, February 15, by Doctors Dukes, Anderson, and Kress, the meeting being held in the city of Merced. Here, also, much interest was shown in the legislative and organization problems under discussion.

* * *

Alameda County Medical Society, at its meeting held on Monday, February 19, presented a conjoint program. District Councilor O. D. Hamlin introduced President Dukes and Secretary Kress, these state officers calling attention to modern-day problems in medical organization, and speaking also on activities of the California Medical Association. They were followed by Dr. T. Henshaw Kelly, Dr. Alson R. Kilgore, and Dr. Daniel Crosby, who spoke on California Physicians' Service. W. Earle Mitchell gave a report on the Insurance Association of Approved Hospitals. Editorial comment is made in this issue concerning this meeting, at which more than five hundred members were present. (See page 104.)

* * *

Santa Clara County Medical Society on Wednesday, February 21, welcomed President Dukes, District Councilor Canelo, and Secretary Kress in a meeting held in San Jose. Here, also, many members were in attendance, the question period on topics discussed prolonging the meeting quite beyond the usual closing hour.

* * *

Tulare County Medical Society was visited by President Dukes, Councilor Anderson, and Secretary Kress on Sunday, February 25, in a meeting held at Visalia. In spite of the inclement and rainy weather, there was a good attendance of the Society's members. The Woman's Auxiliary also held a dinner meeting. Many questions were asked concerning medical service plans and problems.

COMMITTEE ON PUBLIC HEALTH EDUCATION[†]

During the month your Committee on Public Health Education definitely launched, after thorough investigation, two phases of public relations work of far-reaching possibilities. One, which was accomplished, was the purchase of literature on health subjects, particularly stressing the relative positions of doctors of medicine and cultists, for distribution, under the supervision of the college physician, to students at Pomona, Scripps, and Claremont colleges. After a three months' trial, should this service prove to be of sufficient value, it is planned to extend it to all universities or colleges in California, so far as funds permit.

The other phase above mentioned was the essay contest planned for pupils in the high schools of California, to be on medical or health subjects selected by your Committee, with nominal prizes for winning students. It was decided to go ahead with this plan, and a subcommittee was appointed to work out the details. The advantages of instilling into the formative minds of the youth the proper perspective regarding the medical profession are obvious.

Your public relations counsel, Mr. Ross Marshall, reported that 1,564 members of the California Medical Association have returned the affiliation postcards sent out with Bulletin No. 2. The Committee thanks the doctors who returned the cards and earnestly urges those who have not done so to do so at once. Indicative of the value of these cards in our work are the requests from the Los Angeles and San Diego county societies that copies of the cards for their respective counties be furnished them.

Your Public Relations Counsel attended the annual convention of the California Newspaper Publishers' Association at Coronado and reports that the relations between the newspaper publishers and the medical profession are in almost every instance very good. He found publishers were very appreciative of the paragraph in our Bulletin No. 2, urging doctors to place orders for their stationery with newspaper publishers who conduct job-printing plants, and that publishers frankly said such evidence of a desire to coöperate, if carried out, would produce tangible results.

[†] The Committee on Public Health Education was established through Substitute Resolution No. 6 at the Del Monte annual session, May 3, 1939.

The Committee on Public Health Education consists of Frank R. Makinson, chairman, Oakland; Karl L. Schaupp, secretary, San Francisco; Samuel Ayres, Jr., Los Angeles; Thomas A. Card, Riverside; Lowell S. Goin, Los Angeles; Junius B. Harris, Sacramento; Dewey R. Powell, Stockton; Charles A. Dukes (ex officio), Oakland. Mr. Ross Marshall is the public relations counsel of the Committee, and may be addressed at 408 South Spring Street, Los Angeles (telephone TUcker 2312), or 244 Kearny Street, San Francisco (telephone YUkon 2212).

Your Committee approved negotiations by your Public Relations Counsel with the State Department of Education for furnishing doctor-speakers for the program of Adult Education Discussion Forums in the high schools of California. Advocates of compulsory health plans have been taking advantage of this means of reaching the public, and our desire is to combat this by presenting our viewpoint. County secretaries and speakers' bureau secretaries have been requested to furnish names of doctors who will be available for this service.

Your Public Relations Counsel spoke at meetings of the Orange, Riverside, and San Bernardino county societies (combined meeting) and the Monterey County Medical Society.

A state-wide publicity story quoting authorities that compulsory health plans have a tendency toward Communism or Naziism was sent out and received a good reception in the newspapers of the State. R. M.

* * *

The meeting was called to order at the Jonathan Club, Los Angeles, Sunday, January 28, 1940.

All members of the Committee, except Doctors Dewey Powell and Charles A. Dukes, were present. Messrs. Ben Read and Ross Marshall were also present.

1. Minutes.

The minutes of the last meeting were approved as submitted, and Secretary Schaupp announced that the minutes had also been approved by the Council, with the exception that the employment of an economist for this Committee was not approved.

2. Unfinished Business.

(a) *Hygeia Subscriptions.*—Moved by Doctor Makinson that the action in sending subscriptions of *Hygeia* to the eleven colleges listed in letter dated January 18, 1940, to the American Medical Association be approved. *Carried.*

(b) *Essay Contests.*—Dr. Samuel Ayres was appointed chairman and Dr. Thomas Card was made a member of the Committee on Essay Contests in High Schools and Junior Colleges, with instructions to select three other members to serve on the Committee. *Carried.*

It was the sense of the Committee that the three additional members of the Committee on Essay Contests need not necessarily be physicians.

(c) *Public Health Information and Publicity.* — Dr. Thomas Card, Mr. Ross Marshall, and Dr. J. F. Griggs of Pomona College were named a committee to study the experiences of Pomona College in the distribution of public health information to students in the school by means of pamphlets from the American Medical Association.

(d) *Information on Medical Economics.*—It was moved that Doctor Kress be requested to make a contact with the National Physicians Committee in regard to information on health insurance which might be furnished by an economist on their staff. *Carried.*

(e) *Annual Session at Coronado.*—It was moved, seconded, and carried, that Doctor Makinson make the report for this Committee at the general meeting of the California Medical Association at Coronado in May.

(f) *Public Relations Counsel.*—Mr. Ross Marshall presented a report as Public Relations Counsel.

3. New Business.

(a) *Publicity for California Physicians' Service.*—Dr. Samuel Ayres, at the request of California Physicians' Service, asked that Mr. Marshall be allowed to give news releases in relation to California Physicians' Service when opportunity afforded and that California Physicians' Service be given publicity in speaking engagements of members of the Speakers' Bureau.

It was moved, seconded and carried, that the Committee on Public Health Education include publicity regarding California Physicians' Service with its other activities.

(b) *Speakers for Adult Education Classes.*—It was moved and seconded that the Speakers' Bureau furnish names of speakers on appropriate subjects to Mr. Verne Landreth for participation in adult education forums and that the necessary travel expenses for speakers be paid by this Committee. *Carried.*

(c) *Publicity Through Motion Pictures.*—Mr. Dwaine Esper appeared before the Committee with the suggestion of using motion pictures as a means of spreading favorable medical information. Dr. Samuel Ayres, Chairman, and Doctors Goin and Card were appointed a committee to investigate this type of publicity and to make recommendations.

(d) *Medical Libraries.*—Dr. Dewey Powell was named chairman of a committee to recommend books on medical subjects for placement in public libraries, with power to appoint the remaining members of the Committee.

4. Adjournment.

There being no further business, the meeting adjourned.

KARL L. SCHAUPP, *Secretary.*

Approved:

FRANK R. MAKINSON, *Chairman.*

C. M. A. DEPARTMENT OF PUBLIC RELATIONS†

THE NATIONAL HEALTH ACT

Excerpts which follow are from an address by Hon. Edward R. Burke, Congressman from Nebraska, given before the Chicago Medical Society on December 6, 1939:

"The so-called National Health Act, S. 1620, introduced by Senator Robert F. Wagner of New York, in February, 1939, and considered at extensive hearings before a subcommittee of the Senate Committee on Education and Labor during April, May, June, and July, is approaching a stage requiring a decision by the Congress. It is assumed that the bill may be reported to the Senate during the coming session and that it may be pressed to a vote in both Houses while the primary and election campaigns of 1940 are in progress.

"Seldom has more formidable propaganda in behalf of legislation been organized than in the case of this measure. The bill had its genesis in the work of committees organized under the President's Committee on Economic Security, which formulated the general outlines of the program incorporated in the Social Security Act of 1935. Following the enactment of that law President Roosevelt, in August 1935, appointed the Interdepartmental Committee to Coördinate Health and Welfare Activities. The Committee, with the assistance of a technical committee, selected from Government departments, prepared the comprehensive program which is the basis of the present Wagner Bill. A general conference, selected for the most part from groups known to be favorable, considered the program in July, 1938. President Roosevelt submitted the report of his committee, together with his own endorsement, to Congress in January, 1939.

---

†The complete roster of the Committee on Public Relations is printed on page 2 of the front advertising section of each issue. Dr. George G. Reinle of Oakland is the chairman, and Dr. George H. Kress is the secretary. Component county societies and California Medical Association members are invited to present their problems to the committee. All communications should be sent to the director of the department, Dr. George H. Kress, Room 2004, Four Fifty Sutter Street, San Francisco.

"The bill upon its introduction in the Senate was referred to the Committee on Education and Labor rather than to the Committee on Finance, which was in charge of the Social Security Act and which in the 1939 regular session reported and obtained the enactment of comprehensive amendments to the original law. The present Wagner Bill is in the form of amendments to several titles of the Social Security Act, with all of which the Finance Committee is intimately familiar. The assumption is that the proponents of the bill believed the prospect for complete approval of their far-reaching plan was better at the hands of the Committee on Education and Labor, whose members were selected chiefly because of their interest in subjects related to education and labor, rather than if it were entrusted to the Committee on Finance, whose members have as their primary responsibility the raising of revenues to meet the costs of the Government.

"The subcommittee which conducted hearings was composed of Senators James E. Murray of Montana (chairman), Vic Donahey of Ohio, Allen J. Ellender of Louisiana, and Robert M. LaFollette of Wisconsin.

Objectives Worthy—Means Doubtful

"Emphasis upon objectives rather than methods has become a common practice in the promotion of panaceas for existing evils. The official title of the bill, 'the National Health Act of 1939,' appears to indicate a program to which no objection can be advanced. The title, however, typifies the objectives rather than methods of accomplishing them. Everyone wishes to promote the national health. Anyone found in opposition is accused of sinister motives. A member of Congress seeking reëlection takes his political life in his hands when he ventures to vote against a bill which, on its face, advances the health of the nation and provides better care for the underprivileged portion of the population. . . .

Four Objections

"Objection to the pending National Health Act may be grouped around four points as follows:

"1. Enactment of the legislation would be a further step toward a centralization of authority in the Federal Government and a destruction of the sovereignty of the states.

"2. Paternalistic features of the plan would weaken the moral fiber and tear down habits of self-reliance and the exercise of individual initiative which have been fundamental characteristics of the American people under our system of government.

"3. The origin and manner of presentation of the program afford a striking example of the tendency of bureaucracy to expand its power.

"4. Cost of the program, on top of tremendous obligations already assumed for social services, would be a serious drain on the budgets of Federal and State Governments, and its financing would add a further obstacle to the functioning of our economic structure.

State Sovereignty Destroyed

"The dual system of government, under which the Federal Government and the States each possess sovereignty in their respective fields, has been one of the checks and balances which has kept the United States on an even keel through the years. It has helped to prevent a centralization of authority in the Federal Government, which inevitably would have led to abuses of power resulting in a breakdown of the governmental system. Except for the existence of the checks and balances provided by the dual form of government, the division of powers of the Federal Government among three coördinate branches, and the guaranties of individual liberties in the Bill of Rights, the United States might have been caught in the world movement toward dictatorship. Even with the existence of these checks, we have witnessed an alarming tendency toward centralization of power.

"From the beginning of our Government, matters relating to the health of the people have been primarily the concern of the states and local governments. It has been contrary to our system to regiment our people from Washington, even if the regimentation is intended to improve their health. . . .

"In the past decade the storm and stress of depression have been responsible for a very great increase in federal power at the expense of the states. To some extent this movement has been based on necessity. . . .

"The proponents of the National Health Act emphasize that it does not provide for federal administration of the expanded health program. As described by the President in his special message to Congress last January, 'the essence of the program recommended by the committee is federal-state coöperation.' It is true, as he stated, that the bill, instead of proposing a great expansion of federal health services, provides for a comprehensive program to be administered by states and localities with the assistance of federal grants-in-aid.

"Nevertheless, the program contemplates the expenditure of federal funds to meet a very considerable part of the costs and requires federal approval of the original plans of the states and of their administration. The Federal Government proposes to coerce the states into embarking upon elaborate health programs, whether or not an acute need may exist or whether the local share of the funds might be better expended for other purposes. Thereafter, the Federal Government proposes to remain in complete control, a state exercising its discretion only at the peril of being cut off from federal funds.

"The Federal Government will be in a position to coerce the states to adopt health programs. . . .

"In effect, the sovereignty of the states will be destroyed. The administrative agencies in the states will become mere puppets of the Federal Government. All of this would not be strange in a totalitarian government of Europe, but it would represent a flagrant violation of our principles of government. . . .

"According to the sponsors of the plan, total expenditures of the Federal Government and the states by the time the program has been in operation for ten years will amount to as much as $850,000,000 annually. The federal part of this cost will be considerably more than the $270,000,000 indicated for the third fiscal year. . . .

Red Tape

"Some idea of the maze of red tape which will be involved in the contacts between the States and the Federal Government may be gained from this scattering of authority among these three different federal agencies. It is more than likely that in most States all of the health services will be under a single agency, which will be subject to the orders of three federal agencies, the Children's Bureau, the Public Health Service, and the Social Security Board. . . .

"It requires no further elaboration of the details of the legislation to prove that the Federal Government will be in complete control of activities which under our system of government are the primary responsibility of the states, counties, and municipalities. The system of dual sovereignties is completely destroyed with respect to these activities.

"The entire program smacks of paternalism. It is proposed that the Government do for citizens what they have been accustomed to do for themselves. Such a program is not out of place in Socialistic or Fascist governments, but is in sharp contrast to the habits of individual initiative and self-reliance which have formed the basis of our system of free enterprise.

"Our experience with relief programs in recent years has given everyone first-hand evidence of the demoralizing effects of a paternalistic system. Provision for relief has been necessary, but it has been demonstrated conclusively that the dispensing of relief on too liberal a basis and without local responsibility for its cost is weakening the moral fiber of our citizens.

"The testimony before the Senate subcommittee made it evident that the health program has been drafted on a basis far more liberal than can be justified by actual needs.

Heads Toward Socialized Medicine

"Health insurance figures prominently in the program, although details as to the proposed state laws seem to be kept purposely in the background. While the Wagner Bill says nothing about compulsory health insurance, there is no question but that it is in contemplation. It means that federal bureaucracy will exert pressure upon the states to enact laws making this form of insurance compulsory to the same extent as unemployment insurance and old-age pensions. The model bill of the American Association for Social Security, which has been introduced in many state legislatures, provides for contributions from employers, insured employees, and the state government, the three classes of contributions totaling 6 per cent of the wages of insured persons.

"It is not strange that the American Medical Association has objected to health insurance with its regimentation of the medical profession to provide treatment in wholesale quantities to persons insured. The doctors are well aware that the treatment thus given in European countries which have health insurance is vastly inferior to that under our system of private practice; that the availability of health insurance in those countries has encouraged idleness of workers with minor ailments; that the medical statistics of such countries show that instead of improving the health of the people as a whole, the opposite has been true; and that far greater progress has been made in the United States without any system of subsidized medicine.

"It has long been recognized that one of the greatest evils of a government bureaucracy is its tendency to perpetuate and expand its power. No more glaring instance of such a tendency has ever come to light than the movement for the adoption of the National Health Act. The program was drafted within the federal bureaucracy with a singular disregard for the opinions of organizations of the professions most familiar with existing needs.

"The original sponsors of the program were Government officials and employees. The committee which presented the plan to the President was named by him and designated as the Interdepartmental Committee to Coordinate Health and Welfare Activities. Chiefly responsible for the details of the plan was a group known as the Technical Committee for Medical Care. The only members of this committee were employees of the Children's Bureau, the Social Security Board, and the Public Health Service. The testimony before the Senate subcommittee shows that the American Medical Association, the American Dental Association, and various organizations of other similar groups with a recognized standing were not consulted in the original framing of the program. The suggestions made subsequently by these groups when so-called conferences took place were completely ignored.

Need Not Shown

"There is a mass of evidence before the subcommittee to show that many of the assertions with respect to the need for the legislation are erroneous. Sponsors of the program are accused of exaggerating the situation with respect to a present lack of adequate medical care. Spokesmen for religious as well as other groups which maintain hospitals testified that their capacity is greatly in excess of actual demands, and that construction of public hospitals on the scale contemplated is unnecessary and would be injurious to existing institutions. . . .

Confidence in Medical Profession

"In the face of the realities of the situation the proposal recently made by the trustees of the American Medical Association for the creation of a Federal Health Agency, headed by a secretary in the President's Cabinet, or a commission including competent physicians deserves consideration. The program suggested for coördination of health functions of the Federal Government, the appropriation of funds by Congress for allotment to such states as show actual needs in connection with the prevention of disease, promotion of health, and the care of the sick, continuance of primary local responsibility for the public health, utilization of existing medical and hospital facilities to the utmost, continued development of the private practice of medicine, and such expansion of public health and medical services as is consistent with the American system of democracy seems eminently sound.

"Unless the American form of government is to be gradually broken down, the United States should not tolerate a socialization of medicine or the complete assumption by the Federal Government of responsibility for the public health at the expense of the sovereignty of the states. Congress should resist the movement sponsored by the Federal bureaucracy for the broadening of its powers under the terms of the so-called but misnamed National Health Act."

COMMITTEE ON POSTGRADUATE ACTIVITIES†

Interest continues to grow in the postgraduate or clinical conferences. These refresher courses can be arranged through correspondence with the Association Secretary, Dr. George H. Kress, 450 Sutter, San Francisco. County societies which have not appointed a Committee on Postgraduate Work are requested to do so. Committees already appointed are urged to initiate the work in their districts. Reports on some recent clinical conferences follow:

Orange County Clinical Conference

At Santa Ana, in the Ebell Club House, on Thursday, January 25, a clinical conference was held under the auspices of the Orange County Medical Society.

PROGRAM

4:00-5:00 p. m.—Arthritis, Pierre J. Walker.
5:00-6:00 p. m.—Care of the Preschool Child, H. R. Cooder.
6:00-7:00 p. m.—Dinner.
7:00-8:00 p. m.—Fractures of the Forearm, Stelle F. Stewart.
8:00-9:00 p. m.—Infections of the Urinary Tract, J. J. Crane.

* * *

Clinical Conference: Sponsored by Monterey County

A postgraduate course was given at Salinas, in the Monterey County Hospital on Thursday, February 1. Members of the Santa Cruz, San Benito, and Monterey County Societies were invited to participate in the Conference.

PROGRAM

9:30-12 noon—Six Gastro-Intestinal Problems, F. Kruse, David Wood, and Eric Liljencrantz.

---

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary.

12:30-1:30 p. m.—Luncheon at Santa Lucia Inn.

2:00-4:30 p.m.—Clinical-Pathological Conference; Gastro-Intestinal Diseases; microprojections with specimens, etc., Drs. Kruse, Wood, and Liljencrantz.

7:00-8:30 p. m.—Dinner at Santa Lucia Inn.

8:45-10:30 p. m.—Three twenty-minute papers with slides, etc., on "Newer Diagnostic and Therapeutic Measures on Gastro-Intestinal Tract Diseases," Drs. Kruse, Wood, and Liljencrantz.

* * *

Riverside County Clinical Conference

A Tri-County Clinical Conference was held at Riverside, in the Mission Inn, on Wednesday, February 14. The Conference started at 4 p. m. It was held under the auspices of the Riverside County Society, members of the San Bernardino and Orange County Medical Societies also coöperating.

PROGRAM

4:00 p. m.—Tumor Clinic, Clyde K. Emery of Los Angeles and Franklyn D. Hankins of Riverside.

5:00 p. m.—The Laboratory in General Practice, Alvin G. Foord of Pasadena.

6:00 p. m.—Dinner recess.

7:00 p.m.—Types of Cardiac Failure and Their Treatment, William Paul Thompson of Los Angeles.

8:00 p. m.—Lesions of the Colon and Their Surgical Treatment, Verne C. Hunt of Los Angeles.

* * *

San Bernardino County Clinical Conference

A postgraduate conference for Orange, Riverside, and San Bernardino County members was held at the San Bernardino County Hospital on the afternoon and evening of Tuesday, March 5.

PROGRAM

4:00 p. m.—Low Back Pain.
Dr. Alfred E. Gallant, Professor of Orthopedics at the College of Medical Evangelists, conducted a clinic, demonstrating the various tests for low back pain and their interpretation and discussed the newer concepts in treatment.

5:15 p. m.—Vitamins: Their Uses and Abuses.
Dr. Dwight Wilbur, Professor of Medicine at Stanford Medical College.

6:30 p. m.—Dinner.

7:30 p. m.—Clinical Round Table.
This was participated in by Dr. Edmund Andrews, formerly professor of surgery at Chicago University, and Dr. Dwight Wilbur. The attending staff at the County Hospital presented two abdominal case histories. This was carried on in a bedside manner and was made very practical. In addition, one thyroid case was presented.

* * *

Kern County Clinical Conference

PRELIMINARY ANNOUNCEMENT

The Kern County Medical Society will sponsor a postgraduate conference in Bakersfield on March 16.

An unusually good program is being formulated, and each speaker will be an authority on his subject.

The Woman's Auxiliary is planning entertainment for all visiting Auxiliary members. A dinner dance will be given in the evening. Arrangements have been made for a golf tournament on Sunday, March 17, at the Stockdale Country Club.

COMMITTEE ON SCIENTIFIC WORK

ANNUAL SESSION PROGRAMS

In Los Angeles, on Sunday, January 28, at the Jonathan Club, Sixth and Figueroa streets, commencing at 9 a. m., the California Medical Association Committee on Scientific Work met with the secretaries of the twelve scientific sections to receive progress reports and to arrange in final form the programs and schedules for the general meetings and those of the scientific sections.

In the November issue of CALIFORNIA AND WESTERN MEDICINE, on page 289, the plans previously agreed upon were outlined. The programs with abstracts of papers of essayists will appear in the "Pre-Convention Bulletin," which will be issued as a supplement to the April issue of CALIFORNIA AND WESTERN MEDICINE.

Mornings will be given over to general meetings, no section meetings being held during these hours.

Specialty sections will meet on Monday and Wednesday afternoons. The Section on Surgery will also hold a meeting on Thursday afternoon.

Hotel information was given in the November issue of the OFFICIAL JOURNAL, on page 333. For detailed information consult the "Pre-Convention Bulletin," which will appear in April.

CALIFORNIA PHYSICIANS' SERVICE[†]

Bulletin

Status as of February 15.

Total groups	275
Total members	8,000
Unit value (December)	$1.60

The most important problem confronting the medical profession in California today is the education of its members concerning California Physicians' Service. Ninety per cent of the obstacles encountered in attempting to enroll new groups revolve around a lack of understanding of the program on the part of individual doctors.

To cope with this the Council, at its last meeting, appointed a state-wide Steering Committee, consisting of Doctors C. A. Dukes, George G. Reinle, and C. Kelly Canelo.

At the meeting of county society secretaries on February 18, the subject was reviewed and plans made for activity in each county along educational lines. Committees will be formed in each county society with the intent that California Physicians' Service will be discussed with every doctor in the state and up-to-date information made available.

It can only be reiterated that Calfornia Physicians' Service belongs to no one group of doctors; it is the property of 5,150 professional members. If it is to meet the need for which it was organized—and if its growth is to be sufficient and swift enough to provide in itself an answer to recurring threats of compulsory health insurance—the whole-hearted active support of every doctor in California is essential.

The machinery is set up and running. We shall grow steadily and be all right if only a few doctors will quit giving the rest of us a black eye when they treat patients and talk to laymen about California Physicians' Service. Inform yourself and your associates, and use facts, not rumors, in conversation about your undertaking California Physicians' Service. Thank you.

[†] Address: California Physicians' Service, 333 Pine Street, San Francisco. Telephone EXbrook 3211. Alson Kilgore, M.D., secretary. Mr. Allen Widenham, manager.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

COUNTY SOCIETIES[†]

HUMBOLDT COUNTY

The Humboldt County Medical Society met on Thursday, January 4, at eight o'clock at the General Hospital in Eureka. Mr. M. Wright, Rodent Inspector of the State Board of Health, gave a talk on his work in this area. Dr. Paul Hohman of the Department of Pediatrics at the University of California, explained the heart survey he is conducting among the school children in this vicinity.

The application of Dr. Rupert Hauser was read. Transfer of Dr. Wilson Stegeman to the Sonoma County Medical Society was approved. The resignation of Dr. Steven Fleming, on account of ill health, was accepted. The Secretary was instructed to write a letter to Doctor Fleming, expressing our appreciation of his services for the years he had been associated with us. A doctors' public-speaking forum was approved, and it was agreed that the medical society would provide speakers to the various service clubs upon request.

Plans for a joint meeting in April, with the nurses, dentists, and pharmacists, were made.

J. S. Woolford, *Secretary.*

⁂

KERN COUNTY

The Kern County Medical Society held a regular meeting at the Bakersfield Firehouse Auditorium on Thursday evening, February 15. Dr. C. S. Compton presided.

Dr. Dee L. Stoops and Dr. F. E. Walthall, both of Bakersfield, were elected to membership in the Society at the meeting of the Board of Directors on February 13.

Dr. J. Headen Inman, Chairman of the Postgraduate Conference Committee, announced that plans were being completed for the conference to be held in Bakersfield on March 16, and that a large attendance of physicians was expected from Santa Barbara, Ventura, Tulare, and Kings counties. Dr. Chauncey Leake of the University of California has been invited to be the speaker at the evening dinner, which will be followed by a dance at the Stockdale Country Club. Other outstanding authorities are listed on the scientific program, and members have been urged to coöperate in this, the first postgraduate conference to be held in Bakersfield.

Dr. Lloyd Fox then introduced Mr. Ross Marshall of the California Medical Association Public Relations Committee, who spoke on the *Work of the Committee* and also on *California Physicians' Service.* It was decided that a speakers' bureau would be formed as soon as possible in the Society, to provide speakers for lay organizations. Dr. L. A. Packard also reported on California Physicians' Service.

Eric Colby, *Secretary.*

⁂

MONTEREY COUNTY

A joint meeting of the Monterey, San Benito, and Santa Cruz County Medical Societies was held on Thursday evening, January 4, at the Hotel Del Monte. President Mast Wolfson, presided. Dr. Charles A. Dukes, President of the California Medical Association, and Association Secretary-Editor Kress gave talks on *Problems Concerned with Organized and Scientific Medicine.* Dr. C. Kelly Canelo, District Councilor, and Doctors Garth Parker and Patrick Davlin, representatives of the California Physicians' Service, told of work already done in that medical service organization. Dr. Dwight L. Wilbur of San Francisco discussed briefly, *Vitamins.*

Arnold Manor, *Secretary.*

SAN BERNARDINO COUNTY

The regular meeting of the San Bernardino County Medical Society was held at the San Bernardino County Charity Hospital on Tuesday evening, January 2.

The meeting was called to order by the president, Dr. Walter S. Cherry, at 8:15 o'clock when about seventy members and guests were present.

There being no business to transact, the program was immediately given as follows:

Recent Advances in Anesthesia, by L. M. Taylor of San Bernardino. Discussion was opened by A. D. Neubert of Redlands.

Testosterone and Such, by Walter Pritchard of San Bernardino. Discussion was opened by I. L. Finkelberg of San Bernardino.

Newer Treatment of Gas Gangrene, by F. E. Clough of San Bernardino. Discussion was opened by F. H. Folkins of Redlands.

X-Ray Therapy, by C. C. Owen of San Bernardino. Discussion was opened by C. A. Wylie of San Bernardino.

The Use and Technique of the Miller-Abbott Tube, by D. H. Brumbaugh of Redlands. Discussion was opened by R. A. Vargas of San Bernardino.

The meeting was adjourned at half-past ten, following which refreshments were served.

Arthur E. Varden, *Secretary.*

⁂

SAN JOAQUIN COUNTY

The regular meeting of the San Joaquin County Medical Society was called to order by President Hugh J. Bolinger in the Medico-Dental clubrooms, Stockton, at 8:15 p. m. on Thursday, February 1. The regular meeting was preceded by the customary supper meeting at the Hotel Wolf, where nineteen members and guests were present. The paper of the evening was presented by Dr. Dewey Powell, who spoke on his *Recent Attendance at the Midwinter Eye, Ear, Nose, and Throat Conference in Los Angeles.* Doctor Powell stressed the importance of the very careful use of silver preparation in the treatment of the human being.

A communication from Dr. Junius Harris was received, suggesting that the Medical Society write a letter to Governor Culbert L. Olson, requesting the reappointment of Doctor Pinkham to the State Board of Medical Examiners. Doctor Doughty made a motion that such a letter be sent; this was seconded from the floor. President Charles Dukes then proposed that the name of Dr. W. R. Molony, Sr., be included in the letter. This amendment was accepted by Doctor Doughty, and the motion carried. Another communication was read from Dr. A. E. Anderson, requesting the appointment of a committee to investigate needy members in this locality. Doctor Bolinger appointed Doctors George Sanderson (chairman), Neill P. Johnson, and W. W. Fitzgerald.

Doctor Broaddus then spoke on the Postgraduate Committee's Course for the present year. He also stated that any instruments that were no longer usable or being used would be appreciated if turned over to him. These instruments are to be reconditioned and sent to the Chinese Relief Organization for use in China. Dr. J. W. Barnes then spoke in memory of Dr. Barton J. Powell, telling of his life's history and general sterling character. He presented a portrait of Doctor Powell to the Medical Society to be hung in the Medical Society clubrooms. Doctor Barnes made a motion that a letter be sent to Doctor Powell's family, telling them of the sincere grief of the Society at his death. This motion was seconded and passed.

The meeting was then turned over to our guest speakers, Dr. A. E. Anderson, councilor of this district; President Charles Dukes of the California Medical Association; and

---

[†] For roster of officers of component county medical societies, see page 4 in front advertising section.

Secretary George H. Kress of the California Medical Association. These speakers presented bird's-eye views of the activities of the California Medical Association and its sponsored affiliate, California Physicians' Service. The remarks of the three speakers produced considerable discussion from the floor and many questions were asked.

There being no further business to come before the Society, the meeting was declared adjourned at 10:10 p. m., when refreshments were served.

G. H. Rohrbacher, *Secretary.*

⁂

YUBA-SUTTER COUNTY

The monthly meeting was called to order by President Miller.

Dr. Harold R. Hennessy briefly discussed plans for the new venereal disease clinic. The appointment of the physicians to conduct the clinic was discussed by Doctors Linstrum, Wisner, Swift, Whitney, and Hennessy. It was decided that the appointment should be by President Miller and Doctor Hennessy.

Dr. Thomas G. Lupo was elected to membership.

Doctor Miller made mention that Miss Eleanor Hanna of the State Tuberculosis Association had been here and had contacted Doctors Whitney, Linstrum, Swift, Hennessy, and himself relative to organizing the Yuba-Sutter County Tuberculosis Association.

Considerable correspondence, received during the past month, had been conveniently displayed on a table for the members to read before and following the formal part of the meeting. Special note was taken of letters referring to expiration of terms of three members of the State Board of Medical Examiners, namely Doctors Pinkham and Molony, and Dr. F. W. Didier of the Yuba-Sutter County Medical Society. Letters are being forwarded to his Excellency, Governor Culbert Olson, asking his reappointment of these men to the Board.

The speaker of the evening was Dr. G. F. Norman of San Francisco, whose topic was *Calcium Metabolism as Related to Vascular Diseases.* His talk was discussed by Doctors Hamilton, Duncan, Thumen, Kimmel, Whitney, Didier, Miller, Lupo, Swift, Linstrum, Morris, Wisner, and Hennessy.

Refreshments were served, and the meeting was adjourned until the next regular meeting.

Leon M. Swift, *Secretary.*

CHANGES IN MEMBERSHIP

New Members (19)

Butte County

H. M. Morgenstern, *Chico.*
Hans Schmidt, *Chico.*

Fresno County

John L. Vaught, *Firebaugh.*

Humboldt County

Frederick A. Olson, *Fortuna.*

Kings County

Elmer C. Bond, *Hanford.*

Mendocino County

Stanley L. Rea, *Ukiah.*

Orange County

Walter Saul, *Orange.*

Sacramento County

George T. Akamatsu, *Walnut Grove.*
Jack V. Chambers, *Sacramento.*
Joseph R. Dillon, *Sacramento.*
Ugo J. Pucci, *Sacramento.*
Emilio E. Varanini, Jr., *Sacramento.*

San Francisco County

Jacob Kasanin, *San Francisco.*

San Joaquin County

James O. Greenwell, *French Camp.*

Santa Cruz County

Marcel D. Marquess, *Santa Cruz.*

Solano County

Paul F. Dieffenbacher, *Vallejo.*
Walter A. Fort, *Vallejo.*
Edwin G. Simmer, *Vallejo.*

Sonoma County

Hazel N. Woodruff, *Cotati.*

Transfers (13)

Lavon Bramwell, from San Bernardino County to Orange County.

Burt L. Davis, from San Francisco County to Los Angeles County.

Rudolph L. Dresel, from Santa Clara County to San Francisco County.

Roy L. Fielder, from San Francisco County to Los Angeles County.

Jacques P. Gray, from San Francisco County to Alameda County.

Harold R. Hennessy, from Los Angeles County to Yuba-Sutter County.

Miriam Pool Huff, from San Diego County to Humboldt County.

Walter Rapaport, from Napa County to Mendocino County.

Leslie A. Runyon, from Lassen-Plumas County to Butte County.

Lewis F. Seapy, from San Francisco County to Los Angeles County.

Gustave H. Taubles, from San Francisco County to Monterey County.

A. R. Thompson, from Solano County to the Nevada State Association.

R. L. Wagner, from San Francisco County to Connecticut State Association.

Resigned (6)

Arthur E. Coyne, from Los Angeles County.
Vera Sadicoff Goldman, from San Francisco County.
Reginald F. Grant, from San Francisco County.
Edgar J. Poth, from San Francisco County.
George F. Shiels, from San Mateo County.
James W. Shumate, from San Francisco County.

In Memoriam

Barclay, Henry Aretas. Died at San Diego, January 24, 1940, age 71. Graduate of Denver and Gross College of Medicine, 1906. Licensed in California in 1917. Doctor Barclay was a member of the San Diego County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

+

Boardman, Walter Whitney. Died at San Francisco, February 11, 1940, age 57. Graduate of Cooper Medical College, San Francisco, 1909, and licensed in California the same year. Doctor Boardman was a member of the

San Francisco County Medical Society, the California Medical Association, and a Fellow of the Amcrican Medical Association.

+

Brimhall, Silas Johnson. Died at Oakland, January 30, 1940, age 67. Graduate of the University of Minnesota Medical School, Minneapolis, 1902. Licensed in California in 1905. Doctor Brimhall was a member of the Alameda County Medical Association, the California Medical Association, and the American Medical Association.

+

Burrall, George Merriman. Died at Los Angeles, January 14, 1940, age 43. Graduate of the University of California Medical School, San Francisco, 1923, and licensed in California the same year. Doctor Burrall was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

+

Foshay, Arthur Wellesley. Died at Oakland, January 13, 1940, age 64. Graduate of the University of California Medical School, San Francisco, 1904, and licensed in California the same year. Doctor Foshay was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

+

Kile, Robert Francis. Died at San Francisco, January 31, 1940, age 52. Graduate of the University of Pennsylvania School of Medicine, Philadelphia, 1919. Licensed in California in 1921. Doctor Kile was a member of the San Francisco County Medical Society, the California Medical Association, and the American Medical Association.

+

Love, Edward C. Died at Oakland, January 18, 1940, age 69. Graduate of the California Eclectic Medical College, Los Angeles, 1895. Licensed in California in 1898. Doctor Love was a member of the Napa County Medical Society, the California Medical Association, and the American Medical Association.

+

Moore, Albert William. Died at Los Angeles, January 20, 1940, age 63. Graduate of the University of Southern California School of Medicine, Los Angeles, 1904, and licensed in California the same year. Doctor Moore was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

+

Pettis, John Hibbard. Died at Fresno, January 28, 1940, age 62. Graduate of the University of Michigan Medical School, Ann Arbor, 1906. Licensed in California in 1914. Doctor Pettis was a member of the Fresno County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

+

Powell, Barton Jerome, Sr. Died at Stockton, January 15, 1940, age 67. Graduate of Jefferson Medical College of Philadelphia, 1894. Licensed in California in 1895. Doctor Powell was a member of the San Joaquin County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

Slattery, James Ward. Died at Mountain View, January 19, 1940, age 43. Graduate of the College of Medical Evangelists, Loma Linda, 1933, and licensed in California the same year. Doctor Slattery was a member of the Santa Clara County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

+

Taussig, Laurence R. Died at San Francisco, February 11, 1940, age 47. Graduate of the University of California Medical School, San Francisco, 1919, and licensed in California the same year. Doctor Taussig was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

+

Wilkinson, Allan Marshall. Died at Hollywood, February 1, 1940, age 64. Graduate of the University of Michigan Medical School, Ann Arbor, 1901. Licensed in California in 1924. Doctor Wilkinson was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

+

OBITUARIES

Robert Francis Kile

1888–1940

Robert Francis Kile, a member of the San Francisco County Medical Society, passed away on January 31, 1940. Born in Lincoln, Kansas, in 1888, he attended high school at Canton, Kansas, and later graduated from the University of Pennsylvania School of Medicine in 1919. Before completing his medical education, Robert Kile was an engineer, helping to build our Western Pacific Railroad. Later he specialized in roentgenology, doing work at Stanford, Saint Francis Hospital, and for the Veterans' Bureau.

In April, 1930, Doctor Kile joined forces with Doctors Ingber and Rodenbaugh, with whom he remained until the time of his death. His friends recall him as an ardent golfer and a valued associate, known to them all as "Bobby" Kile. He leaves a widow, to whom the Society has sent its sincere sympathy in her loss. H. M. F.

+

Walter Whitney Boardman

1883–1940

For hundreds of patients and friends the cheery greeting, the encouraging smile, the sympathetic understanding, and the warm personality of Walter Boardman are now a memory. Death came to him on February 11, 1940, after a lingering illness.

Walter Whitney Boardman was born on December 9, 1883, in Oakland, California. After graduating from the University of California in 1906, he entered Cooper Medical College in San Francisco and received his degree in medicine in 1909. One year later he went to the Johns Hopkins Hospital for postgraduate study in medicine. He was particularly interested in tuberculosis, but while at the Hopkins he recognized the growing importance and potentialities of the roentgen ray. He soon familiarized himself with the technique and its application as then practiced and returned to San Francisco to become director of the Department of Roentgenology in Stanford Medical School. For the next few years he worked with great energy to develop and maintain this department, ever keeping it abreast of the rapidly occurring changes in the application of the ray to the diagnosis and treatment of medical conditions.

Throughout these years, however, there was being created in him a desire to become the doctor in the true and broad sense of the word—a desire to be helpful to the patient in a closer and more understanding relationship than was offered him by his x-ray work. For such a relationship he was admirably adapted. Just at this time, however, came the call of his country, and his plans had to be changed. He promptly entered the United States Navy as first lieutenant and served for the duration of the war. When he returned to the university he no longer supervised the Department of Roentgenology, but was associated with the Department of Internal Medicine in charge of gastro-enterology. The Medical School was not unmindful of his efforts and accomplishments and advanced him to the position of clinical professor of medicine. His professional ability was widely recognized. He was a member of his county and state medical societies, the American Medical Association, California Academy of Medicine, American Gastro-Enterological Association, and a Fellow of the American College of Physicians.

Then he entered the period during which he created for himself a monument which will long endure—the gratitude and affection of his many patients. His inherent quality of being kindly, understanding and helpful to prince and pauper alike, achieved for him the greatest measure of success. With it all he remained unassuming and modest, and gave unsparingly of his time and energy to everyone seeking his help. His greatest joy was being of service.

When at the height of his career the shadows of his final cruel illness fell across his pathway he unflinchingly and courageously continued to render service to others until the progression of his illness made this impossible.

To those who were privileged to know Walter Boardman his life will furnish an everlasting inspiration.

Henry A. Stephenson.

* * *

Laurence R. Taussig

1893–1940

Laurence R. Taussig died suddenly at his home on February 11, 1940, of coronary thrombosis.

Doctor Taussig was born in San Francisco of a well-known pioneer family. He attended school in San Francisco and later received his academic and medical education at the University of California. His early interest was in radium therapy. He published several articles on this subject and did much of the fundamental work on the use of radium emanation. For many years Doctor Taussig supervised the emanation plant at the University of California Hospital. He then became interested in dermatology and syphilology. He prepared himself for his specialty at the University of California and in Europe. He was engaged in the active practice of his specialty and published many original articles on dermatological subjects.

Doctor Taussig was associate clinical professor of medicine (dermatology) in the University of California Medical School, dermatologist at University of California Hospital, consultant in dermatology at St. Luke's Hospital, Children's Hospital, Shriners' Hospital, San Francisco Hospital, and the Southern Pacific Hospital. He was a member of the San Francisco Dermatological Association, San Francisco County Medical Society, California Medical Association, American Medical Association, American Radium Society, American Dermatological Association, Academy of Medicine, and the Academy of Dermatology. He was actively engaged in teaching in the University of California Medical School at the time of his death.

Doctor Taussig's hobbies were yachting and photography. He devoted much time to his miniature camera and developed a very comprehensive collection of slides of dermatological conditions. These are of special value for teaching purposes. He was very quiet and unassuming. It was always his preference to remain in the background. He would, however, when necessity arose, defend his position with great force and vigor. His very modesty endeared him to his associates. Those who worked with him every day learned to appreciate his ability and character.

Doctor Taussig's sudden death came as a great shock to his friends. He was not yet forty-seven years of age, and apparently had his happiest and most useful years ahead of him.

Doctor Taussig is survived by his wife and two children, to whom we extend our deepest sympathy.—J. M. G.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION[†]

MRS. FREDERICK N. SCATENA..............................President
MRS. WILLIAM C. BOECK...............Chairman on Publicity
MRS. KARL O. VON HAGEN..Asst. Chairman on Publicity

Official Notices

The eighteenth annual convention of the Woman's Auxiliary to the American Medical Association will be held in New York City, June 10-14, 1940, with headquarters in the Hotel Pennsylvania. In view of the fact that reproduction of the World's Fair will accelerate advance hotel accommodations, it is urged that reservations be made immediately through the Housing Bureau which has been set up by the American Medical Association, directed by Dr. Peter Irving, Room 1036, 233 Broadway, New York City.

* * *

Proposed Amendments[*]

Article XV—Amendments—provides that:

This Constitution may be amended at any regular annual meeting of this Auxiliary by a two-thirds vote of the members of the House of Delegates present and voting, provided a copy of the proposed amendment shall have been mailed to each member of the Board of Directors and to the Secretary of each County Auxiliary at least sixty (60) days prior to the date of said meeting; and provided further that said amendment shall have been published at least once in California and Western Medicine at least three months prior to the adoption thereof; and provided, finally, that such amendment shall, prior to the adoption thereof, have been approved by the Council of the California Medical Association evidenced by resolution thereof.

[†] As county auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Karl O. Von Hagen, Assistant Chairman on Publicity, 5867 Whitworth Drive, Los Angeles. Brief reports of county auxiliary meetings will be welcomed by Mrs. Von Hagen and must be sent to her before publication takes place in this column. For lists of state and county officers, see advertising page 6. The Council of the California Medical Association has instructed the Editor to allocate two pages in every issue to Woman's Auxiliary notes.

[*] The notice of this proposed amendment appeared in California and Western Medicine, issue of March, 1939, on page 223. It is reprinted because of errors in the enumeration of certain years, which are now corrected.

The following proposed amendment is published as provided for in Article XV—Amendments:

Section 1. For the years 1940 to 1941 and 1941 to 1942 the Nominating Committees, each consisting of five members, shall be elected at the annual meeting, held in May, 1940. Each committee shall consist of five members, two of whom shall be elected by the Board of Directors, and three to be members-at-large, elected by the House of Delegates. The members elected by the Board of Directors shall be elected at the regular meeting held previous to the annual meeting, while the members elected by the House of Delegates shall be elected at the first session of the annual convention. The Board of Directors shall designate the chairman of each committee. The Nominating Committee so elected for 1940 to 1941 shall present this report of nominees as soon as possible. The Nominating Committee so elected for 1941 to 1942 shall meet sixty days prior to the annual meeting of 1940 and prepare its report and submit the same at the first session of the annual meeting in 1941.

Beginning with the annual meeting in 1941, and annually thereafter, the Nominating Committee shall be elected each year in advance and shall consist of five members, two elected by the Board of Directors and three to be members-at-large, elected by the House of Delegates.

It shall be the duty of the Nominating Committee to nominate and present, in the regular order of business, candidates for the following offices: President-elect, first vice-president, second vice-president, recording secretary, treasurer and four councilors-at-large, to serve for one year or until their successors assume office.

Section 1 of Article IX at present provides as follows:

A Nominating Committee, consisting of five members, shall be provided as follows: Two members to be elected by the Board of Directors at the regular meeting held previous to the annual meeting, and three members-at-large, to be elected by the House of Delegates at the first session of the annual convention. The Board of Directors shall designate the chairman. It shall be the duty of this committee to nominate and present, in the regular order of business, candidates for the following offices: President-elect, first vice-president, second vice-president, recording secretary, treasurer, and four councilors-at-large, to serve for one year or until their successors assume office.

News Letter

Still another county auxiliary has joined our ranks. The Woman's Auxiliary to the Humboldt County Medical Society was organized on January 12, with twenty-one charter members. Officers selected to direct their activities are: Mrs. John N. Chain, Sr., of Eureka, president; Mrs. H. W. Comfort of Fortuna, vice-president; Mrs. Joe Brown of Eureka, secretary; and Mrs. John S. Chain, Jr., of Eureka, treasurer. Directors are Mesdames D. McIntyre, J. F. Walsh, Max Goodman and B. M. Marshall of Eureka, and Mrs. Rupert Hauser of Scotia.

May we wish for this fine group much success and a great deal of pleasure in their organization.

Mrs. William C. Boeck, *Chairman on Publicity.*

Component County Auxiliaries

Alameda County

A reception and luncheon, honoring Mrs. Frederick N. Scatena, State President, and Mrs. George Spencer, Corresponding Secretary, were given by the Alameda County Medical Auxiliary at the Claremont Country Club on Friday, January 19, when the president, Mrs. George Calvin, presided. The hostesses were Mrs. William Sargent and Mrs. Hobart Rogers.

Recent Advances in Hormones Affecting the Female Reproductive Organs was the subject of a talk by Mr. Donald Wonder of Cutter Laboratories.

Members who enjoy good music are looking forward to the benefit concert to be presented by Phyllida Ashley Everingham and Dr. Henri Shefoff at the Claremont Country Club on Friday evening, February 16. Proceeds will go to the student loan fund for senior medical students.

Mrs. Rene Van de Carr, *Publicity Chairman.*

Humboldt County

The Woman's Auxiliary to the Humboldt County Medical Association met in regular session on February 8 at the home of the president, Mrs. John Shain, Sr., who conducted the meeting. After reports from the different committees and a short business discussion, a social hour was enjoyed by the seventeen members. Hostesses for the evening were Mesdames Dave McIntyre, John Chain, Jr., and Joseph Brown. Mrs. Max Goodman, *Publicity Chairman.*

Los Angeles County

With the Physicians' Art Exhibit as a colorful and stimulating background, the Woman's Auxiliary to the Los Angeles County Medical Association met in regular session at the Association headquarters on Tuesday, January 23. Over one hundred members gathered to view the exhibit and hear the speaker of the day, Rabbi Edgar F. Magnin, discuss *The Life of Alfred Adler* by Philip Bottome. Rabbi Magnin was introduced by Dr. George Piness as "a champion of the physician in the problems confronting the medical profession."

Dr. Joseph Savage called attention to the various art exhibits, narrating interesting bits of their history and that of the Physicians' Art Association.

Mrs. William Benbow Thompson.

Marin County

The Woman's Auxiliary to the Marin County Medical Society met for dinner on January 25 at Deer Park Villa in Fairfax. Due to the inclemency of the weather, only nineteen members were present. Mrs. Matthew Hazeltine presided.

We were honored to have as our guests Mrs. Edmund Morrissey, President of the San Francisco Auxiliary, and Mrs. Walter Brown, wife of the speaker of the evening, Dr. Walter Brown, Professor of Public Health at Stanford University.

Plans for the annual bridge tea, which is to take place on February 14 at the San Rafael Improvement Club, were discussed. The proceeds from this tea are to be used for our philanthropic fund.

Agnes Campion Taylor, *Publicity Chairman.*

San Diego County

The regular meeting of the Woman's Auxiliary to the San Diego County Medical Society was held on Tuesday, January 9, at the University Club, the president, Mrs. William Cooke, presiding. There were fifty-eight members present.

Mrs. Harold Torbert, guest speaker, gave a talk on *Stores, Salesclerks, and Shoppers.* Mrs. Torbert was personnel director at Macy's in New York for several years.

Mrs. Frederick N. Scatena, State President, was the guest of honor. She gave a short talk on the history of the Auxiliary. Iva O'Hara, *Secretary.*

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings.

American Medical Association, New York, June 10–14, 1940. Olin West, M. D., Secretary, 535 North Dearborn Street, Chicago, Illinois.

California Medical Association, Hotel Del Coronado, Coronado, May 6–9, 1940. George H. Kress, M. D., Secretary, 450 Sutter Street, San Francisco.

Association of Western Hospitals, Hotel Biltmore, Los Angeles, April 8–11, 1940. Thomas F. Clark, Executive Secretary, 1182 Market Street, San Francisco.

Medical Broadcasts.*

American Medical Association Broadcasts: "Medicine in the News."—The American Medical Association and the National Broadcasting Company have announced "Medicine in the News," on timely topics from medical news of the week. Thursdays, 4:30 p. m., Eastern standard time (1:30 p. m., Pacific standard time), Blue Network, coast to coast. Thirty weeks. Opened on November 2, 1939. Facts, drama, entertainment, music.

Pacific States:

KECA	Los Angeles	KTMS	Santa Barbara
KFSD	San Diego	KEX	Portland
KGO	San Francisco	KJR	Seattle
KGA	Spokane		

* * *

Los Angeles County Medical Association.

The radio broadcast program for the Los Angeles County Medical Association for the month of March is as follows:

Saturday, March 2—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.
Wednesday, March 6—KECA, 11:15 a. m., The Road of Health.
Saturday, March 9—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.
Wednesday, March 13—KECA, 11:15 a. m., The Road of Health.
Saturday, March 16—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.
Wednesday, March 20—KECA, 11:15 a. m., The Road of Health.
Saturday, March 23—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.
Wednesday, March 27—KECA, 11:15 a. m., The Road of Health.
Saturday, March 30—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Art Exhibit at Coronado.—The Los Angeles Physicians' Art Association and the San Francisco Physician Artists are anxious to have an exhibition of their work in Coronado.

We know there is an abundance of talent, as witnessed at the exhibit in San Francisco, of paintings, in oil, water color, and pastel; drawings in pen, pencil, and charcoal and, above all, in photography.

A suitable exhibition room has been given at the hotel, and we hope suitable prizes for each group can be awarded.

Time is short. Please communicate with Dr. Francis H. Redewill, 870 Market Street, San Francisco, or Dr. Joseph C. Savage, 2202 West Third Street, Los Angeles, at the earliest moment.

A nominal hanging fee will be charged to defray expenses.

California Academy of Medicine: Dr. Frank E. Adair, Guest Speaker.—On Saturday evening, January 20, the California Academy of Medicine had as its guest speaker at a dinner held at the Italian Room of the Sir Francis Drake Hotel, San Francisco, Dr. Frank E. Adair, Secretary of the American Association for the Control of Cancer. Doctor Adair's topic was, "A Consideration of Recent Additions to Clinical and Experimental Aspects of Breast Conditions." Prior to the dinner, cocktails were served at the Family Club at Bush and Powell streets.

The guest speaker on the meeting scheduled for March 9 is Dr. L. Sigerist, Professor of the History of Medicine at Johns Hopkins University. His topic will be "The Social History of Medicine."

Nobel Records Reveal United States as Science Haven.—Indicative of the manner in which the United States is both developing and attracting the top-rank scientists of the world, five of the last six Nobel Prize winners in physics are now working in this country. Two of them, Dr. Enrico Fermi of Columbia University and Dr. Ernest Orlando Lawrence, are now on the campus of the University of California, Doctor Fermi as the holder of the Hitchcock professorship and Doctor Lawrence as head of the University's radiation laboratory.

Facts and figures on the Nobel Prize winners in physics, announced by Professor Raymond T. Birge, Chairman of the Department of Physics, reveal the impressive part that this country is playing in the development of physics studies. Nine of the physics Nobel winners are now in the United States. The five mentioned by Professor Birge as being among the most recent winners working here are Doctors Carl D. Anderson and V. G. Hess, both of the California Institute of Technology, who won the prize jointly in 1936; Dr. Clinton J. Davisson of the Bell Telephone Company laboratories, who shared the prize with Dr. George P. Thompson, noted British physicist in 1937, and Doctors Fermi and Lawrence, who won the prize in 1938 and 1939, respectively. The other four winners now working in this country are: Dr. Albert Einstein, expounder of the famed Einstein Theory, now at the Institute for Advanced Study of Princeton University, winner in 1921; Dr. Robert Andrews Millikan, University of Chicago, winner in 1923; Dr. James Franck, Johns Hopkins University, winner in 1925 with Dr. Gustav Hertz of Germany; and Dr. Arthur Holly Compton, University of Chicago, winner in 1927 with Dr. Charles Thomas Rees Wilson, another noted British physicist.

---

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

American Society for the Control of Cancer, Inc.—The American Society for the Control of Cancer, through organized units of its Women's Field Army, will conduct during April its fourth annual campaign of cancer education. President Roosevelt will issue a proclamation, calling attention to the need to "Fight Cancer with Knowledge."

The Nation's First Census of Housing.—A comprehensive picture of housing and home ownership in the United States will be compiled from information to be gathered by the 120,000 census enumerators in conjunction with the Sixteenth Decennial Census to be conducted by the United States Bureau of the Census in April. Data—in response to a schedule of thirty-one questions bearing on the type of structure, equipment, and ownership—will be obtained for each of the approximately 35,000,000 dwellings throughout the country. . . .

American Physicians' Art Association.—The American Physicians' Art Association, composed of over eight hundred physicians in the United States, Canada, and Hawaii, who follow some form of fine or applied art as an avocation, will hold the next annual art show at the Belmont-Plaza Hotel, New York City, on June 10 to 14, inclusive. This exhibit is held in conjunction with the American Medical Association Convention to be held at the same time in the vicinity of the Belmont-Plaza. All physicians in active practice or retired who have an art hobby, including photography, are cordially invited to participate in the New York exhibit.

To become a member of this Art Association a physician may join by mailing a check for one dollar to the treasurer, Dr. R. W. Burlingame, San Francisco County Hospital, San Francisco, and briefly state what art medium the applicant follows. For detailed information, kindly write to the executive secretary, Dr. F. H. Redewill, 526 Flood Building, San Francisco.

American Board of Obstetrics and Gynecology: Examinations.—The general oral and pathological examinations (Part II) for all candidates (Groups A and B) will be conducted by the entire Board at the Atlantic City Hospital, Atlantic City, New Jersey, from Friday, June 7, through Monday, June 10, 1940, prior to the opening of the annual meeting of the American Medical Association in New York City on Wednesday, June 12. Candidates are requested to note that the dates of the examinations have been advanced one day from those previously announced.

Application for admission to Group A, Part II, examinations must be on file in the Secretary's office not later than March 15.

Formal notice of the time and place of these examinations will be sent each candidate several weeks in advance of the examination dates.

Candidates for reëxamination in Part II must make written application to the Secretary's office before April 15.

For further information and application blanks, address Dr. Paul Titus, Secretary, 1015 Highland Building, Pittsburg (6), Pennsylvania.

California Tuberculosis Association.*—Three outstanding authorities on tuberculosis and public health will be guest speakers at the annual meeting of the California Tuberculosis Association, to be held in Santa Barbara on April 11, 12, and 13.

Dr. Herbert R. Edwards, Director of the Bureau of Tuberculosis of the New York City Health Department, will discuss some of the newer concepts in tuberculosis case finding as well as present a paper on "The Legal Responsibility of Government in the Control of Tuberculosis." Dr. Max Pinner, chief of the Division of Pulmonary Diseases at Montefiore Hospital in Bedford Hills, New York, and associate editor of the *American Review of Tuberculosis,* will likewise present two papers, one on "The Archaeology of Tuberculosis" and a second on "Noncaseating Tuberculosis."

What is new in adult health education will be outlined by William Doppler, Ph.D. of New York, health education expert of the staff of the National Tuberculosis Association. Mr. Doppler will also talk on "Tuberculosis and Logic."

Of special interest to physicians will be the Leitz x-ray film projector which will be used for an x-ray symposium to be held on Saturday afternoon, April 13. This projector, which makes it possible to project full-sized x-ray films directly onto a motion-picture screen, was used with great success for a similar symposium held in connection with last year's meeting of the Tuberculosis Association in Santa Cruz.

Presiding at the symposium will be Dr. Chesley Bush of Livermore. Leading the discussion of the various x-rays submitted for study will be Dr. Rollo G. Karshner of Los Angeles, Dr. R. R. Newell of San Francisco, Dr. Sidney J. Shipman of San Francisco, and Dr. Reginald Smart of Los Angeles.

A joint meeting of the medical societies of Santa Barbara, Kern, San Luis Obispo, and Ventura counties is planned for Thursday evening, April 11, at which Doctor Bush will be guest speaker. The annual banquet of the California Tuberculosis Association will be held on Friday evening, and the annual business meeting at Saturday luncheon.

Tentative plans for the Santa Barbara meeting indicate that a program of outstanding interest, both to the physician and public health worker, has been arranged by a committee headed by Dr. E. Richmond Ware of Los Angeles and composed of Dr. Wilton L. Halverson of Pasadena, Dr. Arthur Bruce Steele of Santa Barbara, and Dr. Harry C. Warren of Belmont.

Dr. Leo Eloesser of San Francisco will present a paper at the joint clinical and sociological session, Friday afternoon, April 12, on "Tuberculous Cavities and Some Attempts at Diagnosing Their Cause."

Five California physicians will participate in the clinical sessions of the meeting. Dr. Edward Kupka of Olive View will discuss "Monaldi Suction Aspiration of Tuberculous Cavities—A Preliminary Report." Dr. W. R. Oechsli will speak on "Body Section Roentgenography in Pulmonary Tuberculosis." Certain clinical and pathological aspects of corpulmonale will be the subject of a paper by Drs. Lauren V. Ackerman and Kazumi Kasugi. Dr. J. E. Pottenger of Monrovia will talk on the "Comparison of the Dilution-Flotation Technique with Guinea-Pig Inoculation in the Examination of Suspected Tuberculous Material." Dr. M. L. Pindell of Los Angeles will discuss the progress of pulmonary tuberculosis in young adults.

To be presented during the sociological sessions of the meeting is the paper, "A Review of Our Tuberculosis Control Program in a Rural Community," by Drs. R. C. Main and Peter Cohen of Santa Barbara.

All sessions will be held in the Recreation Center in Santa Barbara. Physicians and laymen interested in the problems of tuberculosis control, treatment, and prevention are welcome to attend.

Additional information may be secured from W. F. Higby, Executive Secretary, 45 Second Street, San Francisco.

---

* For item in this issue, on "Organized Efforts in Tuberculosis Control for California," see page 146.

National Conference on Medical Service.—The fourteenth annual meeting of the National Conference on Medical Service (formerly the Northwest Regional Conference) was held in the Grand Ballroom, Palmer House, Chicago, on Sunday, February 11, L. Fernald Foster, M.D., Bay City, Michigan, President, presiding.

The program follows:

9:30 a. m.—Registration.

MORNING SESSION

10:00 a. m.—Group Medical Care and Group Hospitalization Programs:
  Missouri Program (10 minutes) — Carl F. Vohs, M. D., St. Louis, Missouri.
  Experiences of Associated Hospital Service Plan of New York (10 minutes)—David H. McA. Pyle, New York, New York.
  Michigan Medical Service (10 minutes)—Henry R. Carstens, M. D., Detroit,.
  Q. and A. Period (30 minutes)—Leader: R. L. Sensenich, M. D., South Bend, Indiana.

11:00 a.m.—Allocation of Federal Funds to States (20 minutes)—R. G. Leland, M. D., Chicago, Illinois.
  Q. and A. Period (15 minutes)—Leader: Wm. F. Braasch, M. D., Rochester, Minnesota.

11:45 a.m.—Recent Developments on the National Scene (15 minutes)—E. H. Cary, M. D., Dallas, Texas.

12:00 noon—Noon Day Dinner.

1:10 p. m.—Address (30 minutes)—Paul G. Hoffman, South Bend, Indiana, president, The Studebaker Corporation.

1:45 p. m.—Report of the Year. Election of Officers.
  Selection of Place and Time of 1941 Meeting.

AFTERNOON SESSION

2:15 p. m.—Effective Public Relations (20 minutes)—Edward J. McCormick, M. D., Toledo, Ohio.
  Discussion (10 minutes)—Morris Fishbein, M. D., Chicago, Illinois.

2:45 p. m.—Medical Welfare Programs:
  Farm Security Administration (10 minutes)—R. C. Williams, M. D., Washington, D. C.
  Outdoor Indigent Care (10 minutes)—Hilton S. Read, M. D., Atlantic City, New Jersey.
  Medical Relief in Chicago (10 minutes) — C. H. Phifer, M. D., Chicago, Illinois.
  Medical Surveys (10 minutes)—Creighton Barker, M. D., New Haven, Connecticut.
  Q. and A. Period (30 minutes)—Leader: Ernest E. Shaw, M. D., Indianola, Iowa.

4:00 p. m.—Adjournment.

American Medical Association Medical Broadcast.—The American Medical Association and the National Broadcasting Company broadcast a radio program, "The Life of Louis Pasteur," over the Blue network of the National Broadcasting Company from 10 to 10:30 p. m., Eastern standard time (9 to 9:30, Central standard time; 8 to 8:30, Mountain standard time; 7 to 7:30, Pacific standard time), on Wednesday, February 21. Emphasis was placed especially on Pasteur's conquest of rabies and on the rabies situation in the United States today.

The program was similar in plan to the "Your Health" and "Medicine in the News" broadcasts in that it was a dramatized program, produced under the direction of J. Clinton Stanley, with a cast of specially selected NBC radio artists. The musical score was used by special permission of Warner Brothers and was from the Warner Brothers' picture, "Life of Pasteur," starring Paul Muni. A special NBC orchestra was under the direction of Joseph Gallicchio.

Public Health League of California: Southern District.—The annual meeting of the Southern District of the Public Health League of California was held at the Mona Lisa Restaurant, Los Angeles, on February 15. Reports of the successful program of the League during the past year were enthusiastically received by the membership. Plans were laid for increased activities during 1940.

Officers elected for the ensuing year were: President, E. Eric Larson, M. D., Los Angeles; vice-president, Frank Kaiser, D. D. S., Los Angeles; secretary, Charles A. Reagan, D.D.S., Los Angeles; and treasurer, Peter Blong, M. D., Alhambra. Councilors (three-year term): L. T. Bullock, M. D., Los Angeles; Lyle Craig, M.D., Pasadena; Percy T. Magan, M. D., Los Angeles; S. J. McClendon, M.D., San Diego; Edward N. Reed, M.D., Santa Monica; Paul Southgate, M.D., Long Beach; and Guy Van Buskirk, D. D. S., Los Angeles. Auditor, Philip Tennis, D. D. S., Los Angeles.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Hospital Groups to Meet in Los Angeles

Convention Plans Will Be Laid at Committee Assembly Today

Preparations for the annual convention of the Association of Western Hospitals and the Western Conference of the Catholic Hospital Association and allied groups in Los Angeles April 8-11 will be discussed at a general meeting of the convention committee at the Biltmore this afternoon, according to R. E. Heerman, general chairman.

Representing the Catholic hospital group will be Rt. Rev. Msgr. T. J. O'Dwyer, while Harold S. Barnes of Salt Lake City, president of the western association, will be represented by Thomas F. Clark, executive secretary, whose headquarters are in San Francisco.

Dr. Glenn Myers will outline the tentative program of the convention and Dale L. Smith, member of the executive committee in charge of entertainment, will discuss preparations for that phase of the assembly.

Other members of the general committee are C. J. Elsasser, Miss Mary K. West, R. N.; Charles S. Aston, Jr.; Miss Mae Irene Weber, R. N.; R. J. Hromadka, Arthur J. Will, D. L. Braskamp, Andre Rouseryrol and A. E. Look.—Los Angeles *Times*, January 31.

* * *

Monopoly Trial for American Medical Association

Washington, March 4 (AP).—The United States Court of Appeals today ordered the American Medical Association to stand trial on monopoly charges, ruling it was as illegal to restrain "the lawful practice of medicine" as it was to restrain any kind of trade.

This decision by the appellate court for the District of Columbia upheld the validity of an indictment charging the American Medical Association, two of its society affiliates, and twenty individual doctors restrained trade in opposing the activities of Group Health Inc., a Washington coöperative organization.

Decision Reversed

The fact that defendants are physicians and medical organizations "is of no significance," the court declared, in reversing a district court decision that medicine was a "learned profession" and, therefore, not within the scope of the Sherman Antitrust Act.

Whether the defendants must stand trial in district court is not yet settled finally, however. The doctors could ask the supreme court to review today's order, or they might go back into district court and ask for a bill of particulars to narrow the issues.

Fishbein Indicted

The indicted include Dr. Morris Fishbein, editor of the Journal of the American Medical Association; Dr. Olin West, the Medical Association's secretary and general manager; the District of Columbia Medical Society, the Harris County (Texas) Medical Society, and individual doctors.—San Francisco *Call-Bulletin*, March 4, 1940.

* * *

Doctor Lawrence's Prize

Proud moments such as come rarely to an American father and mother will be given Thursday evening to Dr. Carl G. Lawrence, president emeritus of Aberdeen Teachers' College, Aberdeen, S. D., and Mrs. Lawrence.

Doctor and Mrs. Lawrence will sit on the stage of Wheeler Auditorium on the University of California campus in Berkeley and watch while their son, Dr. Ernest O. Lawrence, is awarded the Nobel prize medal and diploma for research in physics. Doctor Lawrence has been awarded the Nobel prize for his research work in atom smashing and his development of the cyclotron.

The parents of the young but world-wide famous scientist recently moved to Berkeley to make their home near their sons, Dr. Ernest and Dr. John Lawrence, the latter also a member of the California faculty. Their home is at 2747 Haste Street.

Dr. Robert Gordon Sproul, president of the university, will preside at the Thursday meeting. Address of the evening will be given by Dr. Raymond T. Birge, chairman of the department of physics at the university.

The presentation of the diploma and medal will be done by Carl Edward Wallerstedt, Swedish Consul General here. Doctor Lawrence has accepted an invitation to deliver a Nobel prize address in Sweden.—San Francisco *Chronicle*, February 13.

* * *

Medical "Cure" Pair Seek Olson Pardon

Governor Culbert L. Olson was today in receipt of an application for a pardon from Edward C. Hurlbert and Olive, his wife, who were sentenced to serve six months in jail by Municipal Judge Harold B. Landreth last June for violating the medical practice act.

The sentence was suspended by the court and the couple were placed under six months' probation on condition they cease marketing their remedy.

The Hurlberts were charged with making a "sure cure for tuberculosis" known as "Erus-Eruc," "Sure Cure" spelled backward.

Hundreds of names were attached to their petition for pardon from persons who claimed they had been cured by "Erus-Eruc." The petition said the couple had a contract with the San Bernardino Board of Supervisors to treat the county's tuberculous patients. Executive clemency, which would terminate the parole, would permit them to carry out the agreement.

C. E. Grier, chairman of the San Bernardino County Board of Supervisors, testified that he had been cured through the use of the preparation.—Los Angeles *Herald and Express,* February 10.

* * *

Offers Health Measure

Washington, February 15 (UP).—Representative Franck R. Havenner, Democrat, California, introduced a bill today for the federal government to lend $300,000,000 to public agencies and nonprofit corporations for the construction of hospitals, sewage plants and other health facilities.—Fresno *Bee,* February 15.

* * *

Seven Druggists Face Arrest

Charges of Sulfanilamide Sales to Be Placed Against San Francisco Store Owners and Managers

Assistant District Attorney Nora A. Blichfeldt announced yesterday that complaints will be filed and warrants issued against seven, possibly eight, drug store owners and managers on Monday for the alleged illegal sale of sulfanilamide.

The announcement was made after a closed hearing with the accused druggists and a conference between Miss Blichfeldt and inspectors of the State Bureau of Food and Drug Inspection, under M. P. Duffy. . . .

The complaints, said Miss Blichfeldt, who is in charge of food and drug law prosecutions for the district attorney, will be based on the amended state law which prohibits sale of sulfanilamide without a physician's prescription.

Convictions under the amended act carry a misdemeanor penalty of a $25 fine for a first offense, and a minimum fine of $1,000 for a second offense. All of the current cases here are asserted first offenses.

The United States Public Health Service asserts the drug, although efficacious in the treatment of twenty or more serious diseases, is extremely dangerous in overdoses.—San Francisco *Examiner*, February 2.

* * *

Men that look no further than their outside, think health an appurtenance unto life, and quarrel with their constitutions for being sick; but I that have examined the parts of man, and know upon what tender filaments that fabric hangs, do wonder that we are not always so; and considering the thousand doors that lead to death, do thank God that we can die but once.—Sir T. Browne.

* * *

The Second National Assembly of the Women's Field Army

Two years ago there was held in conjunction with a great meeting of the General Federation of Women's Clubs at Kansas City the First National Assembly of the Women's Field Army Against Cancer. The time and place where it was convened were tributes to the debt which the Field Army owned and will always owe to the General Federation and especialy to two of its past presidents—Grace Morrison Reynolds and Roberta Campbell Lawson, for sponsorship and active help in its early days.

On the fifteenth to seventeenth of February this year the Second National Assembly will be held at Louisville, Kentucky. There will be no affiliated or supporting group in connection there at the same time. The newly born infant that needed a supporting hand to hold up its head in 1938 is strong enough now to sit up and face the world on its own established merit.

That such is the case is very largely due to the boundless energy, faith and activity of Marjorie B. Illig, the National Commander of the Field Army. She has borne misunderstandings, criticism, and to some degree personal abuse, unswerved from her major objective. It is proper to recognize that she still faces an enormous task to be accomplished, but it is also right to acknowledge the progress which has been made under her leadership.

In 1938 there was still grave doubt concerning the fate of the Field Army. Considerable skepticism was expressed as to whether any great national lay movement could enlist and hold locally, the interest of the medical profession in an active advisory capacity. The general public was only just beginning to poke its head out of the black cave of fear and ignorance concerning cancer and to treat it as a topic which could be rationally discussed.

Today the continued existence of the movement is certain. Even if there were a complete collapse of the organizations and individuals that have supported it, others would rise to carry on. There have been too many actual cases of lives prolonged or saved, and of suffering alleviated for the work to cease. The medical profession has supported the program splendidly and has given freely of its time and advice. It is an integral part of the movement and its continued responsibility and coöperation is a definite *sine qua non* of the organization wherever a division or local unit of the Army exists.

At the coming Assembly there will be addresses on topics of vital interest by invited speakers. There will be the usual luncheons and dinners with recognition of a few outstanding women in the field of cancer control. Perhaps the most important of all, however, will be the conferences and informal discussions at which will be presented the problems and queries of the various Field Army units from all parts of the country. The grouping and analysis of these scattered data will provide those at the central office of the American Society for the Control of Cancer with much needed data on which to base the further development of the national program.

It is natural that there should be, in that program's early stages, great diversity in different states, not only in the relative importance of various elements, but in the way in which the solution of problems is attempted. Such a situation is confusing, but it would be suicidal to intelligent progress, to attempt to restrict or simplify it too rapidly.

It is probable, however, that the period of greatest complexity has now been reached and that from now on it should be possible to make headway in coördinating and correlating various trends and combinations of factors so that consistent and unified policies will result.

Nineteen Hundred and Forty may or may not prove to be *the* important year in the European drive to *take* life; it is however almost certain to be a vital period in the maturing of our efforts in this country to *save* life from the threat of cancer.—*National Bulletin of The American Society for the Control of Cancer.*

* * *

Estimate Places California Seal Sale at $400,000

Widespread Publicity for Sale Seen as Factor in Success

Months of intensive preparations, 182 million Christmas Seals, the untiring efforts of countless volunteer workers, the wide coöperation of press, radio and other publicity channels—all this has brought to California the largest Christmas Seal sale in its history.

Unconfirmed until Seal sale returns as of February 1 have been tabulated, is the estimate that California's 1939 sale will exceed $400,000. This would be the largest sale in the state's history.

Largest previous Seal sale in California was that in 1938, which totaled $360,350. Smallest sale of the past decade was that in 1933, which grossed only $196,000.

National Sale Ahead

Generally, throughout the nation, Seal sales this year have been successful, and reports indicate a national increase over 1938.

Coöperation of the press and radio in publicizing this year's sale was excellent, newspapers and periodicals giving generously of their space and radio stations of their time.

Several newspapers devoted a full page to call public attention to the work and campaign of local associations. Numerous outstanding editorials were written. . . . —News Letter, California Tuberculosis Association, 45 Second Street, San Francisco.

* * *

Organized Efforts in Tuberculosis Control for California*

The Work of Charles C. Browning, M.D.†

The recent death of Dr. Charles C. Browning of Los Angeles brings to public attention the important part that this pioneer tuberculosis specialist played in the successful warfare against tuberculosis in California. The history of the modern control of this disease in California begins with the organization of the Anti-Tuberculosis League in May of 1902. Dr. F. M. Pottenger, another pioneer in activities for the control of tuberculosis, proposed the formation of this league at the meeting of the Southern California Medical Society. Doctor Pottenger was elected president and Doctor Browning vice-president of the new organization. Doctor Pottenger is still active in the practice of medicine.

The organization of this Anti-Tuberculosis League is of historical importance, for it came before the organization of the National Society for the Study and Prevention of Tuberculosis, now called the National Tuberculosis Association. The name of the California League was changed to the Southern California Association for the Study and Prevention of Tuberculosis, and still later its nomenclature was changed to conform to the change in the name of the national association. Afterward it developed into the California Tuberculosis Association, which is unquestionably the state's most important unofficial public health organization. The Anti-Tuberculosis League was active in the development of public interest in sanitation and higher standards of living, with special reference to the prevention and treatment of tuberculosis. Its early work consisted mostly of the development of lecture programs by physicians and the organization of local societies in the communities of California. For several years public meetings were held at the same time that the Southern California Medical Society met. In this way the subject of tuberculosis was brought before local communities and was endorsed by the medical profession, many of the members of the society taking part in the meetings of the league.

In 1903 Dr. N. K. Foster of Oakland became secretary of the State Board of Health. Following the Spanish American War, smallpox had become quite prevalent in the various communities of southern California. While on a trip to San Bernardino to investigate smallpox, Doctor Foster became acquainted with Doctor Browning, who at that time was health officer of Highland, seven miles from San Bernardino. It was then that the work of the Anti-Tuberculosis League was first called to the attention of the State Health Officer. Methods of control were discussed and the advisability of securing community support through the endorsement and action of the State Board of Health was emphasized. These two physicians became convinced that the education of the public must constitute the foundation upon which tuberculosis control must be developed. This meeting not only was the beginning of a most intimate friendship between the two men, which lasted throughout their lives, but also marked the beginning of the state's successful war on tuberculosis.

In 1905 Doctor Foster introduced a bill in the legislature to provide for $5,000 to be used for educational work under the direction of the State Board of Health for the prevention and treatment of tuberculosis. The bill passed, but the appropriation was reduced to $1,000. Doctor Foster reported his disappointment to Doctor Browning and stated that he almost wished that the legislature had appropriated nothing, thinking that the small appropriation would not make possible the carrying on of any successful educational program. The support of Edward Hyatt, then superintendent of Riverside County schools, was secured. Shortly afterward, Mr. Hyatt was elected State Superintendent of Public Instruction and through Doctor Browning's friendship with Mr. Hyatt, arrangements were made for the distribution of literature pertaining to tuberculosis control in the public schools of the state. Leaflets—one for distribution into the homes and another for the instruction of teachers—were prepared and printed, largely at the personal expense of Doctor Browning.

The following year Mr. Hyatt arranged for special addresses on the control of tuberculosis to be given before teachers in their regular institutes. Doctor Browning gave many of these lectures, and through this activity many educators became actively interested in the prevention and control of tuberculosis.

It was about this time that the establishment of a state tuberculosis sanitarium was proposed. Such institutions had been established in many parts of the United States. Doctor Foster said, "It is simply impossible to build sanatoria for all of our consumptives; hence, we should make our whole state as nearly sanitary as possible." He exerted every effort to secure the enactment of stringent laws, both state and local, that would prohibit the practices that might favor the spread of tuberculosis. He stated, "Important as are all these things, consumption cannot be stamped out, nor very materially lessened, until the people find out that their home life has more to do with it than their public life." In all of his remarks upon the subject, he emphasized the fact that the eradication of the disease depended more upon education than anything else, that the people must know the dangers involved in order to avoid them, and emphasized the further fact that the disease can be arrested if treatment is started early.

In the summer of 1906 Doctor Foster recognized the need for bringing the matter of tuberculosis control before the people of the state directly, and persuaded Doctor Browning to represent the State Board of Health in a series of public addresses to be presented in all parts of California. It was arranged to pay Doctor Browning a small salary and his expenses. Doctor Browning accepted the funds for expenses but donated the salary for the continuance of educational work. These lectures were well organized and Doctor Browning spoke from three to five times a day, addressing primary, grade and high school classes—occupying the pulpits of churches, addressing audiences assembled on lawns and in private homes, halls and public buildings. More than six weeks were devoted to this work by Doctor Browning.

In 1907 Doctor Foster then asked the legislature for $5,000 for educational work, and he again received $1,000. Meanwhile the tuberculosis program had become fairly well organized in many cities, particularly those of southern California, where, because of the extensive migration from eastern states of tuberculosis patients, the control of tuberculosis constituted a major health problem. Organizations also developed in San Francisco, Oakland and other cities, and through the coöperation of the local tuberculosis association with the State Board of Health more extensive plans in the continuance of educational work were developed.

In 1909 the Southern Pacific Railroad Company donated the use of a coach for a traveling public health exhibit and arranged for its free transportation throughout the state. Most of the exhibit was devoted to tuberculosis control, as well as the control of other important infectious diseases. Not only steam roads, but electric lines as well, carried this car free of charge, and most of the school children of the state, during a period of three or four years, were privileged to see the exhibit and hear the lectures on the control of tuberculosis that were delivered by demonstrators attached to the exhibit.

In 1911 the legislature appropriated $5,000 for an investigation into tuberculosis in California. The State Board of Health established a Tuberculosis Commission of fifty individuals—both physicians and laymen, who were particularly interested in tuberculosis control. Dr. George H. Kress, now secretary of the California Medical Association and editor of CALIFORNIA AND WESTERN MEDICINE, was chairman of the executive committee of the commission, and Doctor Browning was the most active member. Doctors Kress and Browning conducted the investigation and prepared the final report which was published in 1913. It was largely through the recommendations made in this report that the present plan for tuberculosis control in California has developed.

It is but natural then that the death of Doctor Browning should recall the important part that he played, not only in the development of a successful plan for the control of tuberculosis in California, but also the larger rôle that he played in the development of the whole public health program throughout the state. A most conscientious and hard worker, a man of high ideals with vision and a thorough understanding of the tuberculosis situation and associated problems, he was particularly well fitted for the pioneer work that he undertook. To him and to Doctor Foster must be given full credit for their accomplishments in the development of organized efforts to raise public health standards throughout California.—*Weekly Bulletin, California Department of Public Health,* January 13, 1940.

* * *

Health is certainly more valuable than money, because it is by health that money is procured; but thousands and millions are of small avail to alleviate the tortures of the gout, to repair the broken organs of sense, or resuscitate the powers of digestion. Poverty is, indeed, an evil from which we naturally fly; but let us not run from one enemy to another, nor take shelter in the arms of sickness.—Johnson.

---

* For item on "California Tuberculosis Association," see page 143.

† For Obituary, see CALIFORNIA AND WESTERN MEDICINE, November, 1939, on page 341.

* * *

There is this difference between the two temporal blessings—health and money; money is the most envied, but the least enjoyed; health is the most enjoyed, but the least envied; and this superiority of the latter is still more obvious when we reflect that the poorest man would not part with health for money, but that the richest would gladly part with all his money for health.—Colton.

LETTERS

Subject: Address by John W. Cline, M. D., of San Francisco.

(COPY)

February 21, 1940.

Dr. John W. Cline
490 Post Street
San Francisco, California

Dear Doctor Cline:

The meeting of the Down Town Forum last evening here in San Francisco was an enthusiastic and helpful one. The audience enjoyed your presentation thoroughly, and I feel that a good deal was gained by many people who were seeking light on this whole question of compulsory health insurance.

I want to thank you for giving the time necessary in this connection, and I assure you that your efforts have brought forth full appreciation.

Trusting that on a future date we may again have the pleasure of your presence upon the platform, and with personal regards, I am

Yours sincerely,

(Signed): ARTHUR H. CHAMBERLAIN.

P. S.—Dear Doctor Kress: We appreciate greatly your suggestion of our securing Doctor Cline. He added greatly to the interest and enlightenment of the evening.

* * *

Note: The above refers to the following meeting.

(COPY)

PRESS RELEASE

PUBLIC FORUM AND SPEAKERS' BUREAU
SAN FRANCISCO SCHOOL DEPARTMENT AND WPA
EDUCATION PROGRAM OF THE CALIFORNIA
STATE DEPARTMENT OF EDUCATION

"Should we adopt compulsory health insurance?" was the subject of a discussion by Prof. Samuel C. May and Dr. John W. Cline at the Down Town Forum in the First Congregational Methodist Temple, Post and Mason streets, eight o'clock Tuesday evening, February 20. Admission free.

As Professor of Political Science and Director of the Bureau of Public Administration, University of California, Professor May is much interested in promoting legislation in the interest of compulsory health insurance, and has frequently been before the public in advocacy of such insurance.

Doctor Cline, as a member of the Board of Directors of the Medical Society of San Francisco, has frequently appeared as opposed to compulsory health insurance.

1157 Mason Street.

Subject: The United States Pharmacopœial Convention.

(COPY)

Convention for the Revision of
The Pharmacopœia of the United States of America
To be held at Washington, D. C., beginning May 14, 1940.

February 14, 1940.

To the Editors of
Medical and Pharmaceutical Journals:

Some months ago I mailed you an abstract of the Constitution and By-Laws of the Pharmacopœial Convention, setting forth the date of the next decennial convention and the list of organizations eligible for representation in the Convention.

In further compliance with the provisions of the By-Laws, another "Call" is enclosed and you are earnestly requested again to announce in your JOURNAL the date for the Convention, namely, May 14, 1940, and to urge eligible organizations and colleges which have not yet done so to send for credential blanks to the Secretary of the Convention, L. E. Warren, M.Sc., 2 Raymond Street, Chevy Chase, Maryland.

The Board of Trustees have asked that credentials be filed with the Secretary of the Convention by March 15, 1940.

Respectfully,

WALTER A. BASTEDO, M. D.,
President of the United States Pharmacopœial Convention of 1940.

* * *

February 14, 1940.

In compliance with the provisions of the Constitution and By-Laws of the United States Pharmacopœial Convention, I hereby issue this second call to the several bodies entitled under the Constitution to representation therein to appoint three delegates and three alternates to the Decennial Meeting of the Convention for the Revision of the Pharmacopœia of the United States of America, which is to meet in Washington, D. C., on May 14, 1940.

WALTER A. BASTEDO, M. D.,
President of the United States Pharmacopœial Convention.

NOTICE—In order that the records may be brought up to date and checked, that card files may be prepared, and that the other functions of the Committee on Credentials may be performed, it is desirable that the Credentials of all delegates appointed to attend this decennial meeting shall be in the hands of the secretary, Mr. L. E. Warren, 2 Raymond Street, Chevy Chase, Maryland, not later than March 15, 1940.

Subject: Affiliate Fellowship in the American Medical Association.

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn Street,
Chicago, Illinois, February 5, 1940.

Dr. George H. Kress
Secretary, California Medical Association
450 Sutter Street, San Francisco, California

Dear Doctor Kress:

I have before me a copy of your letter of February 1, addressed to our Membership Department.

We do not have application forms for Affiliate Fellowship for the reason that nominations for Affiliate Fellowship must be made by the constituent state medical associations immediately concerned. The By-Laws of the American Medical Association provide that a Fellow who has been a Fellow for a continuous term of fifteen years, who is not less than sixty-five years of age, and who is an honorary member of his component society and of his constituent association, or is connected with these organizations in an equivalent manner whereby he is relieved from the payment of dues or fees, on request of his constituent association, may be made an Affiliate Fellow by a majority vote of the House of Delegates of the American Medical Association.

If Dr. ——— is an honorary member of his component society and of the California Medical Association or is connected with those organizations in an equivalent manner, whereby he is relieved from the payment of dues or fees, and if his nomination is submitted by the California Medical Association, I shall be very glad to submit that nomination to the House of Delegates at the New York session in June.

With my sincere good wishes, I am

Very truly yours,

Olin West, *Secretary.*

Subject: Malpractice insurance for a laboratory technician.

(copy)

February 20, 1940.

Dr. ————

————

————, California

Dear Doctor:

Doctor Kress has sent me a copy of your letter of February 14, regarding malpractice insurance for your laboratory technician.

In applying for your own insurance you have, of course, informed your insurance carrier or carriers that this technician is in your employ and the nature of her work as an assistant in order that you may be protected from the result of any act or omission on her part. In the event of an error or mistake on her part she can, of course, be made a party defendant as well. I do not know whether the companies issue such a policy.

If you desire to protect your technician as against her own errors or mistakes for which she might be sued, I suggest you take it up with whatever company you have your own policy, and see if you can obtain such a policy covering her.

Very truly yours,

Hartley F. Peart.

Subject: Questionnaire on nursing service.

(copy)

The California State Nurses Association, Inc.
official organ
The Pacific Coast Journal of Nursing

San Francisco, February 12, 1940.

Dear Doctor:

The California State Nurses' Association is making a study of sources for nursing services in the state, as part of a nation-wide survey directed by the American Nurses' Association. This survey is being made to determine what facilities are available and how these are being used to meet the needs for nursing care.

Knowing your familiarity with nursing needs in your area, we should deeply appreciate your coöperation. The week of February 18-24, inclusive, has been chosen as the period of time the survey will cover.

Will you help by filling in the enclosed form?* Your answers will aid materially in securing factual data. May we suggest it will be satisfactory to have your office nurse fill in most of the data. However, there are certain questions in which we shall value an expression of your personal opinion. This will serve as a guide on which to base conclusions for future plans to make nursing services more readily available.

We shall appreciate receiving your reply by March 1.

A summary of the results of the survey in California will be made available to county medical societies.

609 Sutter Street at Mason.

Sincerely,

Pauline W. Gage, R. N.,
President, California State Nurses' Association.

Subject: Finnish Relief Fund.

February 24, 1940.

To the Editor:—I wish, on behalf of Mr. Hoover and the members of my committee, to express through the columns of California and Western Medicine the appreciation we feel for the splendid response from members of the medical profession to our appeal for funds on behalf of Finnish relief.

If funds continue to come in as they have to date, we should realize between $2,000 and $2,500. It seems to me that this is a particularly splendid showing because an extremely high percentage of the members of our profession has already contributed through other organizations to Finnish relief. Could the sum of these contributions be added to those sent direct to my committee, the total would amount to many thousands of dollars. I feel very proud of the members of my profession for the splendid way in which they have helped, through our fund and through other organizations, in the magnificent work for Finnish relief under the chairmanship of Mr. Herbert Hoover.

Very sincerely,

Robert A. Peers, M. D.

Subject: "Sobisminol" added to Schedule "C" of the California Poison Act.

California State Board of Pharmacy

San Francisco, January 24, 1940.

To the Editor:—It has been brought to the attention of the California State Board of Pharmacy that the preparation "Sobisminol," which has been so highly publicized in the lay press, might fall into the hands of people desiring to use it for self-medication. With this obvious health menace in mind, the California State Board of Pharmacy is contemplating adding Sobisminol to Schedule "C" of the State Poison Act. This would require a prescription for each bottle of Sobisminol dispensed by the pharmacist.

The Board feels sure that the medical profession will approve of this action, but before we can take such action we must make a reasonable inquiry into the danger to public health of this drug. We would appreciate an expression from you regarding the toxicity of overdoses of bismuth preparations.

The Board was desirous of taking this action at its last meeting, but due to a lack of time for adequate inquiry into Sobisminol, we deferred action until the next meeting of this Board.

---

* Owing to lack of space, the lengthy questionnaire cannot be printed. Members who are interested may obtain copies on request to address given.

Thanking you for any coöperation you may give us in this matter,* I remain

515 Van Ness Avenue.

Sincerely yours,

California State Board of Pharmacy.
John A. Foley, *Secretary.*

Subject: Educational qualifications of health officers.

The American Public Health Association

February, 20, 1940.

To the Editor:—The American Public Health Association has recently adopted a Report on the Educational Qualifications of Health Officers. A copy is sent you in the hope that you will find it possible to carry an announcement in your Journal concerning its availability. The report is distributed free in the belief that it will serve a useful purpose in raising the educational standards of professional public health personnel. Copies may be secured from the American Public Health Association, 50 West Fiftieth Street, New York, N. Y.†

Your coöperation will be greatly appreciated.

Very sincerely yours,

Reginald M. Atwater, M. D.,
Executive Secretary.

Subject: American Red Cross: Re enrollment of medical technologists.

Washington, D. C., February 21, 1940.

To the Editor:—The American Red Cross has been requested to enroll various groups of medical technologists who are willing to serve in the medical departments of the Army and Navy in the event of a national emergency. The enclosed statement names the various groups concerned and outlines the enrollment procedure.

Will you be good enough to publish this statement in an early issue of your Journal. It is important that we proceed with this enrollment as soon as possible and we would, therefore, appreciate it very much if this statement could be given early publication.

Since this enrollment work is being done by the Red Cross for the medical departments of the Army and Navy, we hope you can publish the statement without charge. . . .

Yours very truly,

William DeKleine, M. D.,
Medical Adviser.

Subject: Basic Science Act of South Dakota.

(copy)

Sacramento, California,
February 13, 1940.

South Dakota State
Board of Medical Examiners
J. F. D. Cook, M. D., Secretary
Pierre, South Dakota

Yours of January 30, re Basic Science Law.

Dear Doctor:

This will acknowledge receipt of your letter of January 30, 1940, advising that "South Dakota has adopted a Basic Science Law which became effective July 1, 1939," and that in consequence thereof "all applicants for a license by reciprocity from states which do not have a Basic Science Law" will be required "to take the South Dakota Basic Science Board examination before being licensed by the South Dakota State Board of Medical Examiners on a reciprocal basis."

We assume this applies to graduates of the Stanford University Medical School, University of California Medical School, University of Southern California School of Medicine, and the College of Medical Evangelists, all located in the State of California.

1020 N Street.

Very truly yours,

C. B. Pinkham, M. D.,
Secretary-Treasurer.

Subject: Tests for Intoxication.

(copy)

National Safety Council

January 22, 1940.

To the Editor:—"Installing Tests for Intoxication" is the title of the 1939 report of the Committee on Tests for Intoxication which has recently come off the press. I am glad to send you the enclosed copy for review purposes.

As its name implies, this report tells how to set up a scientific testing program in a city or state. It also contains information about the recommendations made by committees of medical associations in dealing with the drinking driver problem. The Table of Contents on page 4 lists other phases of the subject discussed in this report.

We would appreciate your listing this report in one of your publications, to call it to the attention of local medical associations and physicians in your state. It will be quite all right to mention that physicians may obtain single copies of the report at no charge by writing to us.

Your suggestions regarding further distribution of the report in your state will be most welcome. Seven thousand copies have been printed.

Sincerely yours,

Donald S. Berry,
Secretary, Committee on Tests for Intoxication
Street and Highway Traffic Section

Subject: Army Medical Library Appropriation.

(copy)

War Department
Office of the Surgeon-General

Washington, February 21, 1940.

Dear Doctor Kress:

The Surgeon-General has directed me to acknowledge the receipt of your letter of February 14, 1940, enclosing certain pages of the February issue of your Journal, setting forth your efforts in behalf of the budgetary item of the President for an initial appropriation for a new Army Medical Library.*

The appreciation of organizations like yours indicates beyond question the interest and usefulness of this library by the medical profession throughout the country.

Your coöperation and help in this matter is appreciated by the Surgeon-General.

Very truly yours,

(Signed): James E. Baylis,
Colonel, Medical Corps, Executive Officer.

---

* On February 17, 1940, the Council of the California Medical Association approved the proposed action of the California State Board of Pharmacy.

† Lack of space prevents printing of the report in this issue. Physicians who are interested may obtain copies on application as per address given in the above letter.

* See February issue, on page 98.

TWENTY-FIVE YEARS AGO[†]

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XIII, No. 3, March, 1915

From Some Editorial Notes:

That Federal Drug Law.—Some of our readers may have overlooked the notice and warning in the last issue of the JOURNAL; for while we know it to be a fact that the pages of the State JOURNAL are widely read, we do not by any means believe that every issue is read in every page by every recipient! *The law goes into effect March 1, 1915,* and it requires every druggist, physician, dentist, and veterinarian to secure from the Collector of Internal Revenue of the district in which he lives, a federal license to have in his possession, use, give away, sell or prescribe any opium or coca or any derivative or mixture thereof or containing any such article. It is very wide, very far-reaching and very drastic, and the penalties attached to its violation are very severe. The license fee is small—only $1—but it must be paid, and a license secured every year so long as the law lasts. . . .

* * *

The Exposition and the American Medical Association. The Panama-Pacific International Exposition opened as planned on February 20, and in many ways it is without question the most remarkable and beautiful world's fair or exposition ever held. Of course you will wish to see it, and of course you will see it. And if you can combine a pleasure trip with the object of seeing a thing so wonderful as the Exposition, with a profitable trip to yourself and your mental equipment, you will want to do so. . . .

* * *

Opinions Regarding Medical Defense Rules.—A number of letters were written to members in various parts of the state, asking their personal opinion in regard to the rules established for the conduct of the medical defense work of the Society, and particularly the newer rules, such as requiring an x-ray plate to be held in the possession of the physician in all fracture cases, not suing to collect a bill for professional services till the account is at least a year old, letting the insurance companies carry their proper share of expense in case a member who is sued has insurance, etc. . . .

* * *

Plenty of Good Water.—It is absolutely essential to the life of a city that it shall have an ample supply of pure water. Los Angeles recognized that fact long ago and spent many millions on the project of bringing an abundant water supply over mountain and desert into its homes. San Francisco has been talking a great deal about a municipal water supply, and some small-minded agitators have delayed all action for years. At last something definite in the way of an agreement has been secured, as set forth in the following communication, and certainly physicians should realize more fully than other citizens, and should, therefore, make it their duty to explain the importance of the matter to them, that a bigger and better water supply is vitally essential to the life and growth of San Francisco. . . .

* * *

Assembly Bill No. 923.—A little over a year ago we commented editorially on the advisability of forming union health departments in order to secure full-time health

(Continued in Front Advertising Section, Page 26)

[†] This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA[†]

By CHARLES B. PINKHAM, M. D.
Secretary-Treasurer

News

"'Dr. Albert Stanley Fortune,' international swindler and Alcatraz ex-convict who sent a potted Easter lily to a San Francisco judge and then jumped $500 bail two years ago, was arrested yesterday in New York. 'Fortune', whose real name is Alexander Besmanoff, was taken into custody by Federal agents and New York detectives on the liner *Washington* as it arrived from Italy, according to Associated Press dispatches. He was immediately taken to police headquarters and charged with violating the passport law by forging a passport with which he fled to Canada after he jumped bail in San Francisco. . . . 'I'm glad that justice has been vindicated,' said Superior Judge Sylvain J. Lazarus, the man to whom 'Doctor Fortune' sent the Easter lily. 'The last the police department heard of the man he was in Germany. I have a suspicion he found the prospects of prison in America preferable to liberty in Germany.' Judge Lazarus referred to a message received a year ago by Captain of Inspectors Charles Dullea that Besmanoff was under arrest in Berlin. . . . Because of the passport charge and an old bad check charge in New York against Besmanoff, police here indicated they would make no attempt to have the man brought here to face the bail-jumping charge. . . . Is was as a physician that the man was introduced to San Francisco society in 1933 by a blue book dowager here. He eventually came to grief on a bad check charge involving a $10,000 jewel purchase." (San Francisco *Examiner*, February 9, 1940.) (Previous entry, June, 1938.)

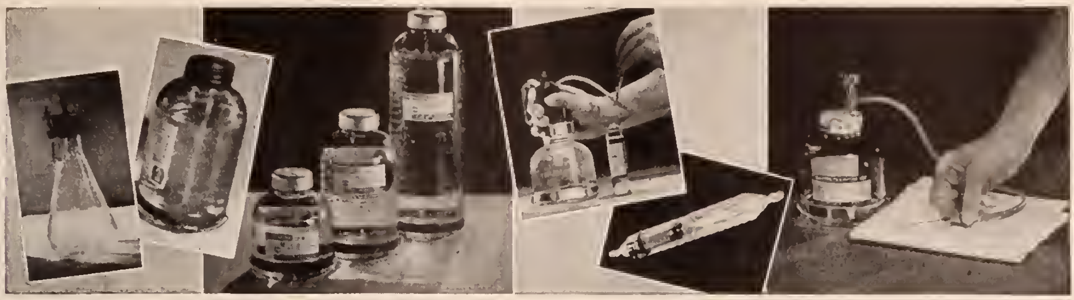
"Ruling that chiropractors may not sign certificates of premarital examinations, required under the new State law, Superior Judge Emmett H. Wilson declined today to issue an alternative writ of mandate sought by Kenneth W. Barron and others against County Clerk L. E. Lampton." (Associated Press Dispatch, dated Los Angeles, February 12, printed San Francisco *Examiner,* February 13, 1940.)

"The grand jury refused today to accept petitions requesting dismissal of murder charges against Dr. Clyde A. Pierson. Ralph H. Logsdon waited two hours after asking that he be allowed to present the petitions. . . . The petitions were signed by approximately 3,500 residents of the county, Mr. Logsdon said. Similar petitions protesting against the third trial of Doctor Pierson on the same charge were presented to the board of supervisors and referred to District Attorney Jerome B. Kavanaugh. In the two previous trials, the juries were unable to agree on the question of the guilt or innocence of Doctor Pierson in the death of an 18-year-old girl who died from an infection following an illegal operation. . . . Mr. Logsdon is Doctor Pierson's brother-in-law. . . . In the first trial the jurors stood at nine to three for conviction and in the second trial the jury voted eleven to one also for conviction." (San Bernardino *Telegram,* January 30, 1940.) (Previous entries, May, July, 1935; November, 1939.)

"Concluding three months of investigation, Los Angeles police and a state officer yesterday arrested a Hollywood

(Continued in Back Advertising Section, Page 38)

[†] The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6.



1929: FIRST to supply bulk Parenteral Solutions commercially in vacuum containers. 1931: FIRST to supply solutions in a perfected container with band, bail, permanent metal identification disk, and vacuum index—the exclusive Vacoliter. 1934-'35-'36: FIRST to supply a container with tamper-proof closure, and in 500 and 2000 as well as 1000 cc. size—the Perfected Vacoliter . . . 1937: FIRST to supply Vacuum Blood Transfusion Sets. 1938: FIRST to supply a clot-proof blood Filter—the exclusive FILTERDRIP. 1939: FIRST to supply a completely closed, indirect, aseptic Blood Transfusion set — the BAXTER Transfuso-Vac.

Continuing LEADERSHIP

WITH BAXTER, Leadership is a continuing responsibility. Year after year BAXTER has steadily extended the usefulness of the products it pioneered, being the first to supply the recognized requirements, and offering features that have become standard . . . making Parenteral Solutions safer . . . perfecting BAXTER'S 21-Test procedure to assure solutions of the highest quality . . . supplying solutions of all the more widely used formulae . . . developing the perfected Vacoliter—a thoroughly satisfactory container with exclusive index of vacuum . . . providing solutions in 500, 1000 and 2000 cc. sizes.

* * *

In 1939, BAXTER'S outstanding contribution was the now widely accepted technique of blood transfusion with unbroken asepsis . . . a technique revolutionary in its simplicity, ease and positive operation, utilizing the exclusive Transfuso-Vac, Valve and stainless steel, clot-proof Filterdrip, with 2½% Sodium Citrate in Physiological Solution of Sodium Chloride.

In 1940, BAXTER Leadership in development is continuing, with results that may well prove of major importance in its chosen field.

On request, editorial bulletins describing . . . BAXTER'S Parenteral Solutions . . . the new Transfuso-Vac technique of blood transfusion.

DON BAXTER, INC.
RESEARCH AND PRODUCTION LABORATORIES
GLENDALE, CALIFORNIA

DISTRIBUTORS:

The C. A. Bischoff Surgical Co.	*Oakland*	Ohio Chemical & Manufacturing Co.	*San Francisco*
The Denver Fire Clay Co.	*Denver-Salt Lake City-El Paso*	Shaw Supply Co., Inc.	*Tacoma-Seattle*
Great Falls Drug Co.	*Great Falls*	Shaw Surgical Co.	*Portland*
McKesson & Robbins	*Billings*	Southwestern Surgical Supply Co.	*Phoenix*
Missoula Drug Company	*Missoula*	Spokane Surgical Supply Company	*Spokane*

St. Luke's Hospital
SAN FRANCISCO
A Limited General Hospital of 200 Beds

▼

Executive Committee
Harold P. Hill, M.D., *Chairman*
Alanson Weeks, M.D.
W. G. Moore, M.D.
George D. Lyman, M.D.

Howard H. Johnson, M.D.
Medical Director

Kenneth Monteagle, *President*

▼

Fully approved by the American College of Surgeons and the American Medical Association for Resident and Intern Training.

Limited Facilities for Part-Pay Treatment

Behind
MERCUROCHROME
(dibrom-oxymercuri-fluorescein-sodium)
HW&D *is a background of*

Precise manufacturing methods insuring uniformity

Controlled laboratory investigation

Chemical and biological control of each lot produced

Extensive clinical application

Thirteen years' acceptance by the Council of Pharmacy and Chemistry of the American Medical Association

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

A booklet summarizing the important reports on Mercurochrome and describing its various uses will be sent to physicians on request.

Hynson, Westcott & Dunning, Inc.
BALTIMORE, MARYLAND

THE CALIFORNIA SANATORIUM

Fully equipped for the diagnosis and modern treatment of diseases of the chest, including tuberculosis and other respiratory diseases.

BELMONT, CALIFORNIA
Phone BElmont 100

San Francisco Office: **384 Post Street**
Phone GArfield 4633
H. C. WARREN, M. D.
Medical Director

MAX ROTHSCHILD, M. D.
Founder

H. VAN HORNE, M. D.
G. F. FAIRBAIRN, M. D.
Resident Clinicians

TWENTY-FIVE YEARS AGO

(Continued from Front Advertising Section, Page 30)

Francisco.—As the value of percussion of the skull as an aid to the diagnosis of diseases within the cranial vault receives but slight mention in the majority of our textbooks on neurology and surgery, I offer a few instances from my experience to prove that it is one of the best means at our command in the diagnosis and localization of certain cerebral conditions. MacEwen was the first to apply this method of diagnosis, and his cases were mostly those of tumor or abscess at the base of the brain pressing on the veins in this locality and thus causing hydrocephalus. According to Koplik, "percussion of the skull at an early period of tuberculous meningitis is certainly one of the most valuable aids in diagnosis." . . .

From "Society Reports: Los Angeles County Medical Association."—Annual report for the fiscal year ending December 17, 1914.

To the Members of the Los Angeles County Medical Association:

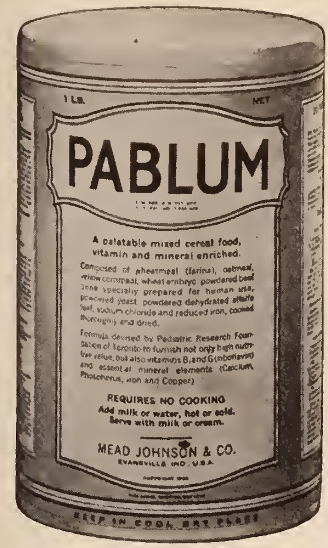
Your Secretary-Treasurer begs leave to submit the following report for the forty-fourth year of the Association, ending December 17, 1914. . . .

4. Malpractice Defense. Los Angeles County continues to be the source of greatest cost to the State Medical Society when it comes to defending members on malpractice charges.

As previously stated, this is no doubt due to the fact that in the southern part of the State we have so large a proportion of faddists; and with the existence of schools

(Continued on Page 36)

PABLUM is Richer *than any of these Vegetables* in IRON and CALCIUM


1 LB.
NET
PABLUM
A palatable mixed cereal food, vitamin and mineral enriched.
Composed of wheatmeal (farina), oatmeal, yellow cornmeal, wheat embryo, powdered beef bone specially prepared for human use, powdered yeast, powdered dehydrated alfalfa leaf, sodium chloride and reduced iron, cooked thoroughly and dried.
Formula devised by Pediatric Research Foundation of Toronto to furnish not only high nutritive value, but also vitamins B1 and G (riboflavin) and essential mineral elements (Calcium, Phosphorus, Iron and Copper)
REQUIRES NO COOKING
Add milk or water, hot or cold. Serve with milk or cream.
MEAD JOHNSON & CO.
EVANSVILLE, IND., U.S.A.
KEEP IN COOL DRY PLACE

1 oz. of Pablum contains 221 mg. Ca, 8.5 mg. Fe—So absorptive is Pablum that when mixed to the consistency of ordinary hot cooked cereals it holds 7 times its weight in milk — before being served with milk or cream. Hence an ounce serving of Pablum thus mixed with milk adds at least .53 Gm. calcium to the diet.

Peas

1/17 as much Fe,
1/27 as much Ca
as PABLUM

	Mg. per Oz.	
	Iron	Calcium
PABLUM	8.5	221.0
Beets	0.67	6.8
Carrots	0.17	13.1
Peas	0.50	8.0
Spinach	0.70	21.8
String Beans	0.27	14.2
Tomatoes	0.12	3.1

Tomatoes

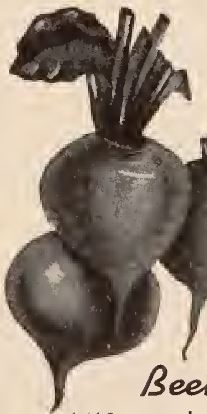
1/70 as much Fe,
1/71 as much Ca
as PABLUM

Carrots

1/50 as much Fe,
1/17 as much Ca
as PABLUM

NOT only does Pablum have a higher iron and calcium content than vegetables but, most important, clinical studies of children have demonstrated that in Pablum these minerals are in available form. Investigations by Stearns and Stinger, Schlutz, and Cowgill show that even such an iron-rich vegetable as spinach did not increase iron storage in the body, in fact, caused a loss in some instances. A factor responsible for this difference may be the higher content of *soluble* iron in Pablum—7.8 mg. per oz. Then, too, the water in which Pablum is cooked (by a patented process) is dried with it, whereas the cooking water of vegetables is usually discarded, with its valuable content of minerals and vitamins. Stearns reports difficulty in feeding spinach in sufficient quantities to affect the iron balance of children. Spinach and other highly flavored vegetables are often difficult to feed. Pablum, on the other hand, is a palatable cereal that can be fed as early as the third month, and for older children it can be varied in dozens of appetizing dishes. Recipes and samples available on request of physicians.

Pablum consists of wheatmeal (farina), oatmeal, wheat embryo, cornmeal, beef bone, brewers yeast, alfalfa leaf, sodium chloride and reduced iron



Beets

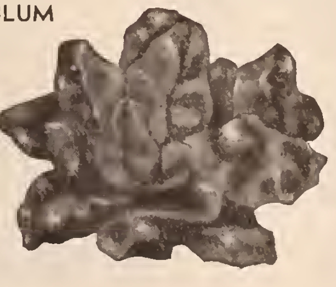
1/12 as much Fe,
1/32 as much Ca
as PABLUM

String Beans

1/31 as much Fe,
1/15 as much Ca
as PABLUM

Spinach

1/12 as much Fe,
1/10 as much Ca
as PABLUM



MEAD JOHNSON & COMPANY
EVANSVILLE, INDIANA, U.S.A.

Approved for . . .

PSYCHIATRIC
NEURASTHENIC
ADDICTION CASES

CALL MARKET 9024
HEMLOCK 6326

● KEVIN McGETTIGAN
MANAGER

PARK SANITARIUM 1500 PAGE ST.
SAN FRANCISCO.

For Acidity and Allied Conditions, we suggest ADAMS SPRINGS MINERAL WATER

● MANY physicians recommend the water in conjunction with the treatment of stomach, liver and kidney trouble.

ADAMS MINERAL SPRINGS is one of the seven known iron and maganese bi-carbonate springs in the world, and the only one in Western America.

It is not a cure-all, but it overcomes acid excesses in the body, and is a very mild but wonderfully effective eliminator. The bowels function without spasm, the kidney output is greatly increased, and there is *marked* drainage of bile from the gall bladder and liver.

There is also some constitutional upset for a few days, particularly in gall bladder cases. But this is soon over and your patient begins to show improvement and is now in condition to profit by any medication you may prescribe. If the case is an operative one, you have improved your patient and made of him a better risk.

We will be pleased to cooperate in any way whatever, and samples of water are yours for the asking.

A Natural Mineral Water
SHOWING MAIN CONSTITUENTS
By PROF. SYDNEY A. TIBBETTS, *Berkeley*

MANGANESE	1.3 parts per million
IRON	12.5 parts per million
CALCIUM	173.3 parts per million
MAGNESIA	339.3 parts per million
SODIUM	365.0 parts per million
SILICA	93.0 parts per million
CHLORINE	38.3 parts per million
SULPHATE	16.1 parts per million
NITRATE	0 parts per million
PHOSPHATE	.7 parts per million
CARBONATE	1551.4 parts per million
TOTAL	2591.4 parts per million

For further information write W. R. PRATHER, D. D. S.
ADAMS SPRINGS, LAKE COUNTY, CALIFORNIA

Steam heated hotel, open all year around.

3000 feet up in the Lake County Pines.

(Since 1870)

TWENTY-FIVE YEARS AGO

(Continued from Page 34)

of the healing art of low educational standards and intense commercial ambitions, the temptation of patients to file suits against reputable physicians and surgeons is made extra great. . . .

5. Prosecution of Illegal Practitioners. Last year, it will be remembered our Society spent over $1,200 in the prosecution of illegal practitioners, but this year we have left this work to the California State Board of Medical Examiners, where it properly belongs.

6. County Medical Association Telephone Exchange. One of the most pleasing items to chronicle for the year

(Continued on Page 38)

ENLIST

enlist
in the Women's Field Army of the American Society for the Control of Cancer, and help in the intensive war against this disease.

educate
yourself and others to recognize early symptoms that may indicate cancer.

save
some of the 150,000 who may die this year unless promptly treated. Early cancer can be cured.

join your local unit now!

or send your enlistment fee of $1.00 to

AMERICAN SOCIETY for the CONTROL of CANCER
350 Madison Ave., N. Y.

METHODS FOR QUANTITATIVE ESTIMATION OF THE VITAMINS

VI. Measurement of the P-P Factor (Nicotinic Acid)

● Early investigations by the U. S. Public Health Service demonstrated that pellagra may be prevented or cured by dietary regulation. Human subjects confined to an institutional diet known to produce pellagra, were completely protected from this disease by proper supplementation of the institutional diet (1). Ultimately, the existence of the P-P or Pellagra-Preventive factor was established (2).

From the similarity in natural distribution of the dietary factors effective in the control of human pellagra and canine blacktongue—as well as the pathology of these two diseases—the working hypothesis that canine blacktongue is the analogue of human pellagra was adopted (2). Techniques (2, 3) were devised for estimating the pellagra-preventive value of foods by feeding tests with dogs and the results checked by clinical observations with human subjects. The ability of a food to supplement basal diets—known to produce canine blacktongue or human pellagra—so as to prevent or delay the development of characteristic symptoms were the criteria employed for judging the P-P values of foods. Such tests using dogs or human subjects are still the most reliable methods for measuring the P-P potencies of foods (4, 5).

Although pellagra-producing diets may frequently be deficient in a number of essential nutrients (4, 6), the value of nicotinic acid or nicotinic acid amide for the treatment of the specific symptoms of blacktongue or pellagra is well established (7, 8). Recognition of the importance of nicotinic acid in human nutrition created a definite need for rapid methods of estimating the nicotinic acid content of foods. The possibilities of the reaction between nicotinic acid, cyanogen bromide and aromatic amines as a basis of a colorimetric method for estimating nicotinic acid are receiving consideration (9). However, cyanogen bromide and aromatic amines may react with a number of compounds containing the pyridine ring to produce a yellowish green color. Therefore, it is essential that the specificity of any method for nicotinic acid be clearly established before nicotinic acid values determined by the method can be accepted as indicative of the pellagra-preventive values of foods.

Permanent control of endemic pellagra will require inclusion of a larger number of the protective foods in the pellagrin's diet (4, 6). General improvement of diets by this means will serve to correct not only deficiencies of the P-P factor, but of other essential factors, as well. The value of commercially canned foods in a program designed to correct pellagra—as well as its attendant or secondary dietary deficiencies—might well be emphasized.

AMERICAN CAN COMPANY

230 Park Avenue, New York, N. Y.

(1) 1915. U. S. Pub. Health Reports 30, 3117.
1923. Ibid 38, 2361.
(2) 1926. U. S. Pub. Health Reports 41, 297.
(3) 1928. U. S. Pub. Health Reports 43, 657.
(4) 1939. The Vitamins: A Symposium, page 297, Amer. Med. Assn., Chicago.
(5) 1934. U. S. Pub. Health Reports 49, 754.
(6) 1939. J. Am. Med. Assoc. 112, 2581.
1938. Ibid. 110, 1081.
1939. Am. J. Digestive Diseases 5, 807.
(7) 1937. J. Am. Chem. Soc. 59, 1767.
1938. J. Nutrition 16, 355.
(8) 1937. J. Am. Med. Assoc. 109, 2054.
1938. Ibid. 110, 622.
(9) 1938. Nature 141, 830.
1939. Biochem. J. 33, 264.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the fifty-seventh in a series, which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

Las Encinas Sanitarium . . . Pasadena, California
INTERNAL MEDICINE INCLUDING NERVOUS DISEASES
Board of Directors: George Dock, M. D., *President;* W. Jarvis Barlow, M. D.; Samuel D. Ingham, M. D.
Address: STEPHEN SMITH, M. D., F. A. C. P.; CHARLES W. THOMPSON, M. D., F. A. C. P.
MEDICAL DIRECTORS, PASADENA, CALIFORNIA

Medical Placement Bureau
(AGENCY)
SPECIALIZING IN
Trained Medical Personnel
FOR HOSPITALS, LABORATORIES, MEDICAL AND DENTAL OFFICES
291 Geary Street *San Francisco* YUkon 2484

OUR FRIENDLY CHALLENGE

In your files are doubtless many Audiograms of patients who have not been able to obtain satisfaction from the application of a Hearing Aid—particuiarly persons with a severe nerve type of deafness. You are cordially invited to send these persons to us for a scientific fitting of the new

Crystalic (VACUUM TUBE) Acousticon

Consultation is private—and entails no charge or obligation. We will gladly prepare an Audiogram for any patient for whom you request such service—showing his hearing range WITHOUT and also the increased range WITH the CRYSTALIC ACOUSTICON.

ACOUSTICON

705 Foreman Bldg.
LOS ANGELES

457 Powell Street
SAN FRANCISCO

Acousticon is accepted by the Council on Physical Therapy of the American Medical Association.

TWENTY-FIVE YEARS AGO

(Continued from Page 36)

1914 is the demonstrated success of the Telephone Exchange, which our Society established about one year ago (on November 20, 1913).

Respectfully submitted,
George H. Kress, *Secretary-Treasurer.*

BOARD OF MEDICAL EXAMINERS

(Continued from Text Page 150)

doctor accused of making large profits by selling illicit narcotics and six persons, including one San Bernardino man, alleged to be addicts. . . . The investigators reported that their investigation disclosed that the physician, Dr. Charles W. Farley, 48, bought morphin on forged prescriptions at 11 cents a grain and resold it to addicts by the dose for as high at $2.50 a grain, said an International News Service Dispatch. . . ." (San Bernardino *Telegram,* January 30, 1940.)

"After deliberating for five hours a jury in Department 1 of Municipal Court last night was discharged when it reported it was hopelessly deadlocked on a verdict in the case of Dr. W. Doweling, 328 Cerritos Avenue, self-styled magnetopath, on a charge of attempting to heal and diagnose without a license from the State Medical Board. The case was reset for trial a second time on February 20." (Long Beach *Press-Telegram,* January 31, 1940.)

"Norman Baker, self-styled cancer doctor, recently was convicted in a federal court in Little Rock, Arkansas, on a charge of using the mails to defraud. He now faces the likelihood of a long period of confinement in a federal prison. But in the meantime, the number of his victims has run into the thousands—men and women whom he was able to mulct of thousands of dollars because of a faith in his pretended curative powers. There was nothing on which to hang that faith. For the record shows Baker did not have even a high school education. His credentials included only a mediocre success as a vaudeville performer and mail order operator." (Editorial printed Sacramento *Bee,* February 5, 1940.) (Article published *American Medical Journal,* February 10, 1940, Page 509.)

"The United States Public Health Service reported today that persons who have—or think they have—venereal diseases are being exploited of tens of millions of dollars annually by quacks and drug store 'back-counter prescribing.' On the basis of a survey of 5,300 drug stores, the Health Service report said that only 7 per cent of druggists contacted refused to diagnose or sell 'remedies' for venereal diseases. In a supplementary survey by a *News* reporter in San Francisco, only three out of thirty drug stores canvassed, refused, in accordance with the law forbidding 'practice of medicine without a license,' to diagnose or sell medicines for treatment for symptoms described by the

(Continued on Page 40)

ENLIST...

Our Printing Service in Your Business

SOUND service in printing involves no pretense of knowing as much about your goods or your market as you do. That is why you are in your business and why we are in the printing business.

The task of a capable printing organization is to help prepare your selling message in its most effective form, to give you the utmost value for your money. It means producing printing that produces results. Your time is worth money and the right kind of printing will help make your time more valuable.

Most all printers can print. Few can create an idea . . . a central theme . . . a layout . . . that will cause the reader to want to do business with your firm.

You have no printing need that we have not the talent and capacity to fill.

• SINCE 1879

The James H. Barry Company

PRINTERS AND PUBLISHERS
170 SOUTH VAN NESS AVENUE
SAN FRANCISCO • UNDERHILL 7780

LIVERMORE SANITARIUM

• The Hydropathic Department devoted to the treatment of general diseases excluding surgical and acute infectious cases. Special attention given functional and organic nervous diseases. A well equipped clinical laboratory and modern X-ray Department are in use for diagnosis.

• The Cottage Department (for mental patients) has its own facilities for hydropathic and other treatments. It consists of small cottages with homelike surroundings, permitting the segregation of patients in accordance with the type of psychosis. Also bungalows for individual patients, offering the highest class of accommodation with privacy and comfort.

GENERAL FEATURES

1. Climatic advantages not excelled in United States. Beautiful grounds and attractive surrounding country.
2. Indoor and outdoor gymnastics under the charge of an athletic director. An excellent Occupational Department.
3. A resident medical staff. A large and well trained nursing staff so that each patient is given careful individual attention.

Information and circulars upon request

Address: CLIFFORD W. MACK, M. D.
Medical Director
LIVERMORE, CALIFORNIA
Telephone 313

CITY OFFICES:

SAN FRANCISCO
450 Sutter Street
DOuglas 3824

OAKLAND
1624 Franklin Street
GLencourt 5989

ALUM ROCK SANATORIUM
FOR DISEASES OF THE CHEST
SAN JOSE, CALIFORNIA

Telephone
MAYFAIR 321

A small select sanatorium for the treatment of Tuberculosis and other chest diseases.

Each patient receives individual study and care. The referring physician receives regular clinical reports.

Climate is ideal. Located at 1,000 ft. elevation, 6 miles east of San Jose, overlooking the Santa Clara Valley. A folder will be sent on request.

Resident Staff:
Buford H. Wardrip, M.D., San Jose
Supt. and Medical Director

Visiting Staff:
Philip King Brown, M.D., San Francisco
Harold Guyon Trimble, M.D., Oakland
Cabot Brown, M.D., San Francisco
J. Lloyd Eaton, M.D., Oakland

BOARD OF MEDICAL EXAMINERS

(Continued from Page 38)

reporter. . . . The law against 'practicing medicine or prescribing medicine without a license' is what keeps druggists from too openly selling medicines for treatment of venereal diseases. . . . The State Medical Board reported that five cases against persons charged with treating venereal diseases without a license were pending in courts today, two of them against San Francisco druggists. Two were against herb doctors in the San Joaquin Valley, and the other in Sacramento. In conclusion, the U. S. Public Health Service's report urged suppression of all quack druggists, eradication of unethical practitioners and the mail-order medical man, and education of the public. Dr. J. C. Geiger, San Francisco director of public health, informed *The News* that the medical profession and state medical boards had joined hands in an effort to make it illegal to sell patent medicines for the treatment of venereal diseases. This will be accomplished, he said, by introducing a supplementary bill in the Federal Food and Drug Act. . . ." (San Francisco *News*, January 24, 1940.)

"The State Bureau of Food and Drug Inspection today moved into the campaign against drug stores prescribing treatment for venereal diseases when the district attorney's office cited, at the bureau's request, eight San Francisco druggists for illegal sale of sulfanilamide. . . . Dr W. M. Dickie, director of the State Department of Public Health, warned that 'use of sulfanilamide may lead to results far worse than the disease itself.' He said the drug may easily cause death if proportions are not administered under doctor's orders. A recent survey by *The News*

(Continued on Page 42)

Karo for Under-nutrition

Formulas . .	Karo added to milk mixtures provides (volume for volume) twice as many calories as powdered maltose-dextrins-dextrose. Hence its convenience as an addition to concentrated feedings.
Foods	Karo added to foods is a valuable aid in high caloric feeding—for Karo is relished with milk, fruit and fruit juices, vegetables and vegetable waters, cereals, breads and desserts.

Inquiries from Physicians are invited
. . . for further information write

CORN PRODUCTS REFINING COMPANY
17 BATTERY PLACE • NEW YORK CITY

DARK FIELD EXAMINATION

should be done on every indolent lesion. Cease all local treatment and dress in wet saline for two days before specimen is taken.

ZERA E. BOLIN, M.D.
Pathologist
490 POST STREET
EXbrook 7600 MOntrose 2105
SAN FRANCISCO

(Approved by San Francisco County Medical Society, California State Board of Health and American Medical Association)

24-HOUR SERVICE . . . . PHONE MARKET 2100

Ideal Banking Service
FOR SALESMEN

Traveling men, salesmen—men and women whose jobs prevent their calling at the bank in person, find our BANK-BY-MAIL Service ideal. They do their banking when most convenient, night or day and wherever there is mail service. Prompt. Reliable. Overnight to most points in California.

CROCKER FIRST NATIONAL BANK
OF SAN FRANCISCO
California's Oldest National Bank

Member Federal Deposit Insurance Corporation

BOARD OF MEDICAL EXAMINERS

(Continued from Page 40)

showed many druggists willing to recommend patent medicines and nostrums for treatment of venereal diseases in violation of the law. . . . Meanwhile the Health Department campaign against patent medicines and fake remedies offered in drug stores for venereal disease 'cures' was to open tomorrow in the Bay Region. . . ." (San Francisco *News,* January 31, 1940.)

"A young, red-haired woman, highly agitated, walked into a doctor's office on Market Street today and, police said, died a few minutes later under an anesthetic on the examination table. . . . Both the physician, Dr. Charles E. Hoffman and his nurse, Miss Betty Crofton, were taken to the Hall of Justice for questioning, police homicide inspectors said. . . . When police arrived at the physician's office at 1182 Market, the doctor's attorney, James F. Brennan, was already there. Through the attorney, Doctor Hoffman gave police . . . this story: That the woman, about 25, was highly hysterical when she entered his office. Muttering that she had been 'fooling,' she asked for an examination. And after the nurse, according to Brennan, had administered an anesthetic, the physician began examining her when the young woman suddenly gasped and died. . . ." (San Francisco *Call-Bulletin,* January 25, 1940.)

"A $10-bill, supposedly soaked in an herb solution, torn to bits and placed in a handkerchief around the neck of C. Di Cicco, aged Windsor resident, failed to cure his rheumatism and he found the bill in the handkerchief intact, good as new. The 'charm lady,' who began the treatment returned and said his $400 life savings, treated the same way, would cure his ailment. Nine days later Di Cicco opened the handkerchief and found a wad of torn green paper. Di Cicco has an added pain now while the 'charm lady' is being hunted by officers." (Sebastopol *Times,* January 19, 1940.)

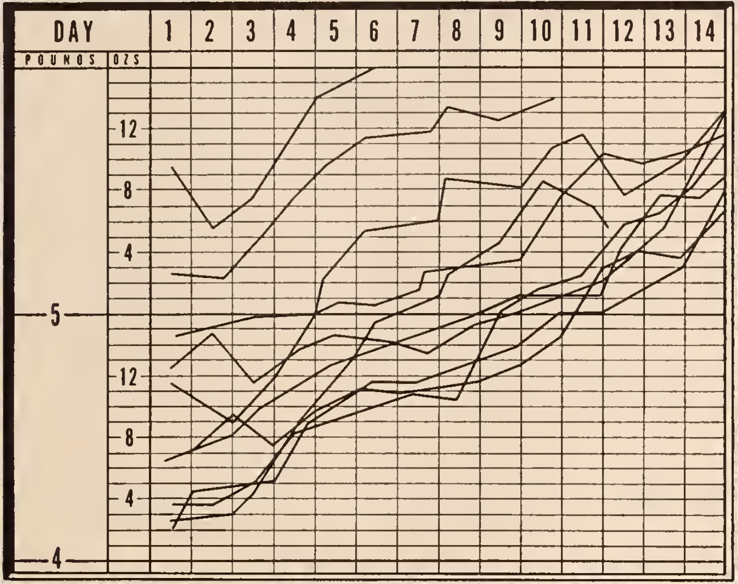
"A petition by John Henry Becker of Banning to restrain the State Board of Medical Examiners from revoking his license to practice medicine as a physician and surgeon today was submitted to Superior Judge F. A. Leonard of San Bernardino, presiding locally. . . . The revocation was ordered several months ago for alleged unprofessional conduct by Becker." (Riverside *Press,* January 18, 1940.) The records of the Board of Medical Examiners show that Doctor Becker's license was revoked by the Board of Medical Examiners on July 13, 1939.

"Two prominent local herbalists, Dr. Y. T. Sue and Harry Lee, were arrested today on warrants issued by District Attorney Roger Walch at the instance of two state agents who charged violations of the State Medical Acts. Dr. Sue faces three counts and Harry Lee two, all counts being under the Business and Professions Code. . . ." (Hanford *Sentinel,* January 12, 1940.)

"If he will stop trying to peddle his purported 'sure cure' for tuberculosis Edward C. Hurlbert can keep on friendly terms with John Law, he was told yesterday. Last May, Hurlbert, a patent medicine manufacturer, and his wife,

(Continued on Page 44)

Thrifty Prematures



These weight curves of premature infants, made from hospital records*, show the consistent gain in weight that is typical of small twins and prematures fed on Similac. The fact that Similac is well tolerated and well utilized even by the immature digestive tract of the premature, demonstrates how fully this food meets the exacting nutritional requirements of infants deprived, either wholly or in part, of mother's milk. Similac nourishes dependably from birth until weaning.

*Name of hospital on request.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

Made from fresh skim milk (casein modified) with added lactose, salts, milk fat and vegetable and codliver oils.

SIMILAC } SIMILAR TO BREAST MILK

M & R DIETETIC LABORATORIES, INC. • COLUMBUS, OHIO

PHARMACEUTICALS
YOU CAN PRESCRIBE WITH CONFIDENCE

EVERY PRODUCT EXHAUSTIVELY TESTED

BACK of every Smith-Dorsey product is a triple safeguard:
1. Our control laboratory tests each new shipment of materials for purity and quality.
2. Finished products must run the gauntlet of careful tests to insure conformity to label statements.
3. New products are never released without subjecting them to physiological tests.

Such is the background of Smith-Dorsey products. The steady growth of The Smith-Dorsey Company since 1908 indicates that physicians find our products measure up to their standards. No preparations are ever offered the laity.

The Smith-Dorsey Company

FOUNDED 1908 *Lincoln, Nebraska*

BOARD OF MEDICAL EXAMINERS

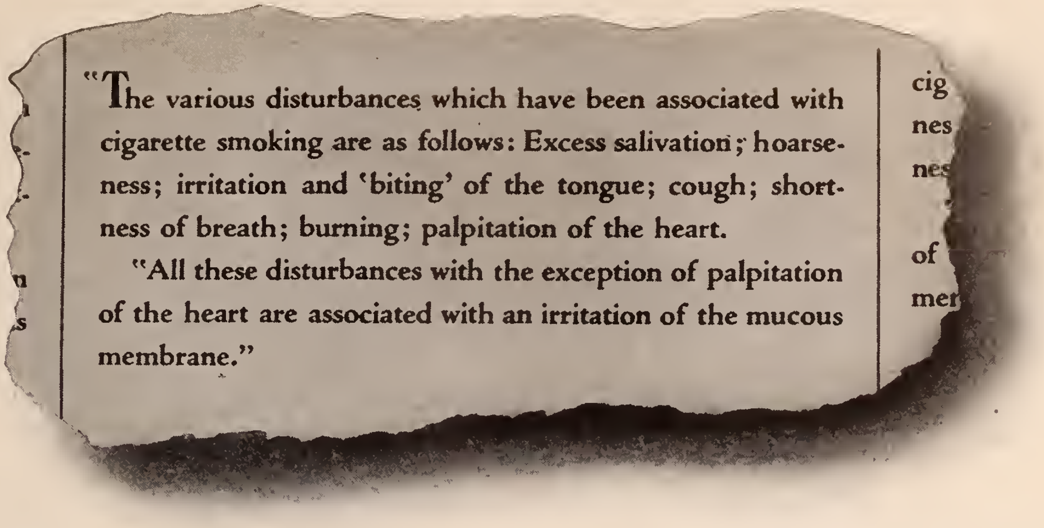
(Continued from Page 42)

Olive, became involved with the law over the sale of their 'remedy' for tuberculars. He pleaded guilty to one count of violating the State Medical Act and was given probation for two years. Recently authorities were informed that he had been exploiting his treatment in Casa Grande, Arizona, whereupon he was gathered in on a charge of violating terms of his probation. Municipal Judge Harold B. Landreth told him yesterday that he must not prescribe medicine, diagnose illness or attempt to sell his 'cure' for the remainder of his probation period, eighteen months hence. Hurlbert agreed and the charge was dismissed." (Los Angeles *Daily News,* January 16, 1940.) (Previous entries, July and August, 1939.)

"Dr. Benjamin Hagan, 502 Clement Street, was robbed of $25 and a small quantity of narcotics yesterday when he entered a room in a hotel at 900 Fulton Street in response to a telephone call from a woman who said her husband was ill. While the woman rifled the doctor's bag and his wallet, the supposed 'sick husband,' armed with a pistol, tied the doctor to a bed. Police found that when the couple fled they took with them the hotel register they had signed." (San Francisco *Examiner,* January 13, 1940.)

"Dewey Conway, Chico Indian medicine man, today was free after a jury of twelve men in the Clovis justice court declared him innocent of practicing medicine without a state license. Conway, accused by the prosecution of prescribing the same herb concoction for a multitude of ailments including cancer and venereal disease, was said to have a practice that extended throughout California. Following the trial, he announced his intention of continuing to sell a medicine whose formula he said was handed down to him from his father and grandfather, both Indian medicine men. . . ." (Fresno *Bee and Republican,* January 12, 1940.) (Previous entries, May, 1932 and December, 1939.) In Assistant Special Agent Williams' report of February 8, 1940, he relates: "Several witnesses were called for the prosecution, each of whom underwent a considerable amount of abuse from J. Oscar Goldstein and Arthur Frame, attorneys for the defendant, which brought forth loud laughter and applause from the spectators. . . . During the process of the trial many objections were made to the court by the Prosecution in an effort to confine the testimony to facts, all of which were constantly overruled by Judge Burke. Likewise all motions or objections made by the defense were granted or sustained. . . . During the defense attorney's argument to the jury, both Doctor Pinkham and the undersigned (Assistant Special Agent Williams) came in for the worst abuse and ridicule that I have ever heard delivered by any attorney, particularly the undersigned, who was called every low name that could be conceived. . . . In one remark made by J. Oscar Goldstein, attorney for the defendant, he stated 'Williams lied in his statement that Jim Thusen called his office in San Francisco and I am going to get Williams for that,' pointing his finger at the undersigned. . . ." The Orland *Register* of March 18, 1932, printed a news item, reading: "Changing his plea from not guilty to guilty, Dewey Conway, arrested with his father, W. J. Conway, on a charge of practicing medicine without a license, was fined $200 by Justice of the Peace L. E. Newton Tuesday at Chico." A news item in the Sacramento *Union* of November 27, 1939, read as follows: "Dewey Conway, 49-year-old Indian

(Continued on Page 46)



"The various disturbances which have been associated with cigarette smoking are as follows: Excess salivation; hoarseness; irritation and 'biting' of the tongue; cough; shortness of breath; burning; palpitation of the heart.

"All these disturbances with the exception of palpitation of the heart are associated with an irritation of the mucous membrane."

Laryngoscope, Feb. 1935,
Vol. XLV, No. 2, 149-154

BUT WHAT HAPPENED WHEN SMOKERS CHANGED TO PHILIP MORRIS?

Again in the same paper it is reported that...

After smoking the cigarette* for from three to four weeks the congestion had disappeared in 62.3 per cent and the throat looked normal. The other 37.7 per cent showed considerable improvement. The cough disappeared in 75.6 per cent while in 26.4 per cent no change could be detected. The tongue conditions cleared up completely in each case.

*Reprints available on request.***

*PHILIP MORRIS

**ADDRESS PHILIP MORRIS & CO., LTD., INC., 119 FIFTH AVENUE, NEW YORK

SAINT FRANCIS HOSPITAL

A General Hospital With Accommodations for Three Hundred Patients

And Operating THE MEDICAL BUILDING, 909 Hyde Street

Tenancy Restricted to the Medical and Dental Professions

DIRECTORS

T. H. O'CONNOR, M. D.
W. B. COFFEY, M. D.
THOS. E. SHUMATE, M. D.
C. R. BRICCA, M. D.
CARL L. HOAG, M. D.
R. H. KISTLER, M. D.
Superintendent, V. W. OLNEY
JAMES H. O'CONNOR, M. D.
C. A. WALKER, M. D.
C. P. THOMPSON, M. D.
GEORGE W. PIERCE, M. D.

Address Communications

SAINT FRANCIS HOSPITAL

Bush and Hyde Streets — *Telephone* PROSPECT 4321 — San Francisco

The Alexander Sanatorium, Inc.

BELMONT, CALIFORNIA

Ideal climate, only 45 minutes from San Francisco, nestled in the beautiful hills of Belmont. Modern buildings surrounded by gorgeous gardens. Homelike accommodations. Every essential for the treatment of patients requiring rest provided.

Specializing in the treatment of nervous, mental, and debilitating states. Specially equipped for metrazol and insulin therapy.

MRS. ANNETTE ALEXANDER, *President* — *Telephone* Belmont 40

BOARD OF MEDICAL EXAMINERS

(Continued from Page 44)

'doctor' pleaded in Chico Justice Court to charges of practicing medicine without a license and was fined $50, Justice of the Peace James William Morgan revealed."

"Weird rituals of a cult that preached that girls between the ages of 11 and 13 must be taught the 'truths of womanhood' by young men of the cult were revealed today in a sensational million-dollar suit. The charge was made by Irma Weber, now 17, who asserted that in 1934 she was seduced by Henry Sorge, a member of the Mazdazan Temple Association of the Associates of God. . . . The girl's mother, Mrs. Ida Weber, signed the complaint as her guardian. Referred to in the complaint was Otoman Zar-Adusht Ha'nish, who was the self-styled 'master' of the Mazdaznan cult known as sun worshippers and who died in 1936. . . . Other defendants named were Col. Arthur Fitzroy Gault, Rev. Dr. Gilman Beeler, William Konrad Sandberg, Kurt Williams Graechen, and John Vinson, all said to be trustees or otherwise connected with the temple. . . ." (Previous entries, June, 1928; January, 1929.) The files of the Board of Medical Examiners show numerous clippings on the above-mentioned "cult," including one from the Los Angeles Sunday *Times* of January 11, 1920 (Part 2, page 12), wherein appeared a full page on the Mazdaznan Cult, Hanish, Arthur F. Gault, and Gilman Beeler.

"Dr. N. T. Enloe, owner of the Enloe Hospital, Chico, filed suit this afternoon in Superior Court, seeking an injunction to prevent Dr. John H. White from practicing medicine in Chico district for five years. Enloe bases his suit on a partnership contract which he contends in his complaint provided that if Doctor White left the Chico Clinic, where he was connected with Enloe, he would not practice medicine or surgery in Chico for five years. Enloe seeks to enforce this provision of the contract. His complaint alleges that many patients, who formerly treated at his clinic, now are White's patients. . . ." (Sacramento *Union*, February 9, 1940.)

"Dr. Edith Mary Stoker, thirty-eight, Berkeley and San Francisco medical specialist, was freed on $200 bail today after she was booked on a charge of driving while drunk. W. I. Stimman, State highway patrolman, said there was a partially emptied bottle of whisky in Doctor Stoker's automobile when he arrested her yesterday afternoon at Eastshore Highway and University Avenue. Officer E. F. Parker, head of the police vice squad, said her breath smelled of alcohol and that she walked unsteadily. . . . Stimman reported he arrested Doctor Stoker because other motorists told him she was driving erratically. . . . While walking into the Hall of Justice from the car, Doctor Stoker dropped her purse and, when she leaned over to get it, fell on her face, skinning her forehead, Stimman reported. She was treated at the Berkeley General Hospital for the abrasion." (Oakland *Tribune*, February 6, 1940.)

"Dr. Signey Rigler, chiropractor, faced preliminary hearing on charges of violating the Medical Practice Act in Municipal Judge Arthur Guerin's court today. Appearing as principal witness against Doctor Rigler was Mrs. Phillip Gaglione of 301 South Burlington. Called as a witness by Deputy District Attorney Everett Leighton, Mrs. Gaglione testified that she went to Doctor Rigler's office at 1801

OPTICAL DISPENSING ℞
also means pleasing your patient

In addition to the carefully supervised Jenkel-Davidson Medical Prescription Service, we offer Eye Physicians the comfortable knowledge that our dealings with their patients include many little extra courtesies and assistances designed especially to protect the important doctor-patient relationship.

Jenkel-Davidson Optical Company
MAIN STORE: 366 POST STREET, SAN FRANCISCO
ALSO: SACRAMENTO · OAKLAND · BERKELEY · ALAMEDA
BURLINGAME · PALO ALTO · SAN JOSE

Wilshire Boulevard last July, when she learned she was an expectant mother. After that she went twice each week until October 25. On that date, she said, he had her sent to a hospital at 1151 North Madison Avenue, where he worked on her for approximately six hours, using instruments. Then, she said, he had her removed to General Hospital, where her baby was stillborn. . . ." Los Angeles *Herald and Express*, January 15, 1940.)

Supplementing a news item that appeared in the February issue of CALIFORNIA AND WESTERN MEDICINE, a report from the San Francisco Police Department relates that Logan Matthew Franey was on February 3, 1940, sentenced to serve three months in a Vancouver prison, as a result of passing fictitious checks in Vancouver, British Columbia.

Urban Population Grows.—The proportion of the population of the United States living in urban districts increased from 5.1 per cent at the time of the first census in 1790 to 56.2 per cent in 1930.

The urban population of California increased from 7.4 per cent in 1850, when the first state census was taken, to 73.3 per cent in 1930. There is every indication that this percentage will be considerably higher when the results of the 1940 census are made known. The total population of California, together with the urban populations and the percentages of the total population for the decades beginning with 1850, are as follows:

Year	*Total population*	*Urban population*	*Per cent urban*
1850	92,597	6,820	7.4
1860	379,994	78,651	20.7
1870	560,247	208,438	37.2
1880	864,694	370,611	42.9
1890	1,213,398	589,464	48.6
1900	1,485,053	776,820	52.3
1910	2,377,549	1,468,419	61.8
1920	3,426,861	2,326,959	67.9
1930	5,677,251	4,160,596	73.3

Only five other states in 1930 had higher percentages of urban population than California: Rhode Island, 92.4 per cent; Massachusetts, 90.2 per cent; New York, 83.6 per cent; New Jersey, 82.6 per cent, and Illinois, 73.9 per cent.

The remarkable expansion in the urban population of California coincided with the remarkable expansion of urban growth in the southern part of the State. The 1900 census was the first which showed California's urban population was more than 50 per cent of the total population.

(Continued on Next Page)

Bequest Forms: Unto the California Medical Association*

FORM OF CLAUSE OF WILL PROVIDING FOR CASH BEQUEST

I hereby give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California, the sum of $——— to be known as the ——— Gift, to be used and expended by said corporation for scientific, educational, or hospital purposes.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR CASH BEQUEST

I give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California, the sum of $———, to be held as a fund, to be known as the [here insert name desired] Fund, the principal whereof shall from time to time be invested to the best advantage compatible with safety, and the income whereof shall be used and applied for scientific, educational, or hospital purposes.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR BEQUEST OF PERSONAL PROPERTY

I give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California [here describe the property], the same, or the proceeds thereof, to be held as a perpetual fund, to be known as the [here insert name desired] Fund, the income whereof shall be used and applied for scientific, educational, or hospital purposes. The said corporation shall have the power to sell said property and to invest and reinvest the proceeds arising from the sale thereof from time to time as it may deem advisable for the purpose of producing as large an income as may be compatible with safety.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR DEVISE OF REAL PROPERTY

I give and devise unto Trustees Of The California Medical Association, a nonprofit corporation of California, to aid and further its scientific, educational, and hospital purposes, and to be known as the ——— Gift, the following described real property situate in the County of ———, State of California, and more particularly described as follows, to wit:

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR DEVISE OF REAL PROPERTY

I give and devise unto Trustees Of The California Medical Association, a nonprofit corporation of California [here describe the property], the same, or the proceeds thereof, to be held as a perpetual fund, to be known as the [here insert name desired] Fund, the income whereof shall be used for and applied to the support and maintenance of scientific, educational, or hospital purposes. The said corporation shall have the power to sell said property and to invest and reinvest the proceeds arising from the sale thereof from time to time as it may deem advisable for the purpose of producing as large as income as may be compatible with safety.

---

* These Bequest Forms were discussed editorially in CALIFORNIA AND WESTERN MEDICINE, for March, 1936, p. 145, and June, 1936, p. 460.

Colfax School for the Tuberculous

COLFAX, CALIFORNIA

◀ There are two units, The Colfax Hospital and the Bushnell Sanatorium, for the treatment of Pulmonary Tuberculosis.

The Colfax School for the Tuberculous is located in the pine clad Sierra Nevada foothills, at an elevation of 2,400 feet; an elevation free from the fogs of the valleys and free from extremes of heat or cold.

This Institution supplies, among other advantages:

1. Individual care and supervision under skilled physicians.
2. Education as to the essentials of recovery from, and the prevention of the spread of, disease.
3. Complete laboratory and x-ray equipment.
4. Every proved method of treatment, including pneumothorax and phrenic nerve interruption. (Major thoracic surgery referred to skilled thoracic surgeons.)
5. An absence of institutional atmosphere.
6. Reasonable rates.

* * *

For further information write

ROBERT A. PEERS, M. D.
Medical Director
COLFAX, CALIFORNIA

* * *

F. LYNN SMITH, M.D.
Associate Medical Director

R. C. ATKINSON, M.D.
Consultant, General Surgery

EMILE HOLMAN, M.D.
(Stanford Hospital), Consultant, Thoracic Surgery

St. Mary's Hospital

2200 Hayes Street
SAN FRANCISCO, CALIFORNIA

▼

Conducted by
Sisters of Mercy

▼

Accredited by the American Medical Association and Approved by the American College of Surgeons. Open to all members of the California Medical Association. Accredited School of Nursing and Out-Patient Department.

COMPTON SANITARIUM
(For Mental Illness)
LAS CAMPANAS HOSPITAL
(A General Hospital)
COMPTON, CALIF.

1052 West 6th Street Los Angeles
Telephone MIchigan 3454
GLENN MYERS, M.D. • PHILIP J. CUNNANE, M.D.
Medical Directors

RESIDENT MEDICAL STAFF
G. Creswell Burns, M. D.
Helen Rislow Burns, M. D.
Russell Johnson, M. D.
Robert M. Newhouse, M. D.
Byron L. Stewart, M. D.

APPROVED BY AMERICAN COLLEGE OF SURGEONS

(Continued from Preceding Page)

In 1930 there were twenty-one states in which more than half of the population was urban. The census dates on which these states were first shown to have more than half their population living in urban territory may be of some significance as indicating the geographic progress of urbanization over the country. Massachusetts and Rhode Island were the first of these states, their population being returned as more than 50 per cent urban in 1850. New York was added to the list in 1870, New Jersey in 1880, Connecticut in 1890, and in 1900 Pennsylvania, Illinois, and California. At the beginning of the present century there were only eight states in which the population was more than one-half urban. In 1910, New Hampshire, Ohio, Maryland, Colorado, and Washington were added to the list; in 1920, Indiana, Michigan, and Delaware; and in 1930, Wisconsin, Missouri, Florida, Utah, and Oregon.

TO HELP THE EPILEPTIC LEAD

A NORMAL LIFE

—KAPSEALS DILANTIN SODIUM

THE epileptic patient is handicapped. But his seizures can often be controlled—without the dulling and depressing effects of excessive sedation.

Dilantin Sodium (sodium 5,5-diaphenylhydantoinate) is an anticonvulsant with little or no hypnotic effect. In children, its use does not interfere with normal play, study, and development. And with this type of treatment the epileptic adult is aided in maintaining social and economic adjustment.

Clinical experience demonstrates that Dilantin Sodium therapy prevents, or greatly decreases the frequency and severity of, convulsive seizures in a majority of epileptics. And many physicians report that such control is very helpful in the management of these patients.

Use of this product is suggested in the treatment of patients with epilepsy who have not responded satisfactorily to other medication.

Kapseals Dilantin Sodium, 0.1-gram (1½-grains) and 0.03-gram (½-grain), are supplied in bottles of 100, 500, and 1000.

PARKE, DAVIS & COMPANY
DETROIT, MICHIGAN

Hay fever therapy is a cinch

Patients are rare for whom you cannot produce a satisfactory result

There is no hocus-pocus about testing and treating with Cutter pollen extracts. Test sets contain the actual pollen offenders in your region, and treatment sets, which contain *adequate* amounts of the extract required, are made up according to the patient's exact need. The physician is neither involved in non-essentials — nor, on the other hand, in over-simplified, questionable short-cuts such as group testing and predetermined, spoonfed dosage.

1 **TESTING** with Cutter's regional pollen test sets requires but a single sitting lasting little longer than your average office visit.

2 **REACTIONS ARE READ** within 10 to 20 minutes and the exact pollen offenders are known, as the tests are for individual pollens, not "pollen groups."

3 **RECORD OF REACTIONS** is made on the test slip itself by sketching a "picture" of your patient's reactions alongside each of the offending pollens listed.

4 **THE TEST SLIP** is usually mailed to the Cutter allergy staff, who compare it against their compiled case histories from your locality.

5 **EACH TREATMENT SET** is individually made up from the offending pollens, in varying proportions, according to local case histories (in our files) and your patient's reactions.

6 **EACH TREATMENT CONTAINS** more than 150,000 pollen units, adequate for your patient requiring co-seasonal treatment, as well as pre-seasonal. The combination of proper testing, proper selection of pollens and adequate treatment makes the "batting average" of physicians using Cutter Pollen Extracts exceptionally high.

Regional pollen test sets, $1.50. Treatment sets (single pollen), $9.00. Each additional pollen in specially prepared treatment sets, 50¢.

CUTTER *Laboratories* • BERKELEY, CALIFORNIA

NEXT ANNUAL SESSIONS
California Medical Association, Hotel del Coronado, Coronado, May 6–9, 1940
American Medical Association, New York, June 10–14, 1940

CALIFORNIA
AND
WESTERN MEDICINE

Official Journal of the California Medical Association
FOUR FIFTY SUTTER, ROOM 2004, SAN FRANCISCO

VOLUME 52
NUMBER 4

APRIL · 1940

50 CENTS A COPY
$5.00 A YEAR

THE N.Y. ACADEMY OF MEDICINE
APR 17 1940
LIBRARY

CONTENTS AND SUBJECT INDEX

EDITORIALS:

Sixty-Ninth Annual Session of the California Medical Association....151
On Various Topics....152

EDITORIAL COMMENT:

Experimental Therapy of Gram-Positive Infections. By W. H. Manwaring, Stanford University....154
Nature of the Melanoma. By Leonid S. Cherney, San Francisco....155

ORIGINAL ARTICLES:

Carcinoma to the Spleen: Metastases. By Paul H. Guttman, Sacramento....156
Hard of Hearing Problems. By Francis L. Rogers, Long Beach....158
Diagnostic Value of Gastroscopy. By Allan L. Cohn, San Francisco....161
Sulfanilamide in Urologic Infections. By Bernard Silver, Hollywood....166
Gonorrhea: Its Treatment by Artificial Fever, and by Fever Therapy in Combination with Sulfanilamide. By Elmer Belt and Alvin W. Folkenberg, Los Angeles....169
Clinical Aspect of Electrically Produced Gamma Rays. By Albert Soiland, Los Angeles....172
The Use of Papaverin Hydrochlorid in Mesenteric Embolism. By Leo J. Madsen, Santa Monica....176
Granuloma Venereum Involving the Rectum and Colon. By Whitfield Crane and H. Stewart Kimball, Oakland....177

CLINICAL NOTES AND CASE REPORTS:

Syphilis in Relation to the Husband, the Wife, and Their Offspring. By Benjamin Bakewell, Santa Barbara....178
Hippocrates' Aphorisms. By M. Scholtz, Arcadia....179
Ephedrin Administration in Allergic Individuals: A Suggested Innovation. By Jack Cohn, San Francisco....180

STATE MEDICAL ASSOCIATION:

California Medical Association....181
Minutes of the Council Meeting, March 10, 1940....181
Committee on Public Health Education....182
Committee on Postgraduate Activities....183
California Physicians' Service....183
County Societies....184
Woman's Auxiliary....188

MISCELLANY:

News....191
Letters....196
Medical Jurisprudence....200
Twenty-Five Years Ago....202
Board of Medical Examiners of the State of California....202
California Medical Directories....Adv. pages 2, 4, 6
Book Reviews....Adv. page 15

ADVERTISEMENTS: (Index)

....Adv. page 8

Owned and Published Monthly by the California Medical Association
Copyright, 1940, by the California Medical Association
"Entered as second-class matter at the post office at San Francisco, under the Act of March 3, 1879." Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 10, 1918.

GREENS' EYE HOSPITAL

Completely equipped for the surgical and medical care of all cases pertaining to ophthalmology and otolaryngology.

Staff

OPHTHALMOLOGY
AARON S. GREEN, M. D.
MARTIN I. GREEN, M. D.
EINAR V. BLAK, M. D.
VINKO V. SUGLIAN, M. D.
DAVID KADESKY, M. D.
WILLIAM R. JEPSON, M. D.

•

OTOLARYNGOLOGY
JOHN H. CHILDREY, M. D.
ERNST WOLFES, M. D.

ADDRESS ALL COMMUNICATIONS TO THE SUPERINTENDENT

BUSH STREET AT OCTAVIA • SAN FRANCISCO • TELEPHONE WEst 4300

Seabiscuit Sets New Records

So Does the D. B. B.

In 1939 we collected more money for Doctors than in any year since we commenced business 24 years ago . . .

. . And this year we have followed thru with the largest January in our history . . .

. . And topped that off with the greatest February yet.

. . You can bet on Seabiscuit and THE DOCTORS BUSINESS BUREAU.

BE WISE and BUREAU-IZE!

Spreckels Building
TRinity 1252
LOS ANGELES

Times Building
LONG BEACH

The DOCTORS BUSINESS BUREAU
Established 1916

153 Kearny Street
GArfield 0460
SAN FRANCISCO

Latham Square Building
OAKLAND

INCREASED DISPERSION

The homogenization of the Cod Liver Oil Concentrate throughout the body of Special Morning Milk increases Vitamin D dispersion[1] thereby enhancing the per unit efficiency of the Vitamin D added.[2]

[1] P. C. Jeans, Genevieve Stearns
JAMA 111:8 August 20th, 1938

[2] 400 USP Units Per Tall (13 fluid ounce) Can

MORNING MILK COMPANY

Officers of the California Medical Association

General Officers

President—Charles A. Dukes, 601 Wakefield Building, 426 Seventeenth Street, Oakland.

President-Elect—Harry H. Wilson, 1919 Wilshire Boulevard, Los Angeles.

Speaker of House of Delegates—Lowell S. Goin, 414 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

Vice-Speaker of House of Delegates—Dewey R. Powell, 501 Medico-Dental Building, 242 North Sutter Street, Stockton.

Chairman of Council—Karl L. Schaupp, 490 Post Street, San Francisco.

Vice-Chairman—Charles A. Dukes, 601 Wakefield Building, 426 Seventeenth Street, Oakland.

Chairman of Executive Committee—Philip K. Gilman, 2000 Van Ness Avenue, San Francisco.

Chairman of the Committee on Public Relations—George G. Reinle, 532 Fifteenth Street, Oakland.

Past-President—William W. Roblee, 202 Mission Inn Rotunda, Riverside.

Secretary-Treasurer—George H. Kress, 450 Sutter Street, Room 2004, San Francisco. Telephone DOuglas 0062.

Editor—George H. Kress, 450 Sutter Street, Room 2004, San Francisco.

General Counsel—Hartley F. Peart, Room 1800, 111 Sutter Street, San Francisco.

Associate General Counsel—Hubert T. Morrow, Van Nuys Building, 210 West Seventh Street, Los Angeles.

Councilors

(In addition to the elected district and at-large Councilors, the Council has as ex officio members, the general officers and the Chairman of the Committee on Public Relations. Chairman of Council, Karl L. Schaupp; Secretary, George H. Kress.)

District Councilors

First District—Imperial, Orange, Riverside, San Bernardino and San Diego Counties, Calvert L. Emmons (1941), 206 Emmons Building, Ontario.

Second District—Los Angeles, Inyo and Mono Counties, George D. Maner (1942), 657 South Westlake Avenue, Los Angeles.

Third District—Kern, San Luis Obispo, Santa Barbara and Ventura Counties, Louis A. Packard (1940), 563 Haberfelde Building, Bakersfield.

Fourth District—Calaveras, Fresno, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare and Tuolumne Counties, Axcel E. Anderson (1941), Medical Group Building, 1759 Fulton Street, Fresno.

Fifth District—Monterey, San Benito, San Mateo, Santa Clara and Santa Cruz Counties, C. Kelly Canelo (1942), 505 Medico-Dental Building, San Jose.

Sixth District—San Francisco County, Karl L. Schaupp (1940), 530 Medico-Dental Building, 490 Post Street, San Francisco.

Seventh District—Alameda and Contra Costa Counties, Oliver D. Hamlin (1941), 389 Thirtieth Street, Oakland.

Eighth District—Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Sutter, Tehama, Yolo and Yuba Counties, Frank A. MacDonald (1942), 822 Medico-Dental Building, 1127 Eleventh Street, Sacramento.

Ninth District—Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma and Trinity Counties, Henry S. Rogers (1940), 200 Fourth Street, Petaluma.

Councilors-at-Large

C. O. Tanner (1942), 3255 Fourth Street, San Diego.

William H. Kiger (1940), 911 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

Philip K. Gilman (1941), 2000 Van Ness Avenue, San Francisco.

E. Earl Moody (1941), 829 South Alvarado Street, Los Angeles.

Elbridge J. Best (1942), 384 Post Street, San Francisco.

Frederick N. Scatena (1940), Medico-Dental Building, 1127 Eleventh Street, Sacramento.

Standing Committees

Executive Committee

The President, the President-elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Chairman of the Committee on Public Relations, the Past President, the Secretary-Treasurer, and the Editor. (Philip K. Gilman, chairman; George H. Kress, secretary.)

Auditing Committee

Philip K. Gilman (Chairman)	San Francisco	1940
O. D. Hamlin	Oakland	1940
Elbridge J. Best	San Francisco	1940

Members of the Auditing Committee are appointed each year by the Chairman of the Council.

Committee on Associated Societies and Technical Groups

John V. Barrow (Chairman)	Los Angeles	1940
Edwin L. Bruck	San Francisco	1941
Willard H. Newman	San Diego	1942

Committee on Health and Public Instruction

Benjamin W. Black	Oakland	1940
Roy E. Thomas (Chairman)	Los Angeles	1941
William Dock	San Francisco	1942

Committee on History and Obituaries

A. Elmer Belt	Los Angeles	1940
Frank R. Makinson (Chairman)	Oakland	1941
J. Marion Read	San Francisco	1942

Secretary ex officio

Editor ex officio

Committee on Hospitals, Dispensaries and Clinics

Karl L. Schaupp	San Francisco	1940
George I. Dawson	Napa	1941
J. Norman O'Neill (Chairman)	Los Angeles	1942

Committee on Industrial Practice

Harry E. Zaiser	Orange	1940
Morton R. Gibbons	San Francisco	1941
Donald Cass (Chairman)	Los Angeles	1942

Committee on Medical Defense

John P. Nuttall	Santa Monica	1940
George G. Reinle (Chairman)	Oakland	1941
William J. Van Den Berg	Sacramento	1942

Committee on Medical Economics

Edward M. Pallette, Sr.	Los Angeles	1940
John H. Graves (Chairman)	San Francisco	1941
L. W. Hines	Santa Rosa	1942

Committee on Medical Education and Medical Institutions

John B. Doyle	Los Angeles	1940
B. O. Raulston	Los Angeles	1941
L. R. Chandler (Chairman)	San Francisco	1942

Committee on Membership and Organization

G. Dan Delprat	San Francisco	1940
George D. Maner (Chairman)	Los Angeles	1941
Dewey R. Powell	Stockton	1942

Committee on Postgraduate Activities

Dwight L. Wilbur (Chairman)	San Francisco	1940
F. E. Clough	San Bernardino	1941
H. E. Henderson	Santa Barbara	1942

Secretary ex officio

Committee on Publications

Ralph B. Eusden (Chairman)	Long Beach	1940
Ruggles A. Cushman	Talmage	1941
Francis E. Toomey	San Diego	1942

Secretary ex officio

Editor ex officio

Committee on Public Policy and Legislation

E. T. Remmen	Glendale	1940
Junius B. Harris (Chairman)	Sacramento	1941
T. Henshaw Kelly	San Francisco	1942

President ex officio

President-Elect ex officio

Committee on Scientific Work

Lemuel P. Adams	Oakland	1940
J. Homer Woolsey	Woodland	1941
Howard F. West	Los Angeles	1942

Russell V. Lee, Secretary of Section on General Medicine, ex officio

Frederick S. Foote, Secretary of Section on General Surgery, ex officio

George H. Kress, Secretary of California Medical Association, (Chairman) ex officio

Committee on Public Relations

The Committee on Public Relations consists of the chairmen of the following standing committees and of certain general officers of the Association, all serving ex officio. The chairman of the committee is George G. Reinle, the secretary is George H. Kress. The director of the Department of Public Relations is George H. Kress. The chairman of the Committee on Public Relations is ex officio a member of the Council.

Roy E. Thomas	Chair., Com. on Health and Public Instruction
J. Norman O'Neill	Chair., Com. on Hospitals, Dispensaries, Clinics
Donald Cass	Chair., Com. on Industrial Practice
George G. Reinle	Chair., Com. on Medical Defense
George D. Maner	Chair., Com. on Membership and Organization
John H. Graves	Chair., Com. on Medical Economics
Junius B. Harris	Chair., Com. on Public Policy and Legislation
Alson R. Kilgore	Chair., Cancer Commission
Dwight L. Wilbur	Chair., Com. on Postgraduate Activities
Charles A. Dukes	President of California Medical Association
Harry H. Wilson	President-elect
George H. Kress	Secretary-Treasurer

Communications for the Public Relations Department should be addressed to the Director, George H. Kress, M. D., Room 2004, 450 Sutter Street, San Francisco.

Cancer Commission

Charles A. Dukes	Oakland	1940
Lyell C. Kinney (Vice-Chairman)	San Diego	1940
Otto H. Pflueger (Secretary)	San Francisco	1940
Orville N. Meland (Sec. for Southern Section)	Los Angeles	1941
A. Herman Zeiler	Los Angeles	1941
Gertrude Moore	Oakland	1941
Clarence J. Berne	Los Angeles	1942
Alson R. Kilgore (Chairman)	San Francisco	1942
Henry J. Ullmann	Santa Barbara	1942

Communications for the Cancer Commission should be addressed to the Secretary, Otto H. Pflueger, M. D., Room 2004, 450 Sutter Street, San Francisco.

(Roster lists of officers of scientific sections, component county societies, Woman's Auxiliary, A. M. A. delegates, special committees, etc., are continued on advertising pages 4 and 6.)

Decholin
REG. U.S. PAT. OFF.

A True Choleretic
●
A Single Chemical Entity
●
Virtually Nontoxic

ACCEPTED AMERICAN MEDICAL ASSN

IN CHRONIC CHOLECYSTITIS
is described in the New Third Edition of
"BILIARY TRACT DISTURBANCES"

The new, third edition of the brochure "Biliary Tract Disturbances" is based on more than 200 recently published reports and presents a concise but comprehensive review of the newer developments in the field of biliary tract disease. If you have not received your copy as yet, please write for it today.

Decholin for oral use and Decholin sodium for intravenous administration are the only chemically pure bile acid derivatives accepted by the Council on Pharmacy and Chemistry. They are single chemical entities, and because of their low toxicity and their marked choleretic influence are of established value in the treatment of chronic cholecystitis, hepatitis of toxic origin, non-calculous cholangitis, hepatic engorgement, biliary stasis. Contraindicated only in complete obstruction of the hepatic or common bile duct.

Riedel-de Haen, Inc.
105 Hudson Street New York, N. Y.

California Physicians' Service

Headquarters Office of California Physicians' Service is located at 333 Pine Street, San Francisco. Los Angeles Office address: 1151 South Broadway.

Board of Trustees

Dr. Ray Lyman Wilbur........President
C. Kelly Canelo, M. D........Vice-President
Alson R. Kilgore, M. D........Secretary-Treasurer
T. Henshaw Kelly, M. D........Assistant Secretary-Treasurer
Samuel Ayres, Jr., M. D.
Glenn Myers, M. D.
Rt. Rev. Thomas J. O'Dwyer
Dewey R. Powell, M. D.

Administrative Members

A. E. Anderson, M. D.
Samuel Ayres, Jr., M. D.
William L. Bender, M. D.
E. Manchester Boddy
Lewis P. Bolander, M. D.
James B. Bullitt, M. D.
Rev. Ernest Caldecott
C. Kelly Canelo, M. D.
John S. Chain, M. D.
Clinton D. Collins, M. D.
C. Glenn Curtis, M. D.
L. P. Davlin, M. D.
J. F. Doughty, M. D.
N. T. Enloe, M. D.
Carl R. Erickson
Harry G. Ford, M. D.
John Anson Ford
Hugh F. Freidell, M. D.
Wm. Gibbs, M. D.
P. A. Gray, M. D.
John W. Green, M. D.
Carlos G. Hilliard, M. D.
Greg Hoskins, M. D.
Carl R. Howson, M. D.
George D. Huff, M. D.
Louis E. Jones, M. D.
T. Henshaw Kelly, M. D.
Alson R. Kilgore, M. D.
Lyell C. Kinney, M. D.
Dr. Tully C. Knoles
Daniel Koshland
John Lawler
George S. Martin, M. D.
Mrs. A. C. Mattei
J. B. McCarthy, M. D.
S. J. McClendon, M. D.
W. B. McKnight, M. D.
Carl Moore, M. D.
Wm. H. Moore, M. D.
Glenn Myers, M. D.
Rt. Rev. Thomas J. O'Dwyer
Wendall G. Olson, M. D.
Alfred L. Phillips, M. D.
Dewey R. Powell, M. D.
Dexter N. Richards, M. D.
J. G. Roberts, M. D.
Henry S. Rogers, M. D.
John C. Ruddock, M. D.
Frederick N. Scatena, M. D.
Dwight C. Sigworth, M. D.
Ernest Sloman, D. D. S.
John J. Smith, M. D.
W. K. Templeton, M. D.
Donald E. Thompson, M. D.
B. L. Trelstad, M. D.
Dr. Ray Lyman Wilbur
J. S. Woolford, M. D.
John H. Woolsey, M. D.

California Packet Library Services

In connection with postgraduate and other studies, the packet library facilities of the larger medical libraries of California may be mentioned. Letters regarding literature, etc., may be addressed to the librarians of the following institutions:

(Continued on Page 5)

ISOPHRIN
TRADE-MARK REG. CALIF.

A non-irritating Neo-Synephrin Solution used as a nasal spray or drops

ISOPHRIN is ¼% levo-meta-methylamino-ethanolphenol hydrochloride, $C_9H_{13}O_2N.HCl$ in a special isotonic solution prepared only by Broemmel's.

Neo-Synephrin Hydrochloride is a synthetic substance of epinephrine-like action, but possesses the advantage that it is more stable, its effects are prolonged and it does not irritate the nasal mucosa or cause sneezing.

Prolonged contact with certain metals may cause discoloration, therefore use spray bottles with only glass or hard rubber fittings.

Supplied in original bottles of 1 oz.

●

BROEMMEL'S PHARMACEUTICALS
FITZHUGH BUILDING, SAN FRANCISCO, CAL.
GArfield 4417 GArfield 4418

ROSTER OF COUNTY MEDICAL SOCIETIES, CALIFORNIA MEDICAL ASSOCIATION

(County society secretaries are requested to promptly notify "California and Western Medicine" when changes are indicated in their roster information.)

Alameda County Medical Association

2404 Broadway, Oakland

President, A. A. Alexander, 1904 Franklin Street, Oakland.
Secretary, Gertrude Moore, 2404 Broadway, Oakland.
Meeting, *Third Monday, 8:15 p. m., Hunter Hall, Oakland.*

Butte County Medical Society

President, William W. Carey, 103 Hazel Street, Gridley.
Secretary, J. O. Chiapella, 131 Broadway, Chico.
Meeting, *Second Thursday.*

Contra Costa County Medical Society

President, Kaho Daily, 314 Tenth Street, Richmond.
Secretary, Clifford E. Dietderich, 1306 Pomona Avenue, Crockett.
Meeting, *Second Tuesday, 8:00 p. m.*

Fresno County Medical Society

President, Ray R. Dearhorn, First National Bank Building, Madera.
Secretary, J. E. Young, 405 Rowell Building, Fresno.
Meeting, *First Tuesday, University-Sequoia Club, Fresno.*

Humboldt County Medical Society

President, John N. Chain, Fourth and E Streets, Eureka.
Secretary, Joseph S. Woolford, 350 E Street, Eureka.
Meeting, *First Thursday.*

Imperial County Medical Society

President, Henry B. Graeser, 115 E. Fifth Street, Holtville.
Secretary, William A. Clarke, Holtville.
Meeting, *Third Tuesday, 7:00 p. m., Barbara Worth Hotel, El Centro.*

Inyo-Mono County Medical Society

President, Lloyd S. Bambauer, 705 Home Street, Bishop.
Secretary, Clarence L. Scott, 609 Elm Street, Bishop.
Meeting, *Fourth Wednesday, Methodist Church, Bishop, except December, January, February.*

Kern County Medical Society

President, C. S. Compton, 428 C Street, Bakersfield.
Secretary, Eric F. Colhy, Hopkins Building, Bakersfield.
Meeting, *Third Thursday, 8:00 p. m.*

Kings County Medical Society

President, P. K. Edmunds, Corcoran.
Secretary, William A. Johnstone, Hanford.
Meeting, *Second Monday, 8:00 p. m., Legion Hall, Hanford.*

Lassen-Plumas-Modoc County Medical Society

President, W. B. McKnight, Portola.
Secretary, Bernard S. Holm, Quincy.
Meeting, *On Call.*

Los Angeles County Medical Association

1925 Wilshire Boulevard, Los Angeles

President, Roy E. Thomas, 1136 W. Sixth Street, Los Angeles.
Secretary, L. A. Alesen, 1925 Wilshire Boulevard, Los Angeles.
Meetings, *First and Third Thursdays, 1925 Wilshire Boulevard, Los Angeles.*

Marin County Medical Society

President, Harry N. Hensler, Home Market Building, San Anselmo.
Secretary, Carl W. Clark, 510 B Street, San Rafael.
Meeting, *Fourth Thursday, 7:00 p. m., Marin Golf and Country Club.*

Mendocino-Lake County Medical Society

President, Dallas L. Wagner, 615 Main Street, Fort Bragg.
Secretary, Royal Scudder, Fort Bragg.
Meeting, *On Call.*

Merced County Medical Society

President, William E. Fountain, 557 Seventeenth Street, Merced.
Secretary, James A. Parker, Bank of America Building, Merced.
Meeting, *Third Thursday, Hotel Tioga, Merced.*

Monterey County Medical Society

President, Mast Wolfson, 215 Franklin Street, Monterey.
Secretary, Arnold Manor, 215 Franklin Street, Monterey.
Meeting, *First Thursday.*

Napa County Medical Society

President, Frank X. McGreane, Silverado Sanatorium, Calistoga.
Secretary, M. M. Booth, Bruck Building, St. Helena.
Meeting, *First Wednesday.*

Orange County Medical Society

President, John A. Wood, 605 No. Los Angeles Street, Anaheim.
Secretary, Glenn Curtis, 323 North Pomona Street, Brea.
Meeting, *First Tuesday, 8:00 p. m., Chapel of the Orange County Hospital, Orange.*

Placer County Medical Society

President, William M. Miller, Auburn.
Secretary, Robert A. Peers, Colfax.
Meeting, *At Call of President.*

Riverside County Medical Society

President, Thomas A. Card, 3616 Main Street, Riverside.
Secretary, W. Philip Corr, 3616 Main Street, Riverside.
Meeting, *Second Monday, 8:00 p. m., Library, Riverside Community Hospital.*

Sacramento Society for Medical Improvement

President, Norris R. Jones, M. D., 1127 Eleventh Street, Sacramento.
Secretary, Glenn E. Millar, 321 Physicians Building, Sacramento.
Meeting, *Third Tuesday, 8:30 p. m., Auditorium, Sacramento.*

San Benito County Medical Society

President, J. M. O'Donnell, Hollister.
Secretary, L. E. Smith, Hollister.
Meeting, *At Call of President.*

San Bernardino County Medical Society

President, Walter S. Cherry, Rialto.
Secretary, A. E. Varden, Medico-Dental Building, San Bernardino.
Meeting, *First Tuesday, 8:00 p. m., San Bernardino County Charity Hospital.*

San Diego County Medical Society

1410 Medico-Dental Building, 233 A Street, San Diego

President, Joseph Weinberger, Medico-Dental Building, 233 A Street, San Diego.
Secretary, C. V. Bernardini, 1410 Medico-Dental Building, 233 A Street, San Diego.
Meeting, *Second Tuesday, University Club.*

San Francisco County Medical Society

2180 Washington Street, San Francisco

President, William Reilly, 490 Post Street, San Francisco.
Secretary, L. Henry Garland, 2180 Washington Street, San Francisco.
Meetings, *Every Tuesday, 8:15 p. m., 2180 Washington Street, San Francisco.*

San Joaquin County Medical Society

President, Hugh J. Bolinger, Farmers and Merchants Bank Building, Lodi.
Secretary, George H. Rohrbacher, 1005 Medico-Dental Building, Stockton.
Meetings, *First Thursday, 8:15 p. m., Medico-Dental Club Rooms, Stockton.*

San Luis Obispo County Medical Society

President, F. W. Yocom, 732 Thirteenth Street, Paso Robles.
Secretary, E. M. Bingham, County Health Department, San Luis Obispo.
Meeting, *Third Saturday, 6:30 p. m., Gold Dragon Cafe, San Luis Obispo.*

San Mateo County Medical Society

President, Carl D. Benninghoven, Mills Memorial Hospital, San Mateo.
Secretary, Robert F. Monteith, 18 California Street, Redwood City.
Meeting, *Fourth Wednesday, Benjamin Franklin Hotel, San Mateo.*

Santa Barbara County Medical Society

President, Henry J. Profant, 1421 State Street, Santa Barbara.
Secretary, D. H. McNamara, 317 W. Pueblo Street, Santa Barbara.
Meeting, *Second Monday, Cottage Hospital.*

Santa Clara County Medical Society

President, Merlin T.-R. Maynard, 241 East Santa Clara Street, San Jose.
Secretary, Leslie B. Magoon, 652 East Santa Clara Street, San Jose.
Meeting, *Third Wednesday, 8:00 p. m., Medico-Dental Building, San Jose.*

Santa Cruz County Medical Society

President, A. F. Giberson, Watsonville.
Secretary, Samuel B. Randall, 84 Walnut Avenue, Santa Cruz.
Meeting, *First Tuesday of each month (except June, July and August), 7:30 p. m., Club Rio del Mar, Aptos.*

Shasta County Medical Society

President, Clarence C. Gerrard, Redding.
Secretary, Bertram L. Trelstad, 1536 Market Street, Redding.
Meeting, *Second Monday.*

Siskiyou County Medical Society

President, Charles Pius, Yreka.
Secretary, Victor W. Hart, 113 No. Oregon Street, Yreka.
Meeting, *Sunday on call.*

Solano County Medical Society

President, H. Randall Madeley, 727 Sonoma Street, Vallejo.
Secretary, John W. Green, Box 539, Vallejo.
Meeting, *Second Tuesday, 8:00 p. m., Casa de Vallejo Hotel, Vallejo.*

Sonoma County Medical Society

President, S. Z. Peoples, 159 Kentucky Street, Petaluma.
Secretary, T. E. Albers, 600 B Street, Santa Rosa.
Meeting, *Second Thursday.*

Stanislaus County Medical Society

President, Richard D. Husband, P. O. Box 709, Modesto.
Secretary, Hoyt R. Gant, 403 Beaty Building, Modesto.
Meeting, *Second Friday, 7:30 p. m., Hotel Hughson.*

Tehama County Medical Society

President, O. T. Wood, Red Bluff.
Secretary, R. G. Frey, Red Bluff.
Meeting, *At Call of President.*

Tulare County Medical Society

President, Ray E. Cronemiller, 160 South E Street, Exeter.
Secretary, Forrest G. Powell, 222 W. Willow Street, Visalia.
Meeting, *Sunday Evening once a month.*

Ventura County Medical Society

President, Harry E. Barker, 1484 East Main Street, Ventura.
Secretary, A. A. Morrison, 625 Main Street, Santa Paula.
Meeting, *Second Tuesday, Ventura County Country Club.*

Yolo-Colusa-Glenn County Medical Society

President, Charles F. Keith, Williams.
Secretary, W. J. Blevins, Jr., Woodland.
Meeting, *First Tuesday.*

Yuha-Sutter County Medical Society

President, Ben F. Miller, Yuba City.
Secretary, Leon M. Swift, I. O. O. F. Building, Marysville.
Meeting, *First Tuesday.*

(Roster lists continued on advertising page 6)

BUTLER BUILDING

GEARY AND STOCKTON STREETS » » » AT UNION SQUARE

"There's nothing like a new spring outfit to make anyone feel very happy. That's the same way I felt when I moved into this attractive suite of offices in the Butler Building. I find it is also mighty convenient for everyone."

Right in the heart of the downtown shopping district, of course the Butler Building is easy to reach. Come in and look over offices, single or in suite, fully equipped for professional needs.

▼

Buckbee Thorne & Co.

Agents

151 SUTTER STREET • SAN FRANCISCO

Call at the building . . . or
Telephone DOuglas 5686

(Continued from Page 3)

University of California Medical Library, Medical Center, San Francisco.

Lane Medical Library (Stanford), 2398 Sacramento Street, San Francisco.

Barlow Medical Library (Los Angeles County Medical Association), 634 South Westlake, Los Angeles.

Nonprofit Hospitalization Corporations

In California, the three nonprofit hospitalization corporations named below are in operation:

Associated Hospital Service of Southern California, 1151 South Broadway, Los Angeles.

Insurance Association of Approved Hospitals, 369 Pine Street, San Francisco; 675 East Santa Clara, San Jose; Easton Building, Oakland.

Intercoast Hospitalization Insurance Association, 1127 "J" Street, Sacramento.

Should Cod Liver Oil Be Flavored?—It is a well-known fact that young infants shy at aromatics. Older patients often tire of flavored medications to the point where the flavoring itself becomes repellant. This is particularly true if the flavoring is of a volatile nature or "repeats" hours after being ingested. Physicians have frequently used the terms "fresh," "natural," "sweet," and "nutlike" in commenting upon the fine flavor of Mead's Cod Liver Oil. They find that most patients prefer an unflavored oil when it is as pure as Mead's.

Physicians who look with disfavor upon self-medication by laymen are interested to know that Mead's is one Cod Liver Oil that is not advertised to the public and that carries no dosage directions on carton, bottle or circular. Mead Johnson & Company, Evansville, Indiana, U. S. A., will be glad to send samples and literature to physicians only.

It is the superstitution of medicine that is responsible for all the health cults of modern times. You have elevated the desire for health, youth and longevity to the position of a religion.—Rabbi Stephen Wise.

℞

Accuracy
Quality
Reliability

The Owl Drug Co

130 STORES ON THE PACIFIC COAST

OFFICERS OF SCIENTIFIC SECTIONS, CALIFORNIA MEDICAL ASSOCIATION

Request is made that any member who desires to submit papers before an annual session section, write in regard thereto, to respective section secretary, as soon as convenient after the close of an annual session.

Anesthesiology

Chairman, Adena C. Dutton, 2400 Pacific Avenue, San Francisco.
Secretary, Charles F. McCuskey, 1561 Pueblo Drive, Glendale.

Dermatology and Syphilology

Chairman, Nelson Paul Anderson, 2007 Wilshire Boulevard, Los Angeles.
Vice-Chairman, Frederick G. Novy, Jr., 411 Thirtieth Street, Oakland.
Secretary, Julius R. Scholtz, 1930 Wilshire Boulevard, Los Angeles.

Eye, Ear, Nose and Throat

Chairman, Dewey R. Powell, 242 No. Sutter Street, Stockton.
Vice-Chairman, Warren D. Horner, Medico-Dental Bldg., 490 Post St., San Francisco.
Secretary, Harry J. Wiley, 2701 Florence Street, Huntington Park.

General Medicine

Chairman, William H. Barrow, 1400 Medico-Dental Building, San Diego.
Secretary, Russell V. Lee, 300 Hamilton Avenue, Palo Alto.

General Surgery

Chairman, Clarence E. Rees, 2001 Fourth Avenue, San Diego.
Secretary, Frederick S. Foote, 490 Post Street, San Francisco.
Assistant Secretary, Frank J. Breslin, 2007 Wilshire Boulevard, Los Angeles.

Industrial Medicine and Surgery

Chairman, George H. Sanderson, 242 North Sutter Street, Stockton.
Vice-Chairman, John S. Stephens, 1136 W. Sixth Street, Los Angeles.
Secretary, Wilbur J. Cox, 450 Sutter Street, San Francisco.

Neuropsychiatry

Chairman, George S. Johnson, Stanford University Hospital, San Francisco.
Secretary, R. B. Raney, 727 West Seventh Street, Los Angeles.

Obstetrics and Gynecology

Chairman, John N. Ewer, 411 Thirtieth Street, Oakland.
Vice-Chairman, William Benbow Thompson, 1930 Wilshire Boulevard, Los Angeles.
Secretary, C. F. Fluhmann, Stanford University Hospital, San Francisco.

Pathology and Bacteriology

Chairman, Paul H. Guttman, 1127 Eleventh Street, Sacramento.
Secretary, Roy W. Hammack, 657 South Westlake Boulevard, Los Angeles.
Assistant Secretary, John W. Budd, 2131 West Third Street, Los Angeles.

Pediatrics

Chairman, Hartzell H. Ray, 23 Second Avenue, San Mateo.
Secretary, W. W. Belford, 601 Medico-Dental Building, San Diego.
Assistant Secretary, John J. Miller, 2000 Van Ness Avenue, San Francisco.

Radiology

Chairman, Robert R. Newell, Stanford University Hospital, San Francisco.
Secretary, Carl D. Benninghoven, Mills Memorial Hospital, San Mateo.
Assistant Secretary, Ray A. Carter, Los Angeles County General Hospital, Los Angeles.

Urology

Chairman, John A. Dougherty, 3115 Webster Street, Oakland.
Secretary, Lyle G. Craig, 65 North Madison Avenue, Pasadena.

California Medical Association Delegates and Alternates to the American Medical Association

DELEGATES		ALTERNATES
George G. Reinle, Oakland	(1939-1940)	Frank R. Makinson, Oakland
Edward M. Pallette, Sr., Los Angeles	(1939-1940)	William H. Kiger, Los Angeles
Robert A. Peers, Colfax	(1939-1940)	F. F. Gundrum, Sacramento
William R. Molony, Sr., Los Angeles	(1939-1940)	John C. Ruddock, Los Angeles
Elbridge J. Best, San Francisco	(1940-1941)	Robert S. Stone, San Francisco
Lyell C. Kinney, San Diego	(1940-1941)	Bon. O. Adams, Riverside
Lowell S. Goin, Los Angeles	(1940-1941)	Roy E. Thomas, Los Angeles

Special Committees

Committee on Public Health Education

Frank R. Makinson, Chairman	Oakland
Karl L. Schaupp, Secretary	San Francisco
Samuel Ayres, Jr.	Los Angeles
Thomas A. Card	Riverside
Lowell S. Goin	Los Angeles
Junius B. Harris	Sacramento
Dewey R. Powell	Stockton
Charles A. Dukes (ex officio)	Oakland

Ross Marshall, Public Relations Counsel

* * *

Local Committee on Arrangements
1940 Coronado Session

C. O. Tanner, Chairman
Ray C. Lounsberry
Victor C. Bernardini
Alfred E. Cooper

Committee on Maternal Welfare

T. Henshaw Kelly	San Francisco
Lyle G. McNeile	Los Angeles
Ralph J. Thompson	Los Angeles
T. Floyd Bell	Oakland
Hans F. Schluter	Sacramento

Committee on Hours, Pay and Duties of Municipal, County, State and Federal Medical Employees

Wm. C. Voorsanger, Chairman	San Francisco
L. A. Alesen	Los Angeles
Robert S. Kneeshaw	San Jose

Committee on Hospitals

Louis A. Packard, Chairman	Bakersfield
Axcel E. Anderson	Fresno
Calvert L. Emmons	Ontario

Committee on Syphilis

Howard Morrow, Chairman	San Francisco
Charles W. Barnett	San Francisco
William H. Goeckerman	Los Angeles

Committee on Survey of Association Offices

Elbridge J. Best, Chairman	San Francisco
Dewey R. Powell	Stockton
George D. Maner	Los Angeles

Committee on Life Membership Plan

Robert A. Peers, Chairman	Colfax
A. Bennett Cooke	Los Angeles
G. W. Walker	Fresno

Committee on Needy Members

Axcel E. Anderson, Chairman	Fresno
Elizabeth M. Hohl	Los Angeles
Robert A. Peers	Colfax

Woman's Auxiliary to the California Medical Association

State Auxiliary Officers

President, Mrs. Frederick N. Scatena, 1453 Forty-fifth Street, Sacramento.
President-Elect, Mrs. A. E. Anderson, 1035 Cambridge Street, Fresno.
First Vice-President, Mrs. Harry O. Hund, 1304 Grand Avenue, San Rafael.
Second Vice-President, Mrs. Frank Baxter, 33 Bowling Drive, Oakland.
Recording Secretary, Mrs. G. Wendell Olsen, 219 Buena Vista Drive, Fullerton.
Corresponding Secretary, Mrs. G. A. Spencer, 1915 Twenty-first Street, Sacramento.
Treasurer, Mrs. C. G. Stadfield, 1314 N. Highland Avenue, Los Angeles.

Officers of County Auxiliaries

Alameda County—President, Mrs. George Calvin, 406 Bellevue Avenue, Oakland.
Butte County—President, Mrs. N. T. Enloe, 488 East Third Street, Chico.
Contra Costa County—President, Mrs. Kabo Daily, 2367 Carquinez Avenue, Richmond.
Fresno County—President, Mrs. Kenneth J. Staniford. 437 Olive Avenue, Fresno.
Humboldt County—President, Mrs. John W. Chain, Eureka.
Kern County—President, Mrs. J. J. McCarthy, 2026 C Street, Bakersfield.
Kings County—President, Mrs. C. T. Rosson, Jr., N. Redington Street, Hanford.
Lassen-Plumas-Modoc County—Pres., Mrs. G. R. Fortson, 912 Lassen St., Susanville.
Los Angeles County—President, Mrs. E. Eric Larson, 126 Fremont Place, Los Angeles.
Marin County—President, Mrs. C. A. DeLancey, 1 Culloden Park Road, San Rafael.
Merced County—President, Mrs. C. E. Fitz Gibbon, 650 Twenty-sixth Street, Merced.
Monterey County—President, Mrs. Raymond V. Rukke, 135 Franklin Street, Monterey.
Orange County—President, Mrs. Edward Lee Russell, 1439 Louise Street, Santa Ana.
Riverside County—President, Mrs. W. W. Rohlee, 3177 Orange Avenue, Riverside.
Sacramento County—President, Mrs. Norris R. Jones, 2725 Coleman Way, Sacramento.
San Diego County—President, Mrs. William C. Cooke, 2770 Sixth Avenue, San Diego.
San Francisco County—President, Mrs. E. J. Morrissey, 2540 Filbert St., San Francisco.
San Joaquin County—President, Mrs. Hudson Smythe, 1605 N. Hunter St., Stockton.
San Luis Obispo County—Pres., Mrs. G. D. Kelker, 1305 Marsh St., San Luis Obispo.
San Mateo County—President, Mrs. George Sevenman, 225 Catalpa Avenue, San Mateo.
Santa Barbara County—President, Mrs. E. L. Markthaler, 2304 State St., Santa Barbara.
Santa Clara County—President, Mrs. Phillip L. Wise, 199 S. Sixteenth Street, San Jose.
Santa Cruz County—President, Mrs. F. P. Shenk, 450 Escalona Drive, Santa Cruz.
Sonoma County—President, Mrs. E. Dwight Barnett, Proctor Heights, Santa Rosa.
Stanislaus County — President, Mrs. Hans Hartman, 715 Magnolia Avenue, Modesto.
Tulare County—President, Mrs. J. C. McClure, Box 36, Lindsay.
Ventura County — President, Mrs. A. J. Strong, Santa Paula.

Nevada State Medical Association

President, C. W. West, Reno.
President-Elect, H. A. Paradis, Sparks.
Sec.-Treas., Horace J. Brown, Box 698, Reno.

Miscellaneous California Medical Organizations

California Northern District Medical Society

President—John H. White, Chico.
Secretary—J. Homer Woolsey, Woodland Clinic, Woodland.

Department of Public Health of the State of California

San Francisco—State Office Building, McAllister and Larkin streets, UNderhill 8700.
Sacramento—State Office Building, Tenth and L streets, CApital 2800.
Los Angeles—State Office Building, 217 West First Street, MAdison 1281.

President, Howard Morrow, San Francisco.
Director, Walter M. Dickie, State Building, San Francisco.

Board of Medical Examiners of the State of California

San Francisco, Rm. 214, 515 Van Ness Ave.
Los Angeles, 906 State Building.
Sacramento, Business and Professional Bldg., 1020 N Street.
President, William R. Molony, Sr., Los Angeles.
Secretary, C. B. Pinkham, Room 214, 515 Van Ness Avenue, San Francisco.

Southern California Medical Association

President, John C. Ruddock, 1930 Wilshire Boulevard, Los Angeles.
Secretary, John B. Doyle, 501 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

The Public Health League of California

Executive Secretary, Ben H. Read, San Francisco office, 244 Kearny Street, phone SUtter 8470. Los Angeles office, Room 563, 1151 South Broadway, phone PRospect 5711.

SILVER PICRATE

Wyeth

HAS SHOWN A CONVINCING RECORD* OF EFFECTIVENESS IN ACUTE ANTERIOR URETHRITIS

due to Neisseria gonorrheae • Trichomonas vaginalis
Monilia albicans

Silver Picrate is a crystalline compound of silver in definite chemical combination with picric acid. Dosage form for use in anterior urethritis: Wyeth's Silver Picrate Crystals in an aqueous solution of 0.5 percent.

Supplied at all pharmacies in vials of 2 grams

Complete literature on Silver Picrate as used in genitourinary and gynecological practice will be mailed on request.

*"Treatment of Acute Anterior Urethritis with Silver Picrate," Knight and Shelanski, AMERICAN JOURNAL OF SYPHILIS, GONORRHEA AND VENEREAL DISEASES, Vol. 23, No. 2, pages 201-206, March, 1939.

JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA, PA.

Cauterization of Wounds from Dog Bites Is Necessary.*—The effectiveness of cauterization of wounds from bites of rabid dogs has been questioned recently, although this is a certain, well-founded and time-tried method of preventing rabies. The procedure was established even before the days of Pasteur, and has been confirmed scientifically since that time. It is essential, therefore, that the subject be reviewed at the present time in order that health officers and public health workers in general may be assured of the value that lies in the immediate cauterization of such wounds.

It is recognized that the Pasteur treatment is not 100 per cent effective, because it is unable to protect against more than two or three minimal infective doses or to develop the requisite degree of immunity in cases where the incubation period is short. Therefore, any other form of treatment in which there is any hope whatsoever of exerting a preventive influence must be applied. The only other treatment now available is cautery, either actual, as in the days of Pasteur, or by nitric acid, which is used commonly at the present time.

The rationality of this procedure can be appreciated readily by a consideration of certain factors that concern virus invasions, particularly the virus of rabies. Anyone who has ever tried to stop a smallpox vaccination "take" by scrubbing with soap and water or even by the application of iodine will appreciate the need of a destructive agent—one that is destructive alike to the tissues and to the virus that is still superficial. That the virus of rabies can be present in the wound for a considerable time and not carried away rapidly by the lymphatics is an indis-

(Continued on Page 9)

---

* By W. H. Kellogg, M. D., Chief, Division of Laboratories, California State Department of Public Health.

THE PHYSICIAN'S ℞

GOOD BUSINESS RECORDS are the KEY to your FINANCIAL SUCCESS. N. P. B. record forms will help you succeed; they are efficient and easy to keep. In fact, they are the combination to your success. START TO KEEP GOOD RECORDS NOW AND SAVE YOURSELF INCOME TAX WORRIES IN 1941.

IT PAYS TO DEAL WITH A RELIABLE ORGANIZATION

National Professional Bureau, Ltd.
(Established 1928)
Suite 315 450 Sutter Street
TELEPHONE DOUGLAS 4571

ALPHABETICAL LIST OF ADVERTISERS

Members of the California Medical Association can aid their JOURNAL and the firms who advertise therein, by coöperation as indicated in the footnote on this page

PAGE
Acousticon ... 38
Adams Mineral Springs ... 36
Alexander Sanatorium, Inc., The 43
Alum Rock Sanatorium ... 40
American Can Company ... 35
Arrowhead Springs Hotel and Spa ... 20
Barry Co., The James H. ... 37
Baxter, Inc., Don ... 33
Bolin, M. D., Zera E., Pathological Service ... 42
Boyding Scientific Co. ... 34
Broemmel's Laboratories ... 3
Butler Building ... 5
California Sanatorium ... 34
Calso Water Company ... 25
Camp & Company, H. S. ... 17
Canyon Sanatorium ... 22
Children's Hospital — Physical Therapy Course ... 9
Classified Advertisements ... 12
Colfax School for the Tuberculous ... 44
Compton Sanitarium and Las Campanas Hospital ... 44
Cook County Graduate School of Medicine ... 9
Crocker First National Bank ... 42
Cutter Laboratory ... 4 Cover
Doctors' Business Bureau ... 2 Cover
Frederick Stearns & Company ... 13
French Hospital ... 30
Greens' Eye Hospital ... 2 Cover
Hittenberger Co., C. H. ... 28
Hospitals and Sanatoriums ... 10
Ingram Laboratories ... 28
Jenkel-Davidson Optical Co. ... 41
King Ambulance Company ... 24
La Loma Feliz ... 12
Las Encinas Sanitarium ... 38
Lilly & Co., Inc., Eli ... 32
Livermore Sanitarium ... 40
Los Angeles Tumor Institute ... 26
Luzier's ... 24
M. & R. Dietetic Laboratories, Inc. ... 14
Mead Johnson & Co. ... 31
Medical Placement Bureau ... 38
Medical Protective Co., The ... 20
Morning Milk Co. ... 1
National Association of Chewing Gum ... 11
National Professional Bureau, Ltd. ... 7
New York Polyclinic Medical School and Hospital ... 9
Noble Placement Agency ... 12
Officers of the California Medical Association ... 2, 4, 6
Officers of Miscellaneous Medical Associations ... 6
Owl Drug Co., The ... 5
Park Sanitarium ... 36
Parke, Davis & Co. ... 19
Petrolagar ... 3 Cover
Physicians' Casualty Association and Physicians' Health Association ... 22
Postgraduate Instruction ... 9
Pottenger Sanatorium ... 24
Riedel-de-Haen, Inc. ... 3
Riggs Optical Company ... 25
Saint Francis Hospital ... 43
Sandoz Chemical Works, Inc. ... 11
Similac ... 14
S. M. A. Corporation ... 21
Soiland, Costolow, and Meland, Doctors ... 26
Stacey, J. W., Medical Books ... 15
Stearns & Company, Frederick ... 13
St. Luke's Hospital ... 34
St. Mary's Hospital ... 39
Stuart Oxygen Company ... 18
Summit Medical Building ... 15
Twin Pines ... 10
University of California Medical School ... 9
Upjohn Company, The ... 27
Upsher Smith Co. ... 15
Vegex ... 26
Vitamin Food Co. ... 26
Wawona ... 29
Westinghouse X-Ray Co. ... 14
Winthrop Chemical Co., Inc. ... 23
Wilson Laboratories, The ... 16
Wyeth & Brothers, Inc., John ... 7
Zweegman School for Medical Secretaries ... 12

COÖPERATE WITH YOUR ADVERTISERS

CALIFORNIA AND WESTERN MEDICINE, the official publication of your Association, is made possible in part by reason of the coöperation of business firms and institutions who use advertising space. Their purpose is to direct attention to their products and services to present and future patrons.

Members and readers are urged to give preference to and to patronize these advertisers. When ordering goods, mention CALIFORNIA AND WESTERN MEDICINE.

This coöperation will please the advertiser, increase advertising income, and enable your Association to increase the value of this JOURNAL to members and readers.

A SERVICE AGENCY—FOR READERS

The JOURNAL of the California State Medical Association and the Coöoperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital, or we will refer your request to the proper department of the A. M. A. for reply.

We invite and urge you to use this Service. It is absolutely *free* to every member of the California Medical Association. The Coöperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in CALIFORNIA AND WESTERN MEDICINE, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This A. M. A. Service Bureau will give you the information. Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to write direct to the Coöperative Medical Advertising Bureau, 535 N. Dearborn Street, Chicago, Illinois. CALIFORNIA AND WESTERN MEDICINE and the A. M. A. Service Bureau desire to serve *you*.

THE NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL
(Organized 1881)
(The Pioneer Post-Graduate Medical Institution in America)

RADIOLOGY
A comprehensive review of the physics and higher mathematics involved, film interpretation, all standard general roentgen diagnostic procedures, methods of application and doses of radiation therapy, both x-ray and radium, standard and special fluoroscopic procedures. A review of dermatological lesions and tumors susceptible to roentgen therapy is given, together with methods and dosage calculation of treatments. Special attention is given to the new diagnostic methods associated with the employment of contrast media, such as bronchography with Lipiodol, uterosalpingography, visualization of cardiac chambers, peri-renal insufflation and myelography. Discussion covering roentgen departmental management are also included.

PHYSICAL THERAPY
Didactic lectures and active clinical application of all present-day methods of physical therapy in internal medicine, general and traumatic surgery, gynecology, urology, dermatology, neurology and pediatrics. Special demonstrations in minor electrosurgery, electrodiagnosis, fever therapy, hydrotherapy, including colonic therapy, light therapy.

For Information Address: MEDICAL EXECUTIVE OFFICER, 345 West 50th Street, New York City

UNIVERSITY OF CALIFORNIA
MEDICAL SCHOOL

Course for General Practitioners

VARIOUS ASPECTS OF CHRONIC DISEASES

June 3 to 6, 1940

▼

For complete information, write to

DEAN'S OFFICE
University of California
Medical School
SAN FRANCISCO, CALIFORNIA

Cook County Graduate School of Medicine
(IN AFFILIATION WITH COOK COUNTY HOSPITAL)
Incorporated not for profit

Announces Continuous Courses

SURGERY—Two Weeks Intensive Course in Surgical Technique with practice on living tissue every two weeks. General Courses One, Two, Three and Six Months; Clinical Course; Special Courses.

MEDICINE—Two Weeks Intensive Course starting June 3, 1940. Two Weeks Course Gastro-Enterology June 17, 1940. Two Weeks Course Electrocardiography and Heart Disease August 5, 1940.

FRACTURES AND TRAUMATIC SURGERY—Ten Day Intensive Course starting April 22, 1940. Informal Course every week.

GYNECOLOGY—Two Weeks Course June 17, 1940. One Week Personal Course Vaginal Approach to Pelvic Surgery April 8, 1940.

OBSTETRICS—Two Weeks Course June 3, 1940. Informal Course every week.

OTOLARYNGOLOGY—Two Weeks Course starting April 8, 1940. Informal Course every week.

OPHTHALMOLOGY—Two Weeks Course starting April 22, 1940. Informal Course every week.

CYSTOSCOPY—Ten Day Practical Course rotary every two weeks. One Month and Two Weeks Courses in Urology every two weeks.

ROENTGENOLOGY—Special Courses X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

General, Intensive, and Special Courses in all branches of Medicine, Surgery and the Specialties.

●

TEACHING FACULTY—ATTENDING STAFF OF COOK COUNTY HOSPITAL
Address: Registrar, 427 South Honore Street, Chicago, Ill.

CHILDREN'S HOSPITAL
4614 Sunset Boulevard • Los Angeles, Calif.

Physical Therapy Course. Fifteen months. Tuition $150.00. Given for graduates of accredited Schools of Nursing and Physical Education.

The School maintains a placement bureau for therapists fulfilling requirements of the American Medical Association.

Apply MISS LILY H. GRAHAM, Director,
School of Physical Therapy

(Continued from Page 7)

putable fact. For that reason, any rabies virus that may be taken up by the lymphatics is rendered *hors de combat*.

Rabies cannot be produced experimentally by introducing large quantities of the virus into milk that may be fed to susceptible animals. The disease is never produced through the consumption of milk from rabid animals, although the virus, it is reported, has been demonstrated in milk. The writer of this article has inoculated subcutaneously in rabbits a thousand minimal infective doses of fixed virus without producing infection.

The portal of entry of the rabies virus in nature is not the lymphatics or the blood stream, but the nerves. It is by way of the nerve trunks that the virus travels from the small branches in the superficial tissues to the cord and brain. The rate of travel is slow, which accounts for the

(Continued on Next Page)

HOSPITALS AND SANATORIUMS

The Institutions here listed have announcements in this issue of CALIFORNIA AND WESTERN MEDICINE. For Index, see advertising page 8.

ALEXANDER SANITARIUM
Nervous and Mental Diseases
Belmont, California

ALUM ROCK SANATORIUM
For Treatment of Diseases of the Chest
San Jose, California

CALIFORNIA SANITARIUM
For Treatment of Tuberculosis
Belmont, California

CANYON SANATORIUM
For Treatment of Tuberculosis
Redwood City, California

COLFAX SCHOOL FOR THE TUBERCULOUS
For the Treatment of Tuberculosis
Colfax, California

COMPTON SANATORIUM AND LAS CAMPANAS HOSPITAL
Neuropsychiatric and General
Compton, California

FRANKLIN HOSPITAL
Limited General Hospital
Fourteenth and Noe Streets, San Francisco

FRENCH HOSPITAL
General Hospital
Geary at Fifth Avenue, San Francisco

GREENS' EYE HOSPITAL
Consultation, Diagnosis and Treatment of Diseases of the Eye
Bush and Octavia Streets, San Francisco

LAS ENCINAS SANITARIUM
Nervous and General Diseases
Las Encinas, Pasadena, California

LIVERMORE SANITARIUM
Nervous and General Diseases
Livermore, California

POTTENGER SANATORIUM AND CLINIC
For the Treatment of Tuberculosis
Monrovia, California

PARK SANITARIUM
Mental and Nervous Alcoholic and Drug Addictions
1500 Page Street, San Francisco, California

SAINT FRANCIS HOSPITAL
Limited General Hospital
Bush and Hyde Streets, San Francisco

ST. LUKE'S HOSPITAL
Limited General Hospital
27th and Valencia Streets, San Francisco

ST. MARY'S HOSPITAL
General Hospital
2200 Hayes Street, San Francisco

TWIN PINES
Convalescent and Neuropsychiatric
Belmont, California

BELMONT **Twin Pines** CALIFORNIA
Fatigue states, neuroses, and selected mental cases.
ALLEN WILLIAMS, M. D.
Internal Medicine
Telephone BELMONT 111
WILL REBEC, M. D.
Psychiatry

(Continued from Preceding Page)

long incubation period of the disease. It is obvious that when the inoculation is near the brain the incubation period is shorter, because the distance of travel is shorter.

While it is true that experimental infection can be produced by intravenous inoculation, the doses required are enormous, as compared to the natural method of inoculation by animal bite, and the results are uncertain and irregular. There is no evidence that natural infection ever occurs by way of the blood stream. Animals survive experimental nerve inoculations when the nerve trunk central to the site of an inoculation is resected, while the resected nerves themselves are infective. It has also been shown that the portion of the spinal cord in connection with an infected nerve becomes infective before the rest of the central nervous system (Marie et al., 1927). Even the infectious quality of saliva is not due to any involvement of the salivary gland tissue, but the presence in them of neurons, which may occur as single cells or as ganglionic aggregations and which are seated just under the ephithelium, the virus being set free from the neurons by abrasion of the ephithelium (Topley and Wilson). The virus may spread centrifugally from the brain and be found in such nerves as the brachial and sciatic (Nicalou and Galloway, 1928).

Fuming nitric acid destroys both tissues and virus, not only on the surface contacted, but the effect penetrates for a limited although appreciable depth. The contention that one cannot reach absolutely all corners which harbor virus and that for this reason cauterization is useless is without merit. The importance of dosage in relation to the chance of successful infection in all diseases is well known. The principle is of manifold importance in rabies, where the vaccination treatment is capable of generating a resistance against only a limited amount of virus. It is therefore most essential that the specific treatment be aided by a reduction of the force it has to combat and this aid is very effectively given by a thorough cauterization of the wound. Cauterized wounds heal readily and consideration of scarring have no weight whatever. Indeed, bites on the face, where cauterization is most likely to be withheld because of the fear of scarring, are precisely those that above all others require thorough treatment for reasons previously referred to.

As between prompt and thorough cauterization and the Pasteur treatment, there is a question as to which, used alone, would be the more effective. In my opinion, if all the facts were known, it would be found that cauterization is the more valuable. The various estimates of the percentage of success of the vaccine treatment are subject to considerable modification, because of the many unknown factors that tend to swell the number of cases that should not be entered in this series. There are such things as the amount of virus introduced (only one out of six develops rabies without treatment), bites through clothing, question of rabies in the dog, etc. Everything considered, the omission of cauterization by a physician who knows these facts is nothing short of criminal.

By study man produced the stone tool, the bow and arrow, the numerals, and the alphabet. Likewise tillage, books, and all else by which he lifted himself out of savagery. Among his great works—poems, commerce, and government—each is a creation of the mind. The structures in which man resides, works, and escapes the pelting elements, the conveyances in which he travels, are but mental reflections that have taken tangible form.

Leafy vegetables constitute the richest source of iron among the vegetables.

HAVE A STICK OF CHEWING GUM BEFORE YOU GO. YOU'LL FIND IT VERY REFRESHING
THANK YOU, DOCTOR. CHEWING GUM IS SOMETHING WE ALL ENJOY.
Enjoy Chewing Gum yourself. It's just right-sized to carry in your pocket.
U-70

**Doctor—
here is how
CHEWING GUM
helps you send
your patients away
with a good taste
in their mouths**

The offer of a wholesome stick of delicious Chewing Gum along with a cheery "Goodbye" literally and figuratively does the trick.

And aside from the good will value of chewing gum, doctor, as you know, it exercises the teeth, helps cleanse and brighten them and is a refreshing pleasure. Try it.

The National Association of Chewing Gum Manufacturers, Rosebank, Staten Island, New York

---

MIGRAINE

is relieved in a large percentage of patients by

SANDOZ

GYNERGEN

Brand of Ergotamine Tartrate

DOSAGE: 0.5 cc. intramuscularly as early as possible. In resistant cases, the dosage may be increased up to 1 cc. In mild attacks 2 to 6 tablets often prove effective.

Ampules, 0.5 cc.: Boxes of 6, 50, 100.
Ampules, 1 cc.: Boxes of 6, 12, 50, 100.
Tablets: Bottles of 15, 100, 500.
Solution: Bottles of 15 cc. and 100 cc.

Literature on request

SANDOZ CHEMICAL WORKS, INC.
450 SUTTER STREET
SAN FRANCISCO, CALIFORNIA

CLASSIFIED ADVERTISEMENTS

Rates for these insertions are $4 for fifty words or less; additional words 5 cents each.

Copy for classified advertisements should be received not later than the fifteenth of the month preceding issue.

COACHING FOR STATE BOARDS — MEDICAL AND Dental. Arthur H. White, M. D., Suite 1005, Flood Building, San Francisco.

PHYSICIAN, INTERNIST, EXPERIENCED IN TUBERculosis, Consultant—eastern graduate, looking for position in sanitarium or affiliation with clinical group. Will consider buying interest in sanitarium. Address, Box 330, California and Western Medicine, 450 Sutter Street, San Francisco, California.

WOULD LIKE LOCUM TENENS FOR JULY AND August for general medicine and surgery obstetrics. Best of references. Have California license. Address Box 400, care of California and Western Medicine, 450 Sutter Street, San Francisco, California.

FOR SALE—SMALL EMERGENCY HOSPITAL WITH appointment as surgeon to lumber company and unopposed practice in growing lumber town of 1,200 to 1,500 population. Attractive living apartments in hospital. Cash receipts for past six months without obstetrics and major surgery, averages $500 per month. Five hundred dollars down and one hundred dollars a month for one year will handle this. Address, Box 450, care of California and Western Medicine, 450 Sutter Street, San Francisco, California.

FOR SALE—EQUIPMENT IN LOW RENTAL OFFICES Medico-Dental Clinic. Lucrative General Practice in center of town, year-round large resort. Only M.D. Sacrificing on account of health. P. O. Box 515, Big Bear Lake, California.

Preventing Printers' Skin Ailment.—The necessity of strict attention to the prevention of skin eruptions among plate printers, due to inks and cleansing materials, is brought out by Dr. P. A. Neal of Washington, D. C., in *The Journal of the American Medical Association.*

Doctor Neal's study of 318 plate printers and their forty-seven assistants showed that a considerable percentage had suffered for many years from recurrent skin lesions of the hands and arms. By applying to the skin a patch of the different inks and cleansing materials used to clean the plates and the hands and arms of the workers, Doctor Neal proved that these substances were the cause of the eruptions.

In addition to recommending complete preëmployment examinations for plate printers and periodic examinations thereafter, with particular attention being paid to evidences of skin diseases, the author suggests that workers handling cleaning fluids should wear rubber gloves and that clean towels and clean aprons should be furnished to the workers daily. The use of a common oil trough or of strong cleaning agents and alkalis should be discontinued. Shower baths and washrooms should be scrubbed daily with soap and hot water. Individual paper sandals should be furnished workers using the shower baths, and separate lockers for work clothes and street clothes should be furnished plate printers to prevent soiling the street clothes with the inks and other substances capable of producing dermatitis.

We are endowed with an almost infinite number of interests which represent capacity for accomplishment.—*Hygeia.*

ZWEEGMAN SCHOOL for MEDICAL SECRETARIES
431 Sutter Street • SAN FRANCISCO, CALIFORNIA

The Original School for Training Medical Secretaries

Public Medical Stenographic and Mimeographic Service available at all times.

DAY AND NIGHT CLASSES INFORMATION ON REQUEST Telephone EXbrook 5053

NOBLE PLACEMENT AGENCY
TRAINED MEDICAL, DENTAL AND COMMERCIAL PERSONNEL

681 Market Street • San Francisco

GArfield 4278 LYDIA NOBLE, Director

La Loma Feliz

SANTA BARBARA • CALIFORNIA

Residential school, Kindergarten through College Preparatory, for boys and girls handicapped by heart disease, asthma, and kindred ailments.

INA M. RICHTER, M. D., *Medical Director* JOHN A. ROBINSON, *Senior Master*

ON THEIR FEET DESPITE ORDERS

Although bed rest is fundamental in the treatment of colds, we know that a large number of patients simply will not take to their beds. Yet they demand relief from their discomfort.

NEO-SYNEPHRIN HYDROCHLORIDE

(laevo-alpha-hydroxy-beta-methyl-amino-3-hydroxy ethylbenzene hydrochloride)

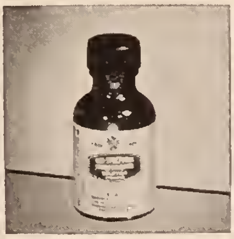
by relieving the distressing nasal congestion of a cold, plays an important role in treatment, whether the patient is in bed or ambulant. Quickly, effectively, Neo-Synephrin Hydrochloride shrinks the engorged nasal mucous membranes—promotes easy breathing and free drainage of the area.

For symptomatic relief of colds and related upper respiratory affections, Neo-Synephrin Hydrochloride offers a vasoconstrictive action more prolonged than that of either ephedrine or epinephrine, with a toxicity lower than either, in therapeutic dosage.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

AVAILABLE IN THREE DOSAGE FORMS

EMULSION ¼%
1-oz. bottle with dropper

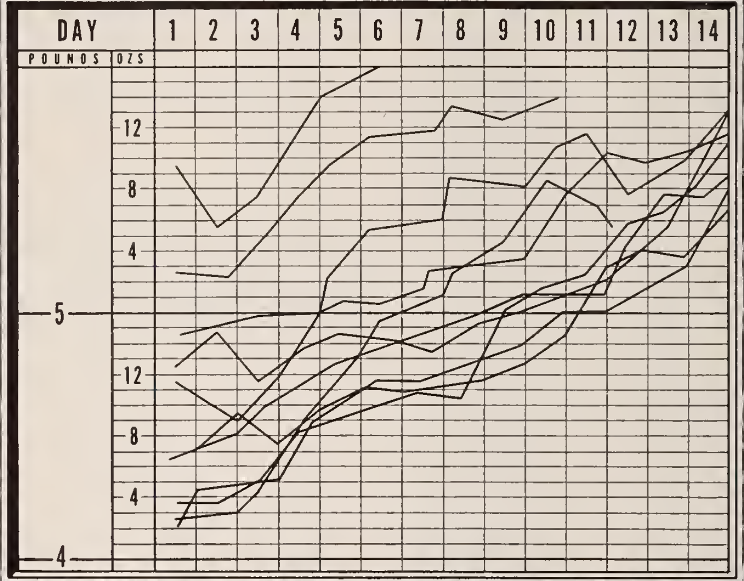


SOLUTION ¼%
for dropper or spray
1% for resistant cases
1-oz. bottles

JELLY ½%
in collapsible tubes with applicator

FREDERICK STEARNS & COMPANY
DETROIT, MICHIGAN
NEW YORK KANSAS CITY SAN FRANCISCO
WINDSOR, ONTARIO SYDNEY, AUSTRALIA

Thrifty Prematures



These weight curves of premature infants, made from hospital records*, show the consistent gain in weight that is typical of small twins and prematures fed on Similac. The fact that Similac is well tolerated and well utilized even by the immature digestive tract of the premature, demonstrates how fully this food meets the exacting nutritional requirements of infants deprived, either wholly or in part, of mother's milk. Similac nourishes dependably from birth until weaning.

*Name of hospital on request.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

Made from fresh skim milk (casein modified) with added lactose, salts, milk fat and vegetable and codliver oils.

SIMILAC } **SIMILAR TO BREAST MILK**

M & R DIETETIC LABORATORIES, INC. • COLUMBUS, OHIO

BOOK REVIEWS

BOOKS RECEIVED

Manual of Dermatology. By Carroll S. Wright, B. S., M. D., Professor of Dermatology and Syphilology, Temple University School of Medicine; Associate Professor of Dermatology and Syphilology, Graduate School of Medicine, University of Pennsylvania; Fellow of the College of Physicians of Philadelphia; Member of the American Dermatological Association; American Academy of Dermatology, Society for Investigative Dermatology; Consulting Dermatologist, Temple University Hospital, Philadelphia Municipal Hospital, Shriners Hospital, Widener Home for Crippled Children, Elwyn Training School, Vineland Training School, Pennsylvania Institution for the Blind. Cloth. Pp. 376. Price, $4. Philadelphia: The Blakiston Company, 1940.

Directory of Medical Specialists Certified by American Boards, 1939. Paul Titus, M. D., Directing Editor. Cloth. Pp. 1573. New York: Columbia University Press, 1940.

Nonprofit Hospital Service Plans. Historical and Critical Analysis of Group Hospitalization, a Nonprofit, Nonpolitical Application of the Principle of Insurance to the Purchase of Hospital Care. By C. Rufus Rorem, Ph. D., C. P. A., Director, Commission on Hospital Service, American Hospital Association, Chicago. Paper. Pp. 130. Price, 50 cents. Chicago: Commission on Hospital Service, 1940.

Modern Diabetic Care. Including Instructions in the Diet and the Use of the Old and New Insulins. By Herbert Pollack, A. B., Ph. D., M. D., Instructor in Clinical Medicine, Cornell Medical College; Chief of the Diabetic Clinic, Mt. Sinai Hospital, New York City; Fellow of the New York Academy of Medicine; Fellow of the American Medical Association. Cloth. Pp. 216. Price, $2. New York: Harcourt, Brace and Company, 1940.

Clinical Toxicology. By Clinton H. Thienes, M. D., Ph. D., Professor of Pharmacology and Head of the Department of Pharmacology, School of Medicine, University of Southern California, Los Angeles; Attending Pathologist (Toxicology), Los Angeles County Hospital. Cloth. Pp. 309, illustrated. Price, $3.50. Philadelphia: Lea & Febiger, 1940.

Shock: Blood Studies as a Guide to Therapy. By John Scudder, M. D., Med. Sc. D., F. A. C. S., from the Surgical Pathology Laboratory of the College of Physicians and Surgeons, Columbia University, and the Department of Surgery, the Presbyterian Hospital, New York City. Cloth. Pp. 315, with 55 illustrations, and five plates, three of which are in color. Price, $5.50. Philadelphia: J. B. Lippincott Company, 1940.

The New International Clinics. Original Contributions; Clinics; and Evaluated Reviews of Current Advances in the Medical Arts. Edited by George Morris Piersol, M. D., Professor of Medicine, Graduate School of Medicine, University of Pennsylvania, Philadelphia. Volume I, New Series Three, 1940. Cloth. Pp. 319. Philadelphia: J. B. Lippincott Company, 1940.

Reports on Medical Progress 1939, as Published in the New England Journal of Medicine. Compiled and edited by Robert N. Nye, M. D. Cloth. Pp. 562. Price, $5. Boston: Little, Brown & Company, 1940.

The Management of Obstetric Difficulties. By Paul Titus, M. D., Obstetrician and Gynecologist to The St. Margaret Memorial Hospital, Pittsburgh; Consulting Obstetrician and Gynecologist to the Pittsburgh City Homes

(Continued on Next Page)

GIVE YOUR PRACTICE THE ADVANTAGES of a DISTINCTIVE and PERMANENT ADDRESS

plus accessibility—easy parking—quiet—unobstructed light and a delightful view.

SUMMIT MEDICAL BUILDING

A few suites
still available at
moderate
rentals

TEMPLEBAR 4060 · 400 29th STREET, OAKLAND

NEW MEDICAL BOOKS

Adair: Obstetrics and Gynecology, 2 vols.	$20.00
Boyd: Pathology of Internal Diseases, 3rd Ed.	10.00
Homan: Textbook of Surgery, 5th Ed.	8.00
Joachim: Practical Bedside Diagnosis and Treatment	7.50
Kugelmass: Newer Nutrition in Pediatric Practice	10.00
Reid: Manual of Cardiology	3.50
Scudder: Shock	5.50

Gladly Sent on Approval

J. W. STACEY, INC.
MEDICAL AND SCIENTIFIC BOOKS
236-238 Flood Building San Francisco

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

SCABIES TREATMENT

TESTED IN 1213 CASES*

CLEAN, PLEASANT ODOR
NON-IRRITATING
RAPIDLY EFFECTIVE

If you would like to give it a test, send 20c to cover handling and we will mail enough for one adult treatment.

*Reprint on request.

UPSHER SMITH CO
MINNEAPOLIS, MINN.
PRODUCERS OF
FINE DIGITALIS PRODUCTS

A RATIONAL Ulcer Therapy
★GASTRIC MUCIN GRANULES
★Prepared under license from the Gastric Mucin Committee of Northwestern University
• EASY TO TAKE
• INEXPENSIVE
• TIME TESTED
ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry
THE WILSON LABORATORIES
4221 S. Western Avenue . . . CHICAGO, ILL.
1608 E. Fifteenth St. . LOS ANGELES, CALIF.
869 Folsom St. . . SAN FRANCISCO, CALIF.
★LITERATURE AND SAMPLE ON REQUEST

BOOKS RECEIVED

(Continued from Preceding Page)

and Hospital, Mayview, and to the Homestead Hospital, Homestead, Pa.; Secretary of The American Board of Obstetrics and Gynecology. Second edition. Cloth. Pp. 968, with 368 illustrations and 5 color plates. Price, $10. St. Louis: The C. V. Mosby Company, 1940.

Trapping the Common Cold. By George Sanford Foster, M. D. Cloth. Pp. 125. Price, $1.25. New York: Fleming H. Revell Company, 1940.

Ten Years in the Congo. By W. E. Davis. Cloth. Pp. 301. Price, $2.50. New York: Reynal & Hitchcock, Inc., 1940.

Menstrual Disorders. Pathology, Diagnosis and Treatment. By C. Frederic Fluhmann, B. A., M. D., C. M., Associate Professor of Obstetrics and Gynecology, Stanford University School of Medicine, San Francisco, California; Assistant Visiting Obstetrician and Gynecologist to Lane and Stanford University Hospitals; Fellow of the American Gynecological Society. Cloth. Pp. 329, illustrated. Price, $5.00. Philadelphia: W. B. Saunders Company, 1939.

Injuries of the Skull, Brain and Spinal Cord. Neuro-Psychiatric, Surgical, and Medico-Legal Aspects. Edited by Samuel Brock, M. D., New York University. Cloth. Pp. 632, illustrated. Price, $7.00. Baltimore: The Williams & Wilkins Company, 1940.

The 1939 Year Book of Neurology, Psychiatry and Endocrinology. Edited by Hans H. Reese, M. D., Professor of Neurology and Psychiatry, University of Wisconsin Medical School; Nolan D. C. Lewis, M. D., Director, New York Psychiatric Institute and Hospital; Professor of Psychiatry, Columbia University; and Elmer L. Sevringhaus, M. D., Professor of Medicine, University of Wisconsin Medical School. Cloth. Pp. 784, illustrated. Price, $3.00. Chicago: The Year Book Publishers, Inc., 1940.

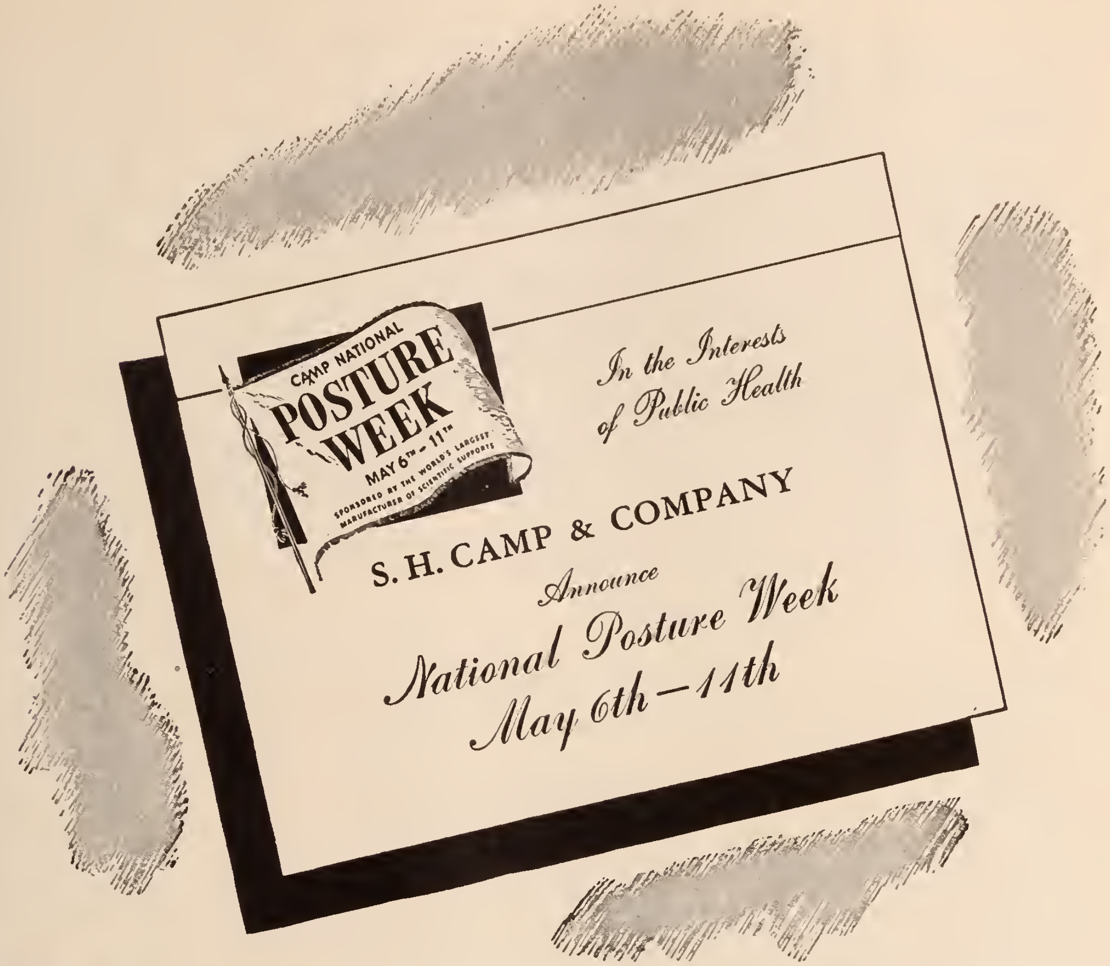
The 1939 Year Book of Dermatology and Syphilology. Edited by Fred Wise, M. D., Clinical Professor of Dermatology and Syphilology, New York Postgraduate Medical School and Hospital of Columbia University; Member of the American Dermatological Association, Inc., and Marion B. Sulzberger, M. D., Assistant Clinical Professor of Dermatology and Syphilology, New York Postgraduate Medical School and Hospital of Columbia University; Member of the American Dermatological Association, Inc. Cloth. Pp. 740, illustrated. Price, $3.00. Chicago: The Year Book Publishers, Inc., 1940.

BOOK REVIEWS

Injuries to the Nervous System, Including Poisonings. By Otto Marburg, M. D., Clinical Professor of Neurology, Columbia University; Research Neuropathologist, Montefiore Hospital, New York; Former Director of Neurologisches Institut der Universität Wien, and Max Helfand, M. D., Assistant Clinical Professor of Neurology and Psychiatry, Columbia University; Chief of Nerve Clinic, Post-Graduate Hospital, New York; Associate Attending Neurologist and Psychiatrist, Welfare Hospital, New York; Attending Neurologist and Psychiatrist, Department of Correction, New York. Cloth. Pp. 213. Price, $3. New York: Veritas Press, 1939.

The senior author, Doctor Marburg, is one of the leading neurologists of our time and a former director of the famous Neurological Institute of Vienna, long the Mecca of neuropathologists from all over the world. Having published previously several works on injuries of the nervous system, this book is essentially a condensation of his monograph in the Handbuch der Neurologie of Bumke and

(Continued on Page 18)


CAMP NATIONAL
POSTURE WEEK
MAY 6TH – 11TH
SPONSORED BY THE WORLD'S LARGEST MANUFACTURER OF SCIENTIFIC SUPPORTS
In the Interests of Public Health
S. H. CAMP & COMPANY
Announce
National Posture Week
May 6th – 11th

The acclaim and recognition which was accorded National Posture Week last year by physicians, medical societies, schools and colleges throughout the country, has encouraged us to sponsor again this educational event in 1940. We believe this has prompted many women to consult their physicians regarding the ills that stem from poor posture. And it has helped thousands of others to appreciate the importance of good posture as an aid to health and beauty.

This year, as in the past, National Posture Week will be given widespread publicity through magazines, newspapers, and radio. In addition, non-commercial literature will be distributed to schools and colleges as an extension of our Public Health Educational Activities.

Many of our dealers throughout the country will also cooperate to help awaken the consciousness of the masses to the importance of correct posture. As always, we will endeavor to adhere to the ethical practices which will merit your approval.

CAMP Supports

S. H. CAMP & COMPANY, JACKSON, MICHIGAN

Offices in: New York, Chicago, Windsor, Ont.; London, England. World's largest manufacturers of surgical supports

WHEN A LIFE DEPENDS ON OXYGEN

Then, it is comforting to know that your telephone call—day or night—to our nearest establishment produces immediate action.

We lose no time. You get the most approved equipment; oxygen to use in it, and the services of a trained man who attends to installation.

As the largest California-owned manufacturer of Oxygen, we have perfected this service—and at the lowest cost consistent with its vital importance.

Stuart Oxygen Co.

SAN FRANCISCO · OAKLAND · FRESNO · LOS ANGELES

Manufacturers of a Complete Line of Medical Gases

BOOKS RECEIVED

(Continued from Page 16)

Foerser. The little volume gives in concentrated form a wealth of information both on the pathology and the clinical features, as well as on the treatment of the injuries of the nervous system. For the practitioner many very useful data are covered here in a comparatively small space. Unfortunately, the printing has been done hastily, on which account the book contains too many misspellings and typographical errors. Other mistakes mar the work, as for instance, the posterior meningeal artery has been made to originate from the vestibular artery. It is a great pity that the style is not clear. In some places it is awkward, even prohibitive. Many a sentence, in fact, one must reread to get its meaning. For the second edition which will certainly be forthcoming, since there is a need for such a compilation from such authority, the book must be completely rewritten. Some amplification would also be desirable. However, the reader who takes pains to work through all the difficulties of style will, nevertheless, be vastly repaid by the rich content based on very careful study of the literature and unusually great personal experience.—Robert Wartenberg.

The Rockefeller Foundation. International Health Division, Annual Report, 1938. Paper. Pp. 233. New York: The Rockefeller Foundation, 1939.

This book contains a number of related laboratory studies in public health problems, the aim of which is to refine and amplify the efficiency of certain accepted methods for the eradication of a number of communicable diseases by increasing the potential of cultured virus and bacteria, or their products, which are used for producing immunity by inoculation or vaccination.

The report also contains studies in public health problems related especially to hygiene, and brief narrations and expositions of the survey, together with the naming of the countries in which the work was carried on.—W. H. Probert.

Vitamin B_1 (Triamin) and Its Use in Medicine. By Robert R. Williams, Sc.D., of the Bell Telephone Laboratories, and Tom D. Spies, M.D., Associate Professor of Medicine, University of Cincinnati. Cloth. Pp. 141. Price, $5. New York: The Macmillan Company, 1938.

With the increasingly important rôle being played by vitamin B_1 in clinical medicine, this thorough and exhaustive study on the subject by two such well-known and recognized authorities as Robert R. Williams, Sc.D., and Tom D. Spies, M.D., offers much of value to all interested in medical science, including the physician, research and laboratory worker, and the dietitian. It is divided into two parts, the first of which contains in detail information which the clinician may use in daily practice. It mirrors the authors' extensive studies and experiences, and gives the reader a wealth of practical knowledge. The second part takes up the history and experimental work, with a critical analysis of the latter. This section is designed for those who desire a more thorough understanding of the subject, offering a summary of the work to date.

The book is well written and should prove of great value to all interested in this field.—Harry N. Akesson.

Law and Contemporary Problems. A Quarterly Published by the Duke University School of Law. Professor David F. Cavers, Editor. Volume VI, No. 4, Autumn, 1939. Paper. Pp. 185. Durham, North Carolina: Duke University Press, 1939.

California physicians and laymen alike will see much to interest them in the Autumn, 1939, number of *Law and Contemporary Problems*. In particular, they will find it to

(Continued on Page 20)

Hervey C. Parke, George S. Davis, Samuel P. Duffield—out of the dreams and struggles of these founders has come the Parke, Davis & Company of today.

They left a formula for greatness

In the lives of Parke, Davis, and Duffield, two characteristics stand out. Restlessness—a zeal for original investigation, demanding extravagant expenditures for exploration and research which time and time again jeopardized the very life of the infant company. Yet in equal measure, Patience—a zest for taking infinite pains in the direction of safety, potency, uniformity, pharmaceutical elegance.

The Parke, Davis & Company of today reflects, we believe, those qualities which so clearly characterized the men who founded the organization.

From their restlessness has been inherited the spirit of research—a compelling desire for better methods and more effective agents for combatting disease. And from their patience has come the habit of leaving nothing undone which can contribute to the high quality of products bearing the Parke-Davis label.

PARKE, DAVIS & COMPANY

PIONEERS IN RESEARCH ON MEDICINAL PRODUCTS

PROFESSIONAL PROTECTION

SINCE 1899
SPECIALIZED
SERVICE

A DOCTOR SAYS:

"While one might feel secure that the facts and testimony would be sufficient to convince a jury, still juries are only juries and, like the weather, they sometimes will fool you."

THE
MEDICAL PROTECTIVE COMPANY
OF FORT WAYNE, INDIANA
WHEATON, ILLINOIS

Dr. Hugh Cabot in *American Magazine* says:
"GIVE THE PATIENT A BREAK"

And he is right. . . . Why not suggest

ARROWHEAD
Springs
HOTEL and SPA
OPEN YEAR 'ROUND

to your patients. Your instructions to our medical staff will be followed in detail.

The Hot Waters, Mineral Steam Caves and Mud Baths are the equal of the best spas in the world. A cordial invitation to be our guest is extended to subscribers of this magazine and members of the California Medical Association. Complimentary rooms and baths will be available on request.

Write for illustrated booklet.

Harry S. Ward, Manager
ARROWHEAD SPRINGS, CALIFORNIA

BOOK REVIEWS

(Continued from Page 18)

their advantage to study "The Organization of California Physicians' Service," by Hartley F. Peart and Howard Hassard. The professional membership in the organization already exceeds 5,000, and the beneficiary membership, within a few months, passed the 8,000 mark. Hence the form, character and mode of government of the service may soon become a matter of frequent concern in patient-physician relations.

As a basis for their exposition, the authors have chosen structural form rather than historical genesis. The economy of language and the technical competence of writing is so high that hasty readers, who know about the institution only through this article, might incautiously infer that the organizing task had been a simple one. They might conclude, for example, that the 9-point "instruction to counsel" had been completely worked out before extensive consideration was given to procedure and to structural form. Even the most skilled reader, relying on the article alone, might miss the provision for growth and metamorphosis implicit both in the instructions and in the adopted plan.

It would be no compliment to the authors or to their client to attempt bodily to transplant their plan into professional and lay surroundings differing materially from those in California. The plan was designed to fit the institutional patterns and trends peculiar to this state; and it was adopted only after prolonged statewide discussion had led to a consensus in the profession on major features. It is this mode of study, this designing process, and this preparatory discussion that are capable of transplantation. It would be a major service if someone who knows the genetic history of California Physicians' Service would write it out at length.—John B. Canning.

Eye, Ear, Nose and Throat Manual for Nurses. By Roy H. Parkinson, M. D., F. A. C. S., Head Oculist and Aurist to St. Joseph's Hospital, San Francisco, California. Fourth Edition. Cloth. Pp. 243, illustrated. Price, $2.25. St. Louis: The C. V. Mosby Company, 1939.

Doctor Parkinson's book gives a very brief outline of the anatomy and physiology in the more common clinical conditions in its field. The illustrations, particularly of the instruments, should be a great aid to students in the operating room and clinical work. Considerable space is devoted to the extremely important topic of postoperative care.

The main defect of the book is its lack of organization of the subject material.

Tuberculosis and Social Conditions in England. With special Reference to Young Adults: A Statistical Study. By P. D'Arcy Hart, M. D., F. R. C. P., member of the Scientific Staff, Medical Research Council; and G. Payling Wright, D. M., M. R. C. P., Sir William Dunn Professor of Pathology, Guy's Hospital Medical School, University of London. Foreword by the Marchioness of Titchfield, Chairman of Council of the National Association. Preface by Sir Arthur S. MacNalty, K. C. B., M. D., F. R. C. P., Chief Medical Officer of the Ministry of Health. Paper. Pp. 165. Price, 3s. London: National Association for the Prevention of Tuberculosis, 1939.

A striking fact emerges from a consideration of the statistics of tuberculosis mortality rates in England, namely, while the death rate as a whole has been declining since 1900, there has been a retardation in the decline in mortality among young adults. This is particularly marked in young women from 15 to 24 years of age. An attempt is here made to study at length statistically "the development, distribution and causation of the retardation in the decline."

The influence of certain social conditions, such as standards of living, housing conditions, poverty, volume of occupation and nutrition are considered. A definite correlation was found with substandard housing and volume of industrial occupation, which exerted an effect selectively upon phthisis in young adults, who are considered to be more sensitive to the conditions to which they are subjected during their formative years. The authors state that the evidence presented is against the hypothesis that the present high mortality among young adults has been due to decreased tuberculinization in childhood, with resulting reduced immunity in adolescence; but their method of arriving at this inference seems ingenious rather than conclusive.

This study should be of interest to lay workers in the tuberculosis field, as well as to physicians. A good summary of each chapter and a general summary at the end will give the gist of the report to those who do not wish to study the rather elaborate statistical details.—J. Lloyd Eaton.

CALORIE COMPUTATIONS

Sonny Splivens goes on a hunger strike. Perhaps life would be far less complicated, brighter too, if Sonny's feedings were S. M. A.

S.M.A. is essentially similar to human milk—easy to prepare and economical.

Nutritional results—growth, weight gain, tissue turgor and bone development—all are comparable with breast-fed infants.

NORMAL INFANTS RELISH S. M. A.—DIGEST IT EASILY AND THRIVE ON IT

S. M. A. is a food for infants—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

S. M. A. CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILLINOIS

86c out of each $1.00 gross income used for members benefit

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

HOSPITAL ACCIDENT SICKNESS } INSURANCE

For ethical practitioners exclusively

(50,000 POLICIES IN FORCE)

Liberal Hospital Expense Coverage for $10.00 per Year

$5,000.00 ACCIDENTAL DEATH $25.00 weekly indemnity, accident and sickness	For $33.00 per year
$10,000.00 ACCIDENTAL DEATH $50.00 weekly indemnity, accident and sickness	For $66.00 per year
$15,000.00 ACCIDENTAL DEATH $75.00 weekly indemnity, accident and sickness	For $99.00 per year

38 years under the same management

$1,850,000 INVESTED ASSETS
$9,000,000 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability.

Send for applications, Doctor, to

400 FIRST NATIONAL BANK BUILDING • OMAHA, NEBRASKA

CANYON SANATORIUM
REDWOOD CITY, CALIFORNIA

◆

For the Treatment of Diseases of the Chest

◆

"The summers are not too hot nor the winters too cold. Climatically, Canyon Sanatorium is an ideal location."

PHILIP H. PIERSON, M.D.
Medical Director

EDWARD S. SCHULZE, M. D.
Resident Physician

LEO ELOESSER, M. D.
Surgical Consultant

MR. ARNOLD W. SCHEIER
Business Manager

Rates and Booklets on Request

Redwood City, Calif.
Redwood 1600

San Francisco Office
490 Post St., Suite 1228, GA 2127

TWENTY-FIVE YEARS AGO

(Continued from Text Page 202)

Register and Directory.—The cold, bony hand of fate seemed to have grasped and held for its very own, the last edition of the Register and Directory! Never were there so many changes and corrections to be made; never before did things seem to pile up just at the wrong time and cause delay after delay. The book which should have been issued last October or November, did not come from the press till the first week in March, and this in spite of everything that it was possible to do to hurry it along. But at last it is out and a copy has been delivered or mailed to every member of the Society. If some there be who were annoyed at the delay, will they please bear in mind the possible degree of annoyance to everyone in the State Society office—and forgive!

* * *

Medical Defense Discussion.—Two communications of importance have been received in answer to the request to our members to set forth their views on the subject of medical defense by the Society and the rules pertaining thereto. . . .

Doctor Juilly brings up a number of detail points and they are open for discussion. Does it work a hardship on any physician to require that he shall not sue to collect an account within one year without first putting his case and account before the Council? . . . And as a matter of business sense, is it wise to pay out $500 to $1,000 in order to collect fifty or a hundred? . . . The fundamental principle of the rules that have been made is, as stated, to protect the careful members against the burden which might be placed upon them by the careless or inconsiderate members. Insurance companies do not "take all our risks for a certain yearly premium"; they get out of every case they can if they can find the slightest technicality. Over and over again the State Society has taken care of a member who had insurance but the company said the case did not come within their policy provisions. . . .

From an Original Article on "The Reduction of Diphtheria Morbidity," by Wilbur A. Sawyer, M. D., Director of the Hygienic Laboratory of the California State Board of Health.—The introduction of diphtheria antitoxin into general use in 1894 was followed in the next few years by a rapid decline in the mortality from this disease. The number of deaths from diphtheria decreased by from 50 to 75 per cent. The direct relation of this decrease to the use of antitoxin was shown by the coincident drop in the mortality in many different cities whose experiences with diphtheria were otherwise dissimilar. With a curative agent so efficient as diphtheria antitoxin the number of deaths should have been reduced to a very small fraction of the total number of cases, but the rapid initial fall due to antitoxin has ceased. During the last decade the number of deaths has remained nearly at equilibrium, at about 10 per cent of the reported cases. A slight fall in this mortality as compared with the number of reported cases has occurred in recent years. It is, no doubt, largely due to a still greater use of antitoxin, and to a more complete reporting of the milder cases. . . .

From an Original Article on "Hematogenous Kidney Infections," by Granville MacGowan, M. D., Los Angeles.—In all infectious diseases bacteria enter the blood and pass out through the kidneys. If they are few and are not

(Continued on Page 24)

Well tolerated at site of injection—

INTRAMUSCULAR OR INTRAVENOUS!

RECENT investigations have conclusively demonstrated that a combination of Salyrgan with theophylline is quickly and completely absorbed from the site of intramuscular injection. Little, if any, discomfort is experienced from the intramuscular use of such a solution. Moreover, if intravenous injection is preferred or indicated there is less risk of damage to the vein from the injected fluid.

Obviously these are matters of considerable practical importance both for patients requiring only several injections and for those who are chronically ill and require periodic treatment.

HOW SUPPLIED: Salyrgan-Theophylline solution (containing 10% Salyrgan and 5% theophylline) is supplied in ampules of 1 cc., boxes of 5 and 25; and ampules of 2 cc., boxes of 10 and 25.

Write for booklet presenting detailed discussion, including contraindications and side effects.

Literature on request

SALYRGAN-THEOPHYLLINE

"Salyrgan," Trademark Reg. U. S. Pat. Off. & Canada

Brand of MERSALYL

with

Theophylline

(Mercury salicylallylamide-o-acetate of sodium with theophylline)

ACCEPTED AMERICAN MEDICAL ASSN

WINTHROP CHEMICAL COMPANY, INC.

Pharmaceuticals of merit for the physician

NEW YORK, N. Y. WINDSOR, ONT.

Factories: Rensselaer, N. Y. — Windsor, Ont.

THE POTTENGER SANATORIUM AND CLINIC

For Diseases of the Chest *Monrovia, California*

AN INSTITUTION FOR DIAGNOSIS AND THERAPY

CHOICE rooms and bungalows at rates ranging from $35 per week up, including medical service, general nursing, x-rays, routine laboratory examinations, ordinary medicines and therapeutic pneumothorax.

A few accommodations as low as $25 per week assigned on special application in selected cases.

In the foothills of the Sierra Madre Mountains, thirty-five miles from the ocean. Surrounded by beautiful gardens.

Close medical supervision. Aside from tuberculosis, special attention is given to asthma, bronchiectasis, lung abscess and kindred diseases.

For particulars address:

THE POTTENGER SANATORIUM AND CLINIC, Monrovia, California

Luzier's Fine Cosmetics and Perfumes

Are distributed in California by:

Southern California Distributor
LYLE G. CHRISTY
1718 N. Gramercy Place • Hollywood

Northern California Distributor
J. R. HAVLIN
1544 Sixteenth Avenue • San Francisco

Central California Distributor
PAYSON-BURNS
1365 Wishon Street • Fresno

LOCAL DISTRIBUTORS WANTED

KING AMBULANCE COMPANY

Transporting the Sick since 1906

WEst 1400

2570 Bush Street
SAN FRANCISCO

Physicians' and Surgeons'
Telephone Exchange
Nurses' Bureau

TWENTY-FIVE YEARS AGO

(Continued from Page 22)

especially virulent no infection takes place, but if they are abundant, attached to debris which has become separated from the purulent focus in which they have their origin and they are of virulent strain, and one or both kidneys are injured or diseased, and there is a concomitant obstruction to the free exit of urine from the kidney, either temporary or permanent, along the ureter or within its walls, or within the bladder or in the urethra, there will surely result a renal infection which may cause a severe and overwhelming toxemia and rapid death, or a slow infection with or without suppuration. . . .

From an Original Article on "The Carrier Problem in Diphtheria," by W. H. Kellogg, M. D., San Francisco.—A comparatively recent development of sanitary science is the discovery that mild unrecognized cases and healthy carriers are a very important source of new infections. Carriers are persons who harbor within their bodies pathogenic bacteria, without suffering from the disease themselves. They may be carriers by reason of the fact that they have recently recovered from an infection and the bacteria still persist within them, or they may never have had the disease, but have acquired the organisms by association with other carriers or cases. . . .

From Pacific Association of Railway Surgeons; Important Notice of Meeting.—The Pacific Association of Railway Surgeons will hold its annual meeting on Friday afternoon, June 25, 1915.

As the American Medical Association will be in convention in San Francisco at the same time (June 21 to June 25, inclusive) and many papers will be read in their Scientific Section, it has been decided to omit the usual Scientific Section at the Railway Surgeons' meeting this year. . . .

From Society Reports. Kern County.—At the meeting of the County Medical Society (Kern County), on February 15, 1915, among other things that came up was the matter of outside physicians doing work which properly should come under the County Physician, but on account of the size of the county, etc., was impossible until such time as they were removed to the County Hospital. Now under the County Government Act, the supervisors have not authority to pay any physician other than as a salary to the County Physician for such services. So that it was duly moved and seconded and unanimously carried, that a communication be sent to the secretary of the State Society to see if the attorney for the State Society could not draw a bill as an amendment to the County Government Act to allow a physician pay for such services to indigent patients if authorized by the County Physician or the supervisor of the district, or by any other legal means available.

The Kern County Medical Society would appreciate it if you would take it up. Also our assemblyman from this district, I think, would introduce it in the Assembly.

Very truly yours,
Signed: C. H. Morris,
Chairman, Committee on Legislation.

Here is the only place lens accuracy has any real value!

RIGID control of quality in every stage of production of your prescription guarantees the optical performance you have prescribed for your patient.

Only the finest quality lenses can faithfully interpret an ophthalmic prescription. That is why none other than the best lenses available are used in Riggs laboratories.

RIGGS OPTICAL COMPANY

Distributors of **BAUSCH & LOMB** *Products*

ESTABLISHED IN 85 WESTERN CITIES

From the Harrison Law a National Obligation.—Both newspaper comments and professional criticisms indicate that there is much misunderstanding of the Harrison law, which has just gone into effect. Many physicians have not fully grasped its purpose. A brief statement of the history of the law may, perhaps, be of value.

The Harrison law is not the result of any sudden spasmodic impulse on the part of Congress. It is, on the contrary, a part of a carefully considered program for the control of the traffic in habit-forming drugs and especially in opium. This movement is not confined to this country; it is international, although the United States, it is a pleasure to record, has been the leader in the movement. . . .

BOARD OF MEDICAL EXAMINERS

(Continued from Text Page 202)

The following Requests for Restoration were granted:

Lustberg, Samuel R., M. D. Restored February 26, 1940, and placed on probation for a period of five years. To report at each regular meeting in Los Angeles.

Young, William H., M. D. Restored February 26, 1940, and placed on five years' probation. To report at each regular meeting in San Francisco.

* * *

A total of 83 applicants wrote the examination, comprising physicians and surgeons from various medical schools (both foreign and domestic), as well as drugless practitioners.

News

"The strange case of Dr. Clyde A. Pierson was 'one for the books' today as records of three consecutive unsuccess-

(Continued on Next Page)

THE CALSO COMPANY

To the Medical Profession

May we suggest **CALSO WATER** as a vehicle for supplying your alkalinity when **administering Sulfanilamide to your patients.**

CALSO is not a laxative and contains no sulphate.

SPARKLING PALATABLE

25 Years Ethical

CALSO WATER CO.

524 Gough St. • San Francisco

VEGEX for B VITAMINS

Autolyzed Brewers' Yeast Extract with salt, added iron salt and pure vegetable flavoring. A level teaspoonful supplies 3 calories. Vegex is free of starch and sugar.

VEGEX ANALYSIS

	Per Cent
Protein (N × 6.25)...	32.6
Fat	0.8
Calories per ounce....	40
Sodium Chloride......	11.1
Phosphorus as P......	2.62
Potassium as K.......	2.18
Calcium as Ca........	0.098
Iron as Fe............	0.048
Magnesium as Mg....	0.13
Copper	0.00275
Manganese......Distinct	Traces

B VITAMINS TESTS

Average per gram, 45 Sherman B_1 and B_2 (G) units; 800 plus International B_1 units per ounce. 3½% in a B complex free ration gives good growth, reproduction and successful rearing.

A PROVEN SOURCE
of the
VITAMIN B COMPLEX
—Easily Administered

● A wealth of medical literature contributes evidence that adequate nutrition requires the whole of the vitamin B complex and that Vegex supplies it in a dependable, easily administered form. Vegex is a natural source of the whole vitamin B complex. It is separated and condensed from the cells of grain-grown brewer's yeast. Vegex has proved its efficacy both in clinical tests and in the physicians' daily practice.

Your patients will like the simple way it can be added to their diets—in hot milk, soups or broth. Vegex is easily borne, aids appetite and lactation.

Five per cent of Vegex in dried whole milk maintains a normal red blood cell count, and a normal Hemoglobin percentage.

Send for clinical or professional samples.

VITAMIN FOOD COMPANY, INCORPORATED
122 Hudson Street, New York, N. Y.
Please send me a professional sample of VEGEX.
DR...
ADDRESS...

LOS ANGELES TUMOR INSTITUTE
1407 South Hope St. • Los Angeles, Calif.

Hours 9 to 5
Saturday afternoons and Sundays excepted
Telephone PRospect 1418

An institution owned and operated by Drs. Soiland, Costolow and Meland, dedicated to the study and treatment of cancer, neoplastic pathology and allied disease.

The Institute is provided with adequate facilities for the surgical and radiological treatment of such lesions by approved standardized methods.

STAFF

Albert Soiland, M.D.
William E. Costolow, M.D.
Orville N. Meland, M.D.
Harry F. Mershon, M.D.
Roy W. Johnson, M.D.
John W. Budd, M.D.

A. H. Warner, Ph.D.
R. B. Neil, A.B.
—Physicists

BOARD OF MEDICAL EXAMINERS

(Continued from Preceding Page)

ful and costly superior court trials gathered dust in the office files of District Attorney Jerome B. Kavanaugh, and the osteopath stood free of murder charges in connection with the death of pretty Hazel Waters, 18-year-old San Bernardino girl. . . . In the three trials Pierson was accused of performing an illegal operation on Miss Waters, who died in county hospital last August. The osteopath denied he performed such an operation on the girl, contending he merely treated her after an operation had been performed. . . . A sidelight to the case just closed is the fact that five years ago Pierson was tried on a similar charge of murder following the death of another 18-year-old girl. In that trial the osteopath's defense also scored a hung jury and the murder charges subsequently were dismissed." (San Bernardino *Independent*, February 29, 1940.) (Previous entries, May and July, 1935; November, 1939; January and February, 1940.)

"Five Los Angeles physicians yesterday surrendered their narcotic stamps, permitting them to prescribe narcotics, for a period of one year, when told by Deputy City Attorney H. G. Mellon that police records showed they had been prescribing to habitual users of drugs. Mellon stated that the surrender was a condition of their not being prosecuted." . . . (Los Angeles *Herald and Express*, March 6, 1940.)

"The decision of the United States Court of Appeals for the District of Columbia that the practice of medicine is 'trade' in the meaning of the antitrust law raises an issue

(Continued on Page 28)

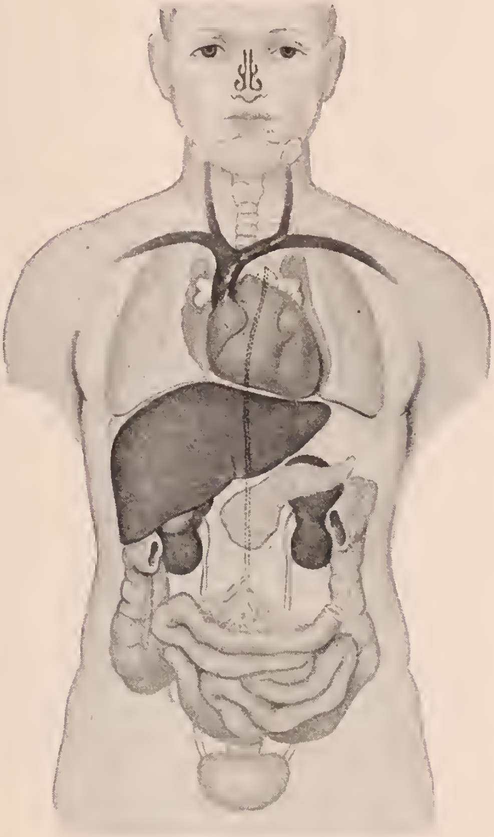
STUDIES IN THE AVITAMINOSES

This page is the fourth of a series on vitamin deficiencies presented by the research division of The Upjohn Company because of the profession's widespread interest in the subject. A full color, two-page insert on the same subject appears in the April 6 issue of The Journal of the American Medical Association.

Metabolic Fate of Vitamin A and Carotene

Vitamin A and carotene are absorbed into the lacteals with the fat of the food ingested. It is generally agreed that vitamin A in large quantities is more speedily absorbed than are similar quantities of carotene.

The fat-soluble vitamins enter the general circulation by way of the thoracic duct. In the liver, vitamin A and carotene are taken up by the Kupffer cells, where carotene is slowly converted to vitamin A. Experimental studies indicate that vitamin A is stored in the liver in certain species, including man.



The Causes of Vitamin A Deficiency

Vitamin A deficiency may be caused by inadequate intake of the vitamin or provitamin. Absorption may be retarded, depending on the condition of the alimentary tract. For example, mineral oil in the intestine diminishes absorption of carotene although not of vitamin A. Conversion of carotene to vitamin A in the liver may not occur, as in diabetes mellitus, where evidence indicates that the rate of transformation of carotene is diminished, and vitamin A deficiency may develop even if the diet provides the provitamin in amounts ordinarily sufficient.

Effects of Vitamin A Deficiency

Vitamin A deficiency produces pathologic changes in many organs. The process is one of alteration of epithelial surfaces — keratinizing metaplasia of the epithelium of the urinary bladder, the ureters, the ducts of the salivary glands and the pancreas, the trachea, and the nose. In the eye, vitamin A deficiency interferes with restoration of visual purple, resulting in night blindness. Prolonged vitamin A deficiency produces xerophthalmia. Administration of adequate quantities of vitamin A to patients manifesting symptoms of deficiency usually checks the progress of epithelial alteration.

UPJOHN

THEX

Capsules of

VITAMIN B COMPLEX

Thex capsules of Vitamin B complex are a completely digestible product, prepared from brewer's type yeast of exceptionally high Vitamin B complex potency. Thex capsules contain all the known important factors natural to the vitamin B complex.

THEX capsules are for use in Prophylaxis or treatment of Vitamin B_1 and Vitamin B_2 deficiencies.

THEX capsules are prepared in three strengths:

THEX Capsules No. 1

Vitamin B_1	333 int'l units
Vitamin B_2	100 gamma
Vitamin B_6	35 gamma

THEX Capsules No. 2

Vitamin B_1	1000 int'l units
Vitamin B_2	100 gamma
Vitamin B_6	35 gamma

THEX Capsules with Nicotinic Acid

Vitamin B_1	1000 int'l units
Vitamin B_2	100 gamma
Vitamin B_6	35 gamma
Nicotinic Acid	35 milligrams

Suggested Dosage:
Three to six THEX capsules per day, as recommended by the Physician.

INGRAM LABORATORIES, Inc.
278 POST STREET, SAN FRANCISCO
DOuglas 1700

SACRO-ILIAC SUPPORT
(NARROW TYPE)

To fit below the anterior superior spines. Double lace pull in back exerting the same compression support as adhesive tape. May be had with or without sacral pad. For men or women.

All Sizes Carried in Stock

C. H. HITTENBERGER CO.
1117 Market Street 460 Post Street
SAN FRANCISCO
421 Nineteenth Street Oakland

BOARD OF MEDICAL EXAMINERS

(Continued from Page 26)

upon which the Supreme Court should pass, and the American Medical Association announces it will be taken there for review. . . . The common law governing restraints of trade, says the court, 'has not been confined as defendants insist to the field of commercial activity, ordinarily defined as "trade," but embraces as well the field of the medical profession.' The definition of 'trade' and particularly the definition of 'interstate commerce' has been greatly widened in the past few years but this is perhaps the most remarkable extension yet. Even those opposed to the American Medical Association have generally conceded it the right to run its own affairs, on the sound ground that the governance of a learned profession is a matter into which laymen should not venture without the clearest of reasons for interference. The ruling of the District Court that the American Medical Association is without the pale of the Sherman Act has therefore received general public approval, and the reinstatement of the indictment is surprising." (Editorial from the Los Angeles *Times*, March 5, 1940.)

"Accused of practicing medicine without a license, Harry Karl Meyers, 39, was returned to San Francisco yesterday to face the charge. Meyers was arrested on a San Francisco warrant by Detective Bert Chance in a South El Dorado Street hotel Saturday afternoon. The man was located by T. P. Hunter, state investigator, who assisted Chance in making the arrest." (Stockton *Record*, March 5, 1940.)

"The San Francisco Grand Jury last night began considering the story of a woman that an attempt had been made to tamper with the jury which found Dr. Nathan S. Housman guilty on three counts of failing to keep narcotic records. The woman, Dorothy Moore, appeared before the jury and told of how two ex-convicts, George Miller and Thomas Cozzo, had made an alleged expedition which carried them to the homes of several men and women on the jury panel. . . . The grand jury is expected to continue its inquiry into the matter at its meeting next week." (San Francisco *Examiner*, March 7, 1940.)

"A prosecution appeal from the State District Court of Appeal decision setting aside the manslaughter conviction of Dr. Claude C. Long for the abortion death of a San Francisco housewife three years ago was argued and submitted to the State Supreme Court for decision yesterday. The victim, Mrs. Genevieve Arganbright, died during an operation admittedly performed by Doctor Long. His conviction was set aside for erroneous instruction to the jury." (San Francisco *Chronicle*, March 7, 1940.) (Previous entries, July, September, October, November, December, 1937; February, August, 1938; January, 1940.)

"The State District Court of Appeal, in a decision of wide implications, yesterday denied a writ of habeas corpus to Dr. Siegbert Lazar, ordered to serve a five-day jail term when Superior Judge I. L. Harris found him guilty of contempt of court. Question involved was one of payments to the doctor's divorced wife, Mrs. Elsie Lazar. Judge Harris ordered Doctor Lazar to pay her $35 of sums she claimed were owed her last November. Doctor Lazar, refusing to pay the money on advice of counsel, decided to make the issue a test case. In an opinion Justice Louis H.

(Continued on Page 30)

Rest and Play

WAWONA

If you were building your own country retreat you would try to find a site like Wawona... a green valley surrounded by pine-clad mountains... clear air filled with "high-country" ozone... tennis, trout fishing, swimming, miles of trails to ride or hike... and best of all, a rolling nine-hole golf course that is kept in real country club shape — one that you won't tire of no matter how many times you play it each day.

Wawona is ten minutes from the Mariposa Grove of Big Trees and less than an hour from Yosemite Valley. No need to worry about the children while you're here — they'll have the time of their lives! May we send scenic folders? — they tell why all the family will like Wawona. Stop by or write to your nearest Yosemite Park and Curry Co. office: In San Francisco, 39 Geary St. (EXbrook 3906); in Los Angeles, 612 South Olive Street (VAndike 2396).

YOSEMITE'S "Country club" VACATION

FRENCH HOSPITAL • Geary Boulevard and Fifth Avenue
SAN FRANCISCO, CALIFORNIA

HENRY J. BAZERQUE, *President*
LAURENT LALANNE, *Secretary*
V. LABRUCHERIE, *Superintendent*
GRACE GREY, R.N., *Superintendent of Nurses*
A. H. McNULTY, M.D., *Chairman of the Staff*
COLEMAN A. BLOCK, M.D., *Secretary of Staff*
W. L. ROGERS, M.D., *Chief of Staff*

A general hospital of 225 beds operating an accredited school of nursing, admitting all classes of patients except those suffering from mental diseases. Organized in 1851 and is operated by the French Mutual Benevolent Society, through a Board of Directors, a chief executive officer and staff. Accredited for intern training by the American Medical Association and approved by the American College of Surgeons.

MEDICAL STAFF

Medicine
AIME N. FREGEAU, M.D.
FRANCIS ROCHEX, M.D.
JOSEPH H. D. ROGER, M.D.
ALEX THIBODEAU, M.D.
E. S. KILGORE, M.D., Consultant in General Medicine
HAROLD HAND, M.D., Consultant in Gastro-Enterology
THOMAS G. INMAN, M.D., Consultant in Neuropsychiatry
MELVIN R. SOMERS, M.D., Associate Consultant in Neuropsychiatry
JAY JACOBS, M.D., Dermatologist
CABOT BROWN, M.D., Consultant in Lung Diseases

Surgery
ASA W. COLLINS, M.D., F.A.C.S., Chief-Emeritus
H. M. GILFILLAN, M.D.
W. L. ROGERS, M.D.
E. B. TOWNE, M.D., Consultant in Neurological Surgery
EDMUND J. MORRISSEY, M.D., Consultant in Neurological Surgery
FRANK W. LUSIGNAN, M.D., Consultant in Neurological Surgery
FREDERICK A. FENDER, M.D., Consultant in Neurological Surgery
GEORGE WARREN PIERCE, M.D., Consultant in Plastic Surgery

Radiology
LLOYD B. CROW, M.D., Director

Urology
A. H. McNULTY, M.D.
ALVIN E. CERF, M.D.
AUGUST SPITALNY, M.D.
OSCAR F. NOLAN, M.D., Consultant
WILLIAM A. SUMNEB, M.D., Consultant

Pathology
DAVID A. WOOD, M.D., Director

Pediatrics
BRADFORD F. DEARING, M.D.
M. STALLINGS, M.D., Pediatrics, Allergy

Anesthesia
HERMAN MARCUS, M.D., Chief
O. K. ALLEN, M.D.

House Visiting Department
COLEMAN A. BLOCK, M.D.
LOUIS D. RONCOVIERI, M. D.

Orthopedics
FRANK A. LOWE, M.D.
LEON O. PARKER, M.D.

Ophthalmology and Otolaryngology
E. C. FABRE-RAJOTTE, M.D., Chief
VICTOR d'ERCOLE, M.D., Associate
C. B. COWAN, M.D., Associate

Obstetrics and Gynecology
CHESTER L. COOLEY, M.D.
M. A. FRANCOZ, M.D.
ELLIS D. HARMON, M.D.
HANS VON GELDERN, M.D., Consultant

BOARD OF MEDICAL EXAMINERS

(Continued from Page 28)

Ward of the appeal court said that 'an award of support for an innocent spouse in a divorce proceeding is a command to pay,' for the reason that 'the State has an interest in the marriage contract.' Whether the appeal would be carried further had not been decided yesterday." (San Francisco *Examiner*, February 17, 1940.)

"It has always been pretty generally known that it costs more to turn out an acceptable physician and surgeon than it requires to certify any other specialist. Not until the recent publication of an exhaustive survey on medical education costs between 1934 and 1939 have doctors been able to put their fingers on real figures. The research committee of the American Medical Association discovered that the cost per credit hour for a medical student was $29.96, compared to the next highest, $15.87 for dentistry. The cost for law courses averaged $11.05, for teaching, only $4.06. Embryo doctors must have expensive equipment with which to practice. . . . You might bear this in mind the next time the family doctor sends you a polite bill for services." (Editorial, Woodland *Democrat*, February 10, 1940.)

"It will be noted that the number of medical schools (in the United States) has increased by only one since the low of 76 was reached in 1929. It will also be noted that the student enrollment increased gradually from a low of 13,798 in 1920 to a total of 22,888 in 1935, since when there has been a decrease of about 7 per cent. On the other hand, the number of graduates increased slightly from 1922, when a minimum of 2,520 was reached, until 1937, when a total of 5,377 were awarded medical degrees. Since 1937 the number of graduates has fallen slightly." (The *Diplomate*, February, 1940, Page 70.)

"Charged with falsifying public records and conspiring to defraud the township of relief funds, Dr. James A. Poling and Dr. Karl B. Rieger, 42 . . . were under indictment today." (Press dispatch dated Freeport, Illinois, published San Francisco *Examiner*, March 11, 1940.)

"The state board of medical examiners in Los Angeles yesterday placed Dr. W. R. Owens on five years' probation and barred him from medical practice for six months for aiding and abetting Edward C. and Olive Hurlbert in their 'Erus-Eruc' treatment of tuberculosis. . . . The Hurlburts were convicted in Los Angeles municipal court on charges of violating the state medical practice act and are now on probation, the terms of which they are seeking to escape by way of a pardon. . . ." (San Bernardino *Sun*, February 29, 1940.)

"State regulations concerning advertising by chiropodists and drugless practitioners were clarified yesterday in an opinion from Attorney General Warren to Dr. Charles B. Pinkham, secretary-treasurer of the State Board of Medical Examiners. Drugless practitioners who use the prefix 'Dr.' must follow it with the term 'drugless practitioner,' Warren said, unless they hold certificates as physicians and surgeons. He advised Doctor Pinkham that chiropodists who use the prefix must likewise follow it with the

(Continued in Back Advertising Section, on Page 34)

Copyright 1939 • MEAD JOHNSON & CO. • Evansville, Ind., U.S.A.

BEACON OF QUALITY

The Red Lilly dots the shelves of almost all American prescription pharmacies. It is a mark of distinction that is placed upon Lilly pharmaceutical and biological products.

Preparations of Liver for Parenteral Administration

Ampoules Solution Liver Extract Purified, Lilly—contain 15 U.S.P. units per cc. Supplied in 10-cc. ampoules and in packages of three 1-cc. ampoules.

Ampoules Solution Liver Extract Concentrated, Lilly—contain 2 U.S.P. units per cc. Supplied in 10-cc. ampoules and in packages of four 3.5-cc. ampoules.

Ampoules Solution Liver Extract, Lilly—contain 1 U.S.P. unit per cc. Supplied in 10-cc. ampoules.

ELI LILLY AND COMPANY

INDIANAPOLIS, INDIANA, U. S. A.

CALIFORNIA
AND
WESTERN MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

VOL. 52 APRIL, 1940 NO. 4

California and Western Medicine

Owned and Published by the
CALIFORNIA MEDICAL ASSOCIATION
Four Fifty Sutter, Room 2004, San Francisco, Phone DOuglas 0062

Address editorial, business, and advertising communications to Dr. George H. Kress as per address above.

EDITOR . . . . GEORGE H. KRESS

Committee on Publications

Ralph B. Eusden (Chairman)	Long Beach	1940
Ruggles A. Cushman	Talmage	1941
Francis E. Toomey	San Diego	1942
Secretary ex officio	Editor ex officio	

Advertisements.—The Journal is published on the seventh of the month. Advertising copy must be received not later than the fifteenth of the month preceding issue. Advertising rates will be sent on request.

BUSINESS MANAGER . . . . . GEORGE H. KRESS

Advertising Representative for Northern California
L. J. FLYNN, 544 Market Street, San Francisco (DOuglas 0577)

Copyright, 1940, by the California Medical Association

Subscription prices, $5 ($6 for foreign countries); single copies, 50 cents.

Volumes begin with the first of January and the first of July. Subscriptions may commence at any time.

Change of Address.—Request for change of address should give both the old and the new address. No change in any address on the mailing list will be made until such change is requested by county secretaries or by the member concerned.

Responsibility for Statements and Conclusions in Original Articles.—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the Journal and the demands on its space may permit. The right to reduce or reject any article is always reserved.

Contributions—Exclusive Publication.—Articles are accepted for publication on condition that they are contributed solely to this Journal. New copy must be sent to the editorial office not later than the fifteenth day of the month preceding the date of publication.

Contributions—Length of Articles: Extra Costs.—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

	PAGE
Editorials	151
Editorial Comment	154
Original Articles	156
Clinical Notes and Case Reports	178
California Medical Association	181
Committee on Public Health Education	182
Committee on Postgraduate Activities	183
California Physicians' Service	183
County Societies	184
Woman's Auxiliary	188
News	191
Letters	196
Medical Jurisprudence	200
Twenty-Five Years Ago; State Examining Board	202
Index to Advertisemenes	Adv. p. 8

EDITORIALS[†]

SIXTY-NINTH ANNUAL SESSION OF THE CALIFORNIA MEDICAL ASSOCIATION

Informal Meetings of Sunday, May 5.—On Sunday morning, May 5, the 1940 annual session of the California Medical Association will open at Coronado, in informal fashion, with study conferences by groups of physicians interested in problems relating to cancer, radiology and pathology.

In the afternoon, the county society secretaries will meet with the Association Secretary, Dr. Robert A. Peers of Colfax presiding, to discuss special and general work coming under their joint and individual jurisdictions.

The Council of the State Association will convene for its first meeting on the evening of Sunday, and on each of the four following days will hold a meeting to consider pertinent business.

* * *

Hotel and Other Information Was Given in the November Issue.—A general outline of the plans for the scientific programs appeared on page 289, in the November, 1939, issue of CALIFORNIA AND WESTERN MEDICINE, hotel information and rates being given on page 333 of the same number. While the headquarters of this year's annual session will be at the Hotel Del Coronado, many members who wish to attend may prefer to make reservations at other hotels, either in Coronado or San Diego. The ferry service between Coronado and San Diego is frequent, boats making the trip about every ten minutes, except during the early morning hours.

* * *

Emphasis on General Meetings to Be Held Each Morning.—This year will witness a tryout of a new arrangement of general meetings and those of the scientific sections, of which latter the Association has twelve. The California Medical Association Committee on Scientific Work and the officers of the scientific sections agreed that there had gradually developed, at the annual sessions, an overemphasis on papers concerned with specialties in medicine, and that the increased meetings of specialty groups, while of interest to a limited number of physicians in attendance, was taking away, rather than adding to the value of the annual sessions, particularly to the large group in general practice, who constitute about 80 per cent of the Association's membership.

[†] Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

This year, therefore, no specialty sections will hold meetings during any of the four mornings, that time being allotted to general meetings, as follows: Monday, for the address of President Dukes, with speakers on legislative and organization problems and California Physicians' Service; Tuesday, a symposium on endocrinology and the Clinical-Pathological Conference; Wednesday, a presentation of surgical topics, with speakers again to discuss selected subjects both from the standpoint of general and specialty practice; and on Thursday morning a general survey of important problems in medicine and surgery, with emphasis on recent advances in scientific medicine. These plans have received Council approval.

* * *

Entertainment Features on Tuesday Afternoon and Evening.—Because Tuesday afternoon has for years been set aside by Council action for entertainment and relaxation features, no section or scientific meetings will be held at that time. On Tuesday evening the dinner to the president will take place, to be followed by a reception and dance.

* * *

Meetings of Scientific Sections and the House of Delegates.—The twelve scientific sections will assemble on Monday and Wednesday afternoons, the programs of one or two sections running over into Thursday afternoon.

Owing to the pressure under which the House of Delegates has been obliged to work during the last several years, due to the importance of the many organization and medical-service problems brought to the fore, an extra meeting of the House to convene at 4 p. m. on Wednesday afternoon will be held this year. Delegates are reminded that the evening meetings on Monday and Wednesday are scheduled to begin promptly at 8 o'clock, and they and officiating alternates should keep in mind, with respect to dinner hours, that the roll will be called at 8 p. m. and that all who have been duly registered should be in their seats at that hour.

* * *

Woman's Auxiliary.—The Woman's Auxiliary to the California Medical Association will also be in session each day during the annual session, the reception to the Auxiliary president, with a play and other entertainment, to follow, being a special feature for Monday evening.

* * *

Scientific Exhibits; Commercial-Technical Division; and Films.—In spite of construction handicaps in the Hotel Del Coronado building, which is the oldest of existing resort hotels of Coronado, every effort will be made to give adequate space for the scientific exhibits, and for the technical-commercial division. Had it been possible to secure sufficient and suitable space, plans for an extensive presentation of medical films would have been put into operation. However, the Council has authorized time allotments of 4 to 6 p. m. for medical films, about twenty minutes or so to be allocated to each exhibitor. The exact time of different film presentations will be bulletined later.

* * *

Local Committee's Arrangements for Entertainment, Golf and Fishing.—The Local Committee of Arrangements, in addition to providing other entertainment, will arrange golfing and sea-fishing facilities for members who have interest in those sports.

* * *

Members Are Urged to Attend the Coronado Annual Session.—From the above it must be apparent that this year's annual session should have real lure for members of the Association who can leave their professional work, and it is therefore to be hoped that all physicians who can arrange their schedules will make an earnest effort to register.

ON VARIOUS TOPICS

"Pre-Convention Bulletin."—Most organizations, prior to an annual session at which reviews of work of the preceding months and plans concerning the programs for the year or years ahead are given, seek to afford their members, in advance, indicated information concerning general and special activities; and some years ago, in order to meet such a need, the California Medical Association, through by-law provision, brought into being a "Pre-Convention Bulletin," designed to appear as a supplement to the issue of the Official Journal of the month preceding the annual session. Accordingly, with this issue of California and Western Medicine, another such supplement goes forward to each and every member.

Attention is called thereto, in the hope that readers more than ever may be led not only to scan the programs of scientific meetings, but to peruse carefully the reports of officers, committees, and county societies; because, in that way, a better understanding of the Association's work may be acquired. The financial audits, and comments and the reports on Association policies and work should be of special interest to all who realize the important part organized medicine must take in meeting the many serious issues with which the medical profession of today is constantly confronted. Particularly, should members of the House of Delegates take time for such preliminary reading and consideration.

The record of achievement for the year just closed is one in which the California Medical Association may take pride; for, in spite of heavy handicaps, much efficient service has been given to the profession. Other state medical societies face similar problems, the difference being that many of the issues that have come to the front in recent years seem to have first appeared in California. As other state organizations are obliged to face these newer issues, a better appreciation of California's difficulties in days gone by is becoming manifest.

* * *

President Roosevelt's Federal Hospital Plan. Press dispatches and other information indicate that, while hearings on the Wagner National Health Bill may continue during the present Congress, the possibility of serious related action is not probable. It will be remembered that Senator Robert F. Wagner of New York introduced this bill subsequent to the Washington Conference of July, 1938, at which time the report of President Roosevelt's "Interdepartmental Committee to Coördinate Health and Welfare Activities" was received, publicized, and later—propagandized.

So much opposition to the "Wagner National Health Bill" came to the front during the last two years that the proponents of the measure have seemingly embarked on a new tack, in that they have brought forward—and again under the sponsorship of Senator Wagner—what is becoming known as the "Wagner National Hospital Act of 1940," this being the proposed law to which President Roosevelt has given his sanction. This column, on page 52, in the issue of February, 1940, called attention to some of the implications of this new proposal. Reference is again made to it, because the Act may go on to enactment by the present Congress. It is possible if, through provision of Federal funds, a limited number of such hospitals of about 100-bed capacity are erected in different portions of the United States, that the Government may lease the buildings to local communities at a gesture-rental of $1.00 a year, the cost of maintenance to be borne by the communities in which the hospitals are placed. What would happen in case the local communities failed to maintain the hospitals has not been stated. Would the Federal Government then assume the obligation, and perhaps initiate a system of general hospitals in many of the commonwealths, with both the erection of hospitals and their maintenance guaranteed by the Federal Government?

Additional information concerning the status of this proposed law may be gleaned from a recent brief press dispatch from Washington, D. C.:

> Washington, March 18 (AP).—Representatives of the American Medical Association endorsed the objectives of legislation to set up a federal hospital program today, but advocated safeguards against loss of local control.
>
> Doctors Morris Fishbein, R. G. Leland, Olin West, and W. D. Cutter, all of Chicago, noted needs for expanded hospitalization, and pledged their coöperation in developing a country-wide program.
>
> The bill would authorize an initial appropriation of $10,000,000, to be allocated by the Surgeon-General for construction of needed hospital facilities upon application of local political subdivisions.

* * *

Compulsory Medical Service Act for California.—Much has been written and spoken concerning the proposed compulsory health law of California, the present modification of which was submitted in earlier form to the Assembly of the California Legislature of 1939, where the measure went down to defeat. Advocates of such a law immediately turned their attention to the drafting of an initiative measure designed to accomplish the same purposes, they stating that it would find a place on the ballot in the state election in November of the present year. A presumably authentic draft of the present form of that initiative has had limited circulation; but up to the time of this writing, so far as is known, petitions to place the measure on the ballot have not been circulated. It is important, however, that component county units and their members should remain alert concerning this measure, and information concerning any new developments should be promptly sent to the headquarters office of the Association. It should not be forgotten that the proposed compulsory health law of California, with its panel, capitation, and other features, would radically change the practice of medicine as it is now carried on in this State. The matter, therefore, is one in which every licensed physician of California should feel and maintain an active interest.

* * *

National Physicians' Committee for the Extension of Medical Service.—The rapid growth of this new organization, with headquarters at 700 North Michigan Avenue, Chicago, would indicate that members of the medical profession are in accord with its objectives. Members of the State Association who are not familiar with its aims may well take the time to read the article, "Minute Men of American Medicine," which appeared on page 120 of the March issue. See also comment on page 105.

A recent bulletin of the National Physicians' Committee gave a brief account of a Public Health luncheon sponsored by the Kansas City Chamber of Commerce. The plan there carried out may be worthy of consideration for possible trial in other communities.

As noted in the article in the March issue, on page 123, the National Physicians' Committee is prepared to send to physicians, on request and without cost, for distribution to friends and patients, such literature as the brochure, "Priceless Heritage." Members who have not seen this pamphlet should write to National Physicians' Committee, 700 North Michigan Avenue, Chicago, with a request for the number of copies they wish to distribute.

* * *

Migrant Problems of the United States.—It is gradually dawning upon the people of this country that the so-called migrant problem of our State is primarily a problem of the United States, rather than of California alone. This change of opinion has come with the knowledge that the commonwealths of the dust bowl areas seem to meet their obligations to certain types of agricultural workers in rather an inadequate manner. It is true, of course, that the desire to trek to California has today, for some of these persons, almost as much lure, as inspired many in the days of the Forty-nine Gold Rush.

The Federal Congress is now seriously discussing the problem. Certainly, so far as California is concerned, it is important that the Federal Government and also the various states concerned (for example, Oklahoma, Arkansas, Texas, Arizona and California) should make of the subject a careful study, especially as regards the social welfare, medical, economic and other elements involved. In a recent comment from the California State Board of Public Health, its director, Dr. W. M. Dickie, called attention to the fact that health services to migrants who had come to California are divided among these agencies: (1) The State Department of Public Health; (2) Local Public Health Departments; (3) The Agricultural Workers Health and Medical Association; (4) State Relief Administration; (5) county welfare departments; and (6) county hospitals.

Doctor Dickie also stated:

> As long as both interstate and intrastate migrations continue at near the present value, it will be necessary for federal, state, and local governments to spend a considerable amount of money to protect the public health from dangers created by the existence of a large number of homeless, indigent, and semi-indigent wanderers.

It is to be hoped that a satisfactory solution will be found for this problem.

* * *

Proposed Federal Law That Would Give Chiropractors the Right to Treat Injured Federal Employees.—On March 23, word was received at the headquarters office in San Francisco that Congressman John H. Tolan of the Seventh District had introduced House Resolution 8963 (H. R. 8963) at Washington, and that the bill had been referred to the Committee on Judiciary of the House of Representatives. It is stated that the measure proposes to give chiropractors the right to treat injured Federal employees who would be entitled to benefits under the United States Employees' Compensation Act.

It is to be assumed that if such a law were enacted, its provisions could apply only in those commonwealths in which chiropractors have the right to practice and to only such extent as the respective state laws permitted chiropractors to treat patients. Members who are interested should write to their local Congressman or to the sponsor of the measure, Congressman John H. Tolan, Washington, D. C., for a copy of the bill. The measure should be studied and its course watched.

* * *

Essay Contest for High School Students: Under the Sponsorship of the Committee on Public Health Education of the California Medical Association.—Attention of component county societies and members of the Association is directed to the communication received from Dr. Samuel Ayres, Jr., chairman of a subcommittee of the Committee on Public Health Education (Special Assessment Committee), in which is outlined a plan for an essay contest for high school students, the topic being "The Rôle of the Doctor of Medicine in the Life and Health of the American Citizen," the letter of Doctor Ayres appearing in this issue on page 196.

In due course, the county medical societies will receive detailed information and it is to be hoped in their respective districts members of the medical profession will give fullest possible coöperation in calling the attention of school authorities to the advantages to be derived by those who participate in such an essay contest.

The plan as outlined should meet with a hearty response by high school teachers, and be productive of stimulating thought among those students who are in classes making them eligible. Concerning this, more anon.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 181.

EDITORIAL COMMENT†

EXPERIMENTAL THERAPY OF GRAM-POSITIVE INFECTIONS

Demonstration that aqueous extracts of the Dubos bacillus will protect mice against a million lethal doses of highly virulent pneumococci, is one of the most encouraging research leads of recent decades. The underlying philosophy of this therapy is presumably applicable to numerous other specific infections.

It can be deduced from philosophical grounds that there must be present in nature enzymes capable of destroying each and every organic chemical compound capable of synthesis by plant, animal, or microbic forms. Every specific infectious agent, therefore, must have its natural antidote, presumably in the intracellular enzymes of environmental saprophytes. Stimulated by this philosophy, several years ago the Rockefeller Institute began a systematic survey of environmental saprophytes in the hope of finding some of practical therapeutic value. Their first search was for soil bacilli capable of utilizing the specific capsular polysaccharide (or "hemicellulose") of type pneumococci. Numerous soil samples were inoculated into differential culture media, in which the pneumococcus polysaccharide was the only available source of carbon. Several cellulose-decomposing bacilli were thus found by Dubos and Avery[1] which were capable of decapsulating the corresponding type pneumococcus.

From the most successful of these the endocellular enzymes were extracted by autolysis. These enzymes, found capable of hydrolysing Type III capsular polysaccharide *in vitro,* did not attack Type I or Type II pneumococcose, nor any other bacterial polysaccharide of nonpneumococcic origin. It was found that they would protect mice[2] and rabbits[3] against experimental infections with homologous pneumococci, and exerted a curative effect on infections already established in these animals. Therapeutic effects were apparently due solely to decapsulation of the pneumococci, rendering them more susceptible to phagocytosis. The living bacterial cell was apparently not seriously injured.

---

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

[1] Dubos, René J., and Avery, O. T.: J. Exper. Med., 54:51, 1931.

In order to find less highly specific enzymes of greater clinical promise, ones that would directly attack the cytoplasm of pathogenic bacteria, Dubos[4] then resorted to a very ingenious different technique. Soil samples obtained from numerous sources were pooled, kept at about 70 per cent of their natural moisture-holding capacity, and incubated at 30 degrees centigrade until most of the organic matter they contained was destroyed. Staphylococci, streptococci, and pneumococci suspended in distilled water were then added at irregular intervals to each pooled sample to supply new organic nutriment. At the end of two years' selective propagation at the expense of these Gram-positive cocci, the mixed bacterial flora in each sample was tested for its lytic action on living staphylococci. Lysis was observed in these mixed tests, the staphylococci being completely destroyed within forty-eight hours.

By routine plating methods it was eventually found possible to isolate the essential lytic saprophyte from the mixed flora. This microörganism proved to be a large, motile, spore-bearing bacillus, which in young cultures is Gram-positive, but in older cultures appears as Gram-negative rods. The essential lytic factor is set free from the young culture at the time of this change, which is presumably the initial stage of autolysis. The active principle thus set free is precipitated quantitatively in the presence of dilute acid (p^H 4.5), and is readily redissolved in neutral solutions. Thus partially purified, it exhibits all of the lytic properties of the original culture. The initial product so obtained gives all of the protein tests and contains about 15 per cent nitrogen.

This initial product, tested in a 1:10,000 dilution, exerts a bactericidal effect on all types of staphylococci, streptococci, and pneumococci thus far tested. Higher dilutions are bacteriostatic. Acid-fast bacilli have not yet been studied. The lytic agent is apparently Gram-specific, being ineffective against E. coli, H. influenzæ, and all other Gram-negative bacilli thus far tested. A single intra-abdominal injection of two milligrams of this initial product is sufficient to protect mice against concurrent infection with 10,000 lethal doses of virulent pneumococci. Three consecutive treatments, at twenty-four-hour intervals, furnished adequate protection against 1,000,000 lethal doses. This protection is effective against all types of pneumococci. Control mice infected with Gram-negative Klebsiella pneumoniæ are not protected.

Tests of the curative rather than prophylactic effect were made by delaying treating for several hours after experimental inoculation. It was found that a delay of five hours had very little effect on the therapeutic value. A seventeen-hour delay, however, did appreciably reduce therapeutic efficiency. Even with this delay, however, about 50 per cent of the experimentally infected mice survived the infection. Also, 100 per cent of the untreated controls died within forty-eight hours.

Dubos emphasizes the fact that these prophylactic and therapeutic effects were secured with the relatively crude product obtained by initial acid precipitation. Since making these tests, a purified protein-free form of the bactericidal agent has been prepared. Preliminary tests indicate that this purified product is from fifty to one hundred times more effective, both *in vitro* and *in vivo*. Since this purified product is protein-free, it presumably would not give allergic reactions. No attempts have thus far been made, however, to test its efficiency in human medicine.

Box 51.

W. H. MANWARING,
Stanford University.

NATURE OF THE MELANOMA*

Although the neurogenic nature of the melanoma ("mole" or "pigmented nevus") has been satisfactorily established, this fact has failed to attract as much attention as it deserves.

The rival hypotheses of epithelial and fibroblastic origin of the melanoma were a subject of controversy for many years, without a decisive victory for either side. The main difficulty lay in the unique cellular structure of the melanoma, which is unlike any normal tissue in mammalian histology.

Soldan, in 1899, made the first important discovery of their neurogenic nature by demonstrating nerve fibers in melanomas. Bearing in mind the frequent pigmentation of the skin seen in neurofibromatosis, he postulated "pigmented moles" as one of the manifestations of von Recklinghausen's disease. Soldan's views, however, were either ignored or rejected until 1926, when Masson confirmed the presence of nerve fibers in the melanomas, and also noted some resemblance between the cells of melanomas and those of the Meissner and Merkel tactile corpuscles in the human skin.

In 1933, Laidlow and Murray produced conclusive proof by showing that, microscopically, cutaneous melanomas are faithful reproductions of the tactile receptors of the amphibians and reptiles; these receptors are pigmented spots, not unlike human "moles," and are best seen on the snouts of alligators. Their close relationship is further borne out by the identity of the pattern of ramification and termination of their nerve fibers.

Functionally, the mammalian hair is a successor to the reptilian "tactile spots." The consensus of opinion is that hair is only secondarily ornamental and protective—primarily, a hair and its follicle were organs of touch. Having combined in it the elements of the organs of touch of both reptiles (structure and pigmentation) and mammals (hair), the pigmented hairy mole may be regarded as a transition from the pigmented tactile spot of the reptile to the hairy sensory organ of the mammal. The periodic eruption of pigmented moles parallels the periodic appearance of new hair follicles. The cutaneous melanomas appear at birth, next at puberty, and then, in diminishing numbers, are scattered through later years. This corresponds to the development of new hair follicles. Presumably, hormones controlling the formation of new hair follicles have a similar action on the aberrant "reptilian" cells, that is, the cells giving rise to cutaneous melanomas.

---

[2] Avery, O. T., and Dubos, R. J.: *Ibid.*, 54:73, 1931.

[3] Goodner, K., Dubos, René, J., and Avery, O. T.: *Ibid.*, 55:393, 1932.

[4] Dubos, René J.: *Ibid.*, No. 11, Vol. 70, p. 1 (July), 1939.

* From the Department of Surgery, University of California Medical School.

In addition to the evidence furnished by comparative anatomy, the neurogenic origin of the melanomas is confirmed by a curious biologic test. One of the varieties of the German minnow changes color during the mating season. Ferguson and his coworkers, while investigating the influence of the posterior lobe of the pituitary gland on the secretion of urine, accidentally discovered that, by injecting posterior pituitary extract into a German minnow, this striking change of color could be induced within a few minutes. This reaction proved not to be specific of the posterior lobe of the pituitary, but could be brought about by the use of extracts of nervous tissue or its other derivatives. It is very significant, therefore, that although extracts of non-neurogenic tissues, whether normal or neoplastic, are inactive, extracts of melanomas are highly effective in changing the color of the minnows.

The term "melanoma" is preferable to that of "nevus" which may designate a capillary hemangioma, or to "mole" which would limit the lesion to the skin. The terms "melanosarcoma" and "melanocarcinoma" should be supplanted by the proper name—malignant melanoma.

Although the malignant tumor most frequently arises from a cutaneous melanoma (especially if the latter has been irritated), it may develop from the choroid of the eye, the meninges, the anal canal, or the adrenal medulla—all structures of ectodermal origin. Primary melanomas in other organs are exceedingly rare.

Unfortunately, the name "melanoma" implies a dark color. Pigment, however, is not essential, and nonpigmented melanomas are common.

490 Post Street.

Leonid S. Cherney,
San Francisco.

Tuberculin testing of mental patients at the Peoria Hospital in Illinois disclosed the fact that 52 per cent of the patients who were not in tuberculosis wards were positive to tuberculin and 23 per cent showed definite evidence of pulmonary tuberculosis with an additional 11 per cent who were classed as questionable. Among the schizophrenics, 23 per cent had tuberculosis. In view of this incidence it would seem that tuberculin testing should become a routine procedure in admitting patients to mental disease hospitals and that positive reactors be x-rayed at regular intervals with particular attention to the dementia praecox group.—M. Pollak and I. L. Turow, Conf. U. S. Vet. Adm. Phys., 1938.

ORIGINAL ARTICLES

CARCINOMA TO THE SPLEEN: METASTASES*

By Paul H. Guttman, M.D.
Sacramento

THE infrequent occurrence of carcinomatous metastases to the spleen has always impressed pathologists. Mallory[1] stated that in twenty-five years prior to 1922, he found but ten instances of cancer metastasis in 4,265 examinations. Ludwig Aschoff[2] added that, whereas metastatic sarcoma to the spleen is quite frequent, only rarely one finds metastatic carcinoma. Similarly, Ewing[3] observed that the spleen seems to escape metastasis with peculiar frequency.

REPORTS IN THE LITERATURE

In an analysis of the available statistical data, one finds considerable variation in the findings of various observers. Di Biasi[4] found splenic involvement 182 times in a series of 9,761 cases of carcinoma. Gusenbauer[5] observed carcinomatous metastasis in thirteen cases, or 0.9 per cent, in a series of 1,445 cases. Marscheff[6] found tumor metastasis in only eight instances in a series of 1,078 cases of carcinoma, or 0.7 per cent; Kauffmann[7] reported 0.7 per cent in a series of 1,078 cases; Kettle,[12] eight instances in a series of forty cases; and Handley,[8] in an examination of 422 carcinomas of the breast, found metastasis to the spleen in only one case, or 0.3 per cent.

Warren and Davis,[9] in a recent and comprehensive review of the subject, found that, in 1,140 cases of carcinoma of all types, forty-two cases, or 3.7 per cent, showed indisputable metastasis to the spleen. However, only in twenty-two of these was the metastasis visible to the naked eye, while the others were microscopic in character. In twenty-six instances, or 56.5 per cent of the total number of metastatic tumors, the metastasis occurred independent of capsular involvement.

More thorough study of the spleen by serial section shows that microscopic metastasis occurs more frequently than the studies of Warren and Davis indicate. Yokohata,[10] in a careful study of twenty-nine spleens obtained from patients who had died of carcinoma, found, by serial section of this organ, ten instances of microscopic metastasis, or an incidence of 34 per cent. Deelman[11] found microscopic metastasis in seven of seventy-five instances of generalized carcinomatosis. These results are certainly out of proportion to the incidence of gross metastasis. The question, therefore, is raised as to whether or not these can be considered true metastasis.

DEFINITION OF METASTATIC TUMOR

Although by definition a metastatic tumor is considered an unconnected secondary nodule, one must

---

* From the laboratory of the Sutter Hospital, Sacramento.

Read before the Section on Pathology and Bacteriology of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

necessarily differentiate between tumors which grow at the site of metastasis and emboli of tumor cells which have lodged in an organ, but show no evidence of growth. It is quite evident from the above findings that tumor emboli are extremely common, whereas very few of these develop into visible nodules. Both conditions must be regarded as true metastasis, since it is difficult to state whether or not a cluster of cells lodged in a capillary or sinus is capable of growth if left undisturbed. However, one must admit that in the spleen, microscopic growths only rarely take on sufficient growth to assume macroscopic proportions. This brings up the question of the so-called resistance of the spleen to invasion by tumor cells.

Experimental evidence is available which supports the belief that splenic tissue has a definite inhibitory effect on the growth of experimental tumors. Woglom,[16] in a comprehensive review of this subject, states that "observations on the inhibitory effect of the spleen on tumor growth is one of the most significant in the whole bibliography of cancer research, for these cannot but suggest that the spleen of a resistant animal possesses some factor able to delay or sometimes even to destroy a sarcoma when retained in contact with its cells for a sufficient length of time." Woglom, however, admits that this substance is too feeble in action to affect tumor cells when introduced at a distance.

These observations carry a plausible explanation for the discrepancy between the frequency of microscopic metastasis and visible metastasis. However, before accepting this experimental evidence as fact, more experimental and pathological data are necessary, particularly to determine whether or not a similar relation exists in the incidence of microscopic and visible metastasis in organs other than the spleen.

ON THE INFREQUENCY OF SPLENIC METASTASIS

Numerous anatomical explanations have been offered to explain the infrequency of splenic metastasis, namely, (1) the motility of the spleen; (2) the lymphatic system; and (3) the peculiarity of the vascular system.

Support has been given to the theory that the rhythmic contraction of the spleen is an important factor in the prevention of metastasis. Kettle[12] states that it is easily conceivable that the microscopic nests may fail to become implanted in the walls of the sinuses or capillaries, because of the movement of the spleen. However, it is hardly probable that clusters of tumor cells could be forced to pass through the fine passages of the sinuses by the aid of the feeble contractions of the spleen.

A more plausible explanation is found in the peculiar arrangement of the lymphatic supply of the spleen. This organ does not possess afferent lymph vessels in the parenchyma; these vessels are limited to the capsule and trabeculae. Since carcinoma tends to follow the lymph vessels in its spread, metastasis through these channels can occur in the pulp only by means of retrograde extension along the efferent vessels. This can occur only after involvement of the capsule with blockage of the efferent lymph vessels. That this phenomenon occurs but rarely is well illustrated in many cases in which the capsule is extensively involved, with little or no involvement of the parenchyma. Therefore, the pathway for metastasis of carcinoma to the spleen in most instances is limited to the blood vessels, which is not the usual method of carcinomatous spread.

The peculiarity of the vascular supply of the spleen has been suggested by Sappington[13] as an important factor in preventing metastasis to the spleen. The splenic artery, in leaving the iliac axis, makes a sharp turn. Sappington believes that this turn prevents emboli from entering this vessel. However, as pointed out by Warren and Davis,[9] this factor is negligible, because of the large size of the lumen of this vessel. Also, it is difficult to account for the frequency of emboli of other types to the spleen, particularly thrombi, if this anatomical peculiarity were a barrier.

TYPES OF TUMOR METASTASIS

Two types of tumor metastasis are described: (1) The large nodular type, and (2) the diffuse, finely nodular type. The former is by far the most frequent. The diffuse type is rarely seen. The large nodular type shows presence of one or more nodules which are usually spherical in shape and located, as a rule, near the periphery of the organs, although nodules are frequently seen in the center of the spleen. These are sharply defined against the dark background of the splenic parenchyma. Microscopic examination usually shows a sharp delimitation of the tumor from the parenchyma. Di Biasi[4] describes a dense reaction of plasma cells and lymphocytes immediately about the tumor nodule. Connective tissue reaction is minimal, but depends to a large extent upon the type of carcinoma.

The diffuse, nodular type, shows presence of innumerable, minute, poorly defined nodules which are scattered throughout the spleen. Dial[14] has collected twenty cases of this type from the literature and reports one of his own. Warren and Davis[9] found one case which they illustrate by photograph.

Most frequently the origin of metastatic carcinoma is from carcinoma of the breast. Warren and Davis[9] found the breast the primary site of the tumor in over one-half of their cases of splenic metastasis. Aschoff[2] also states that the primary source of the metastasis is usually the breast. The microscopic structure of the primary, as well as the metastatic growth, is usually carcinoma simplex, although four cases of adenocarcinoma were found. Other sites of origin are the cervix, lung, ovary, and rectum. Welch[15] describes a primary source in the prostate gland. Di Biasi found that carcinomatous metastasis in the spleen is twice as common in the female than in the male.

The following case is reported as an illustration of an unusually massive metastasis of carcinoma of the breast to the spleen.

REPORT OF CASE

Mrs. R. F., housewife, age 55, entered Sutter Hospital on February 21, 1938, complaining of a lump in the left breast. Noticed lump three days prior to admission. History of trauma to breast one year ago, followed by swelling. No pain or discharge. *Past history* irrelevant; menopause at 45. Half-brother died of carcinoma of stomach. *Physical examination* shows a large, pendulous breast, nipple erect. Tumor nodule noted in upper inner quadrant of breast, 3 to 4 inches in diameter. No attachment to skin or underlying muscles. Illumination is dark. No axillary nodes.

Breast amputated radically, using Greenough's method.

Surgical-pathological report: A tumor was present in the inner and upper quadrant of the breast which had a diameter of six centimeters. Structure was firm; color, light gray; consistency, cartilaginous. Sharp processes were present which extended into the surrounding tissues. Microscopic examination showed a newgrowth, consisting of small alveolar nests of cells which are separated by a stroma consisting of dense hyaline connective tissue. The nuclei were deeply stained. The cytoplasm was scant and basophilic. Mitotic figures were few in number. No differentiation into glandular structure was seen. No evidence of metastasis to the axillary lymph nodes.

Diagnosis: Carcinoma of the breast—scirrhous type.

Postoperative course: The patient was readmitted on October 26, 1938, with fluid in chest. X-ray showed metastatic growth in right lung. Course steadily downhill despite extensive radiation therapy. The patient died on November 22, 1939.

Autopsy findings: The body was that of a female of about 55 years of age. The left breast had been completely removed. The subcutaneous tissues beneath the scar were markedly indurated. The thickening and induration were especially marked in the axilla. The left pleura was markedly thickened. Many firm nodules were attached to the parietal pleura and to the rib margins. Both lungs were riddled with tumor nodules, which varied in size from two millimeters to about one centimeter. The nodules were well defined, moderately firm and light gray in color. A large tumor mass was present in the posterior mediastinum.

The heart showed no essential pathologic changes.

The liver contained scattered tumor nodules, which had the same appearance as those in the lung.

The spleen was 220 grams in weight. Located in the upper and medial aspect was a large, circumscribed, roughly spherical growth which had a diameter of eight centimeters. The tumor was located in the splenic parenchyma and lying adjacent to the capsule, but did not involve it. The color was light gray; consistency, moderately firm.

A small nodule of similar appearance was seen in the central portion of the spleen. The diameter of this nodule was eight millimeters.

The gall-bladder was enlarged. Its walls were thickened. Several pigmented stones were seen in the lumen. There was no obstruction of the common duct.

No changes were seen in the structure of the adrenals, pancreas, or gastro-intestinal tract.

Both kidneys contained small metastatic nodules, which were most numerous in the cortical portion. No changes were seen in the pelvic organs.

Microscopic examination of the spleen: Sections obtained from the small nodule showed a newgrowth, consisting of alveolar clusters and broad strands of epithelial cells which were compactly arranged. These were separated by a stroma, consisting of highly vascular, loose connective tissue, which, in places, was infiltrated with lymphocytes. The tumor cells contained hyperchromatic nuclei which vary markedly in size. Mitotic figures were quite numerous. The cytoplasm was basophilic and moderate in amount. In the center of the growth, marked degenerative changes were seen in the tumor cells. Here, extensive leukocytic infiltration was noted. A moderate lymphocytic and plasma cell infiltration was noted at the periphery of the metastatic nodule. Fibroblastic proliferation was not conspicuous. Near the edge of the tumor mass was seen an occasional thickened arteriole.

The structure of the larger nodule was similar to that described above. However, necrosis of the tumor elements was more extensive.

No structural changes were seen in the structure of the pulp of the spleen. The arterioles were moderately thickened. Isolated clusters of tumor cells were not found.

Diagnosis: Metastasis of medullary carcinoma (medullary) of breast to lungs, pleura, liver, mediastinum, kidneys, and spleen; cholecystitis; cholelithiasis.

COMMENT

This case illustrates the gross nodular type of metastasis to the spleen. The metastasis is considered hematogenous in origin, since there is no evidence of involvement of the capsule and extension along the efferent lymphatics. The tumor is a rapidly growing, medullary type of carcinoma of the breast.

IN CONCLUSION

1. Metastasis to the spleen is extremely rare.
2. The rarity of metastasis is due to several factors: first, and most important, is the absence of afferent lymphatics to the spleen; second, the motility of the organ; and, third, the presence of a specific tumor-resisting substance in the spleen, which is supported by experimental evidence.
3. Two types of metastasis are described; the nodular type and the diffuse type; the latter is extremely rare.
4. An example of the gross nodular type of metastasis to the spleen is described.

Sutter Hospital, Sacramento.

REFERENCES

1. Mallory, Personal communication to S. W. Sappington (13).
2. Aschoff, Ludwig, Pathologische Anatomie.
3. Ewing, E., Neoplastic Diseases. Ed. 3rd; p. 87. W. B. Saunders, Philadelphia, 1928.
4. Di Biasi, W., Virchow's Arch. f. path. Anat. 261, 885-918, 1926.
5. Gusenbauer, Quoted in Henke and Lubarsch.
6. Marscheff, Quoted in Henke and Lubarsch.
7. Kauffmann, Pathology for Students and Practitioners. Translated. Reiman, Blakiston, Philadelphia, p. 246, 1929.
8. Handley, W. S., Cited by Krushoord, E. B. Anal. clin. Med. 5:833, 1926.
9. Warren, S., and Davis, A. H., Studies on tumor metastasis; metastasis; metastases of carcinoma to spleen, Am. J. Cancer, 21:517-533, July, 1934.
10. Yokohata, T., Ztschr. f. Krebsforsch. 25:32, 1937.
11. Deelman. Quoted by Yokohata, (10).
12. Kettle, E. H., J. Path. and Bact. 17:40, 1912 and 1913.
13. Sappington, S. W., Carcinoma of spleen, J. A. M. A. 78:952, April, 1922.
14. Dial, D. E., Metastatic carcinoma in spleen; report of case, Am. J. Path. 6:79, Jan., 1930.
15. Welch, A. S., J. Missouri M. A. 22:399, 1927.
16. Woglom, W. H., Absorption of protective agent from rats resistant to transplantable sarcoma, Am. J. Cancer, 17:873, April, 1933.

HARD OF HEARING PROBLEMS*

FIFTH ANNUAL REPORT OF THE SPECIAL COMMITTEE ON "PROBLEMS OF THE HARD OF HEARING"

By Francis L. Rogers, M.D.
Long Beach

THIS annual report of your "Committee on Problems of the Hard of Hearing" may well be opened with an excerpt taken from a clinical lecture by Dr. Walton Burge of Philadelphia on "The Pennsylvania Plan for Tuberculosis."† He says: "It has two independent parts. The first is the striking of a balance between case finding, treatment, and rehabilitation. The second is the coördination of all groups engaged in the tuberculosis fight." Is there not a close analogy to be drawn in that program to the five years' work of your Committee on Problems of the Hard of Hearing? By further comparison we find both conditions are widely disseminated, each works terrible social and economic havoc, particularly among the young and middle-aged, and both are conditions almost wholly preventable or curable if discovered early.

---

* Read before the Section on Eye, Ear, Nose and Throat of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1–4, 1939.

† *Journal of the American Medical Association*, November 12, 1938.

Without delving too deeply into the history of your committee, may I remind you that it is to that veteran scientist, humanitarian, and social worker, George E. Coleman, Ph. D., of the Hooper Foundation of Medical Research, San Francisco, that we are most indebted for bringing this committee into being? He was a guest speaker before this section in 1934, presenting a paper at our Riverside meeting. His subject was the "Medical, Social and Economic Phases of Deafness."

COMMITTEES

The first committee consisted of five otologists. Dr. Harold A. Fletcher was chairman. That committee made a general survey and determined what other agencies in the state were or should be concerning themselves with the problems of deafness. Chairman Fletcher's report was approved and the committee ordered continued.

The following year the committee was enlarged to twenty-five, and I became its chairman and was reappointed the next year. By that time, working contacts had been made with fifteen leagues (now societies) for the hard of hearing, numerous school officials, teachers, health departments, service clubs, other groups, and interested individuals.

In 1936 a survey was made by the Committee, Leagues for the Hard of Hearing assisting. The results of study were embodied in the Chairman's third annual report. By this time the Committee had contacted many influential individuals and organizations throughout California, and in other states and countries such as England, New Zealand, Germany, Japan, and Mexico, all concerned with the problems of the hard of hearing.

The splendid service begun by Dr. Dewey Powell last year was interrupted by call to the secretaryship of this section, and I was again "drafted" to serve you, this time as director of the committee under a new sectional plan. The state was divided into eleven districts, and a district chairman was chosen in each. The coöperation of this state-wide committee has been admirable, and the work accomplished has been exceptionally effective.

LEAGUES FOR THE HARD OF HEARING

In 1934 there were perhaps five or six Leagues for the Hard of Hearing in Califorina, with a total membership of about 150. Today the Pacific Zone has thirty-seven chapters, more than thirty of which are in California. In a sixty-one-day drive last year, the California societies secured 1,047 new members. Their total membership already was many times that number. The contest was for a $250 cash prize offered by the American Society for the Hard of Hearing. This was won by the Sacramento society, which increased its membership from 26 to 147 under the dynamic leadership of their president, our own member, Dr. J. Roy Jones. As chairman of this section in 1934, he appointed your first "Committee on Problems of the Hard of Hearing." He has served on the committee the past four years, and this year as chairman of District No. 1. His fine service to the committee should point a guiding finger to us all, and earn for him a royal crown.

COMMITTEE PROGRAM OF 1938–1939

Most of you, I trust, have seen the committee program for 1938–1939. Time will not permit of more than a brief mention of the titles of its ten sections. They are (1) Coöperation of agencies; (2) How to find the hard of hearing; (3) Lip-(speech) reading and voice training; (4) The ideal otologist; (5) Audiometers and audiometrists; (6) Diagnostic versus therapeutic clinics; (7) The otologists' place in public health education; (8) Hearing aids—single and multiple—and their uses; (9) Fee splitting with hearing-aid salesmen and the nonmedical audiometrists; and (10) Legislation. At first, 2,500 copies of the program were printed, bearing the title "California Medical Association, Section Ophthalmology and Otolaryngology, Committee on Problems of the Hard of Hearing." These were widely distributed through our district chairmen, many other organizations and individuals, including all reputable hearing-aid manufacturers and dealers, receiving sample copies by mail. This brought a large number of requests for others, and made it seem advisable to print an additional 6,500 copies. Two hearing-aid manufacturing companies paid for printing and were allowed to distribute 6,000 copies, through their 400 agencies, to otologists in other states. This was permitted under a strict agreement that only a courteous letter to the doctor should accompany the program. This wide circulation brought us more requests than we were able to supply. Many otologists in other states wrote for copies for distribution to members of their societies. These, happily, we were able to furnish.

A copy of the program and other literature was sent to 250 health officers in California, requesting coöperation with our district chairmen. The State Department of Public Health, Dr. Walter Dickie, Director, has given the committee work fine publicity. The weekly bulletin of September 19, 1938, published our program, and gave extensive editorial notice. The February 25, 1939, issue devoted its entire front page to an editorial, entitled "Hearing Impairment." Our Departments of Public Health are now ready to coöperate to stamp out deafness.

REACTION TO THE COMMITTEE'S WORK

Many letters and other messages of approval of the work of your committee have been received. I should like to read just one. It is from Harold A. Carter, Secretary of the Council on Physical Therapy of the American Medical Association. It says: "Dear Doctor Rogers—I have just received a little pamphlet by way of Dr. Douglas MacFarlan of Philadelphia, which concerns the problems of the hard of hearing, issued by the Section on Ophthalmology and Otolaryngology of the California Medical Association. I am indeed pleased to note the progress that has been made in this respect in California, and I want you to know that if there is anything I can do to help I will be glad to do so."

INCIDENCE OF HARD-OF-HEARING PERSONS

We cannot too often repeat that 10,000,000 of the population of the United States are hard of hearing, of whom 3,500,000 are of school age; and, despite all previous efforts, deafness is increasing. Five years ago as eminent an authority as Dr. Harvey Fletcher, of the Bell Telephone Research Department, said that "14 per cent of the public school population in the United States have measurable hearing losses." Dr. Horace Newhard of Minneapolis, Minnesota, after extended research in that city and state, says "5.85 per cent of children in Minneapolis schools and 13.6 per cent in rural schools have impairment of hearing." Prof. Warren H. Gardner of Iowa State University reported in September, 1936, as follows: "Recent audiometric tests of 70,000 pupils in 105 public schools in Iowa showed percentages of deafness from 3.4 to 12.4." He stated emphatically that three times as many children in rural schools are hard of hearing as in city schools. In California, last year, fifteen cities and two rural areas 86,781 pupils were given audiometric tests, showing wide variations of hearing losses: Beverly Hills, 2.1 per cent; Los Angeles, 10.4 per cent; Imperial Valley, 9.5 per cent; and nine mountain counties, 13 per cent. The wide difference in percentage in city and rural areas is largely attributable to parental ignorance and lack of available medical service. Traveling audiometric clinics have visited rural and village schools, accompanied by an otologist provided by the State Health Department. This work has been proved practical and popular.

AUDIOMETERS

We do not know the number of otologists who now have modern single unit audiometers in use in their offices, but a guess would be that there has been 500 to 1,000 per cent increase in five years. To them the recording of hearing losses in decibels is now just as much a routine practice in an ear examination as is the taking of blood pressure and temperature to an internist.

From a reliable source I have obtained a list of California schools having audiometers:

		Multiple Audiometers
1934	5	4–A
1936	10	4–A
1938	25	4–A
1939 (March)	31	4–A or 4–B

Many others have 2–A or 6–A individual audiometers.

HEARING-AID EQUIPMENT

Hearing-aid manufacturers and dealers have shown an increasing desire to coöperate with otologists along ethical lines. The remarkable advances in hearing-aid equipment and its increased use have done three very desirable things: they have increased production and use, have improved their quality and have driven down the prices. Electrical engineers inform me that the present selling price of hearing aids is entirely out of proportion to the cost of manufacture and marketing. If competition fails to regulate these inequalities, the Government should take a hand and regulate prices as it has the cost of cotton, corn, electricity, and other public necessities.

There is a growing demand for a general agency in cities where exhibits and competent operators may demonstrate the use of the numerous models and makes of hearing-aid equipment. This would be a convenience and protection for the hard of hearing. After an otologic examination they could go, unhampered by "high pressure" sales talk, to try the various models on the market. The New York City Society for the Hard of Hearing has such an emporium in its headquarters. It does not sell hearing aids, but demonstrates their use. Many individuals and societies in California would welcome such an arrangement for the deafened, who now must wander from one sales shop to another with increasing bewilderment, sometimes blaming the otologist for his apparent failure to guide them through this tragic situation in which they often find themselves.

PREVENTION OF DEAFNESS

If we are to deal with deafness as a public-health question—and most certainly it is that—we must first seek ways and means for its prevention. We must seek for causes and remove them early in the life of its victims. We must begin with the child, the preschool child, giving him annual health examinations and preschool hearing tests. Will the Committee on Problems of the Hard of Hearing continue to lead the way in such a campaign?

Deafness, in its relation to juvenile delinquency, is attracting increasing attention. Limited research has shown that deafness is many times more frequent among these delinquents than among those who hear normally. If this should become well authenticated, a very important discovery will have been made. In this study the otologists must play a leading part. Members of this section should watch these studies with deep interest. Judges of our juvenile courts should be made aware of these problems, and their coöperation sought as the surveys proceed.

In the past the discovery of hearing loss has been left to parents, teachers, the family doctor, or to chance. The hard-of-hearing individual was often the victim of his environment, often losing all opportunity for a cure through parental neglect, ignorance, and delay. These medical, social, and economic problems have not yet been properly dealt with, but we are definitely on the way to a better solution.

PRESENT-DAY TRENDS

Five years ago the term "Hearing Week" was without special significance to the public or to the medical profession generally. When the President, the governors and the mayors were asked to issue proclamations, they did not fully realize its significance or its importance. Each year a better understanding and greater coöperation have been shown. Otologists now willingly address audiences and speak on the air during Hearing Week concerning the causes, prevention and cure of deafness. The profession and the public are becoming hearing-minded.

New York has a law requiring annual hearing tests of all school children. California sought a similar law in 1936. As passed, it *permits* hearing and sight tests, at the option of parents, and provides that local Boards of Education may use public school funds to purchase equipment and employ audiometrists to make such tests at the discretion of their Board of Education. Many school systems provide speech (lip) reading and voice training for the severely deafened older pupils, and multiple hearing aids for classroom use. Motion pictures as an aid to teaching the hard of hearing were first used at the Ohio State University two years ago. These are now being introduced in the schools of California, and will soon take their place as a practical aid to "hearing with the eyes."

In new legislation, the Pepper-Boland Bill now before the Congress, and the Education and Rehabilitation Bill now before our state legislature, are constructive and forward-looking measures. The great cost is a deterrent factor, but the saving of continued aid or the dole for the handicapped justfies the investment.

Throughout the five years of this committee's work it has steadfastly held that deafness is definitely a public health problem, and as such must be dealt with nationally and locally as we do in the fight against diphtheria, syphilis, cancer, and tuberculosis. We may require added legislation, but let us use the laws we now have and get others as the need is shown. It is to the otologists that the public are looking for leadership in this work. We must not fail them or our cause is lost.

One of the latest devices in auditory mechanics is a voice-recording machine into which a deafened person may speak, have his voice recorded and, in turn, be accurately reproduced. With a hearing aid the deafened person may then hear his own voice, with all its unpleasant imperfections, and thereby appreciate the need of voice training.

For five years the cost of carrying on this committee work has been borne almost exclusively by its chairmen. For two years I invested in postage, printing, mimeographing, and extra stenographic help, about $250 per year. This was more than I could well afford. This year, under the district plan, the expense has been less. It was thought the State Association would underwrite at least a part of this cost. Their secretary, however, has informed your section secretary that no money is available for section committee activities. The injustice of this would seem to call for a special committee of investigation.

At this time of confusion, reorganization of social, political and economic adjustment in medicine, we must hold firmly to the loftiest ideals of our professional and our social ethics. The following lines may help in this:

"Blessed is he who can divine
Where right doth really lie,
And dare to take the side that seems
Wrong to man's blinded eye!"

IN CONCLUSION

In conclusion, may I thank your officers who have honored me so generously and so long by membership on our Committee on Problems of the Hard of Hearing, and the members for their unfailing kindness, loyalty and help. The work accomplished has been considerable, but there is much yet to be done. There are in this Section members with far more ability than I have on whom the responsibility of leadership should now fall. I urge that the committee be continued under the guidance of a new director. To him I pledge my loyal support.

360 Junipero Avenue.

DIAGNOSTIC VALUE OF GASTROSCOPY*

By ALLAN L. COHN, M. D.
San Francisco

THE purpose of this paper is to bring to your attention one of the latest methods of diagnosis of gastric disease, *i. e.*, flexible tube gastroscopy.

This presentation is to be considered in the nature of a preliminary report. It is based on my examinations of cases with Doctor Schindler in Chicago; of private cases, and of patients of the Mount Zion, San Francisco, and University of California hospitals.

The flexible gastroscope has not only opened a new field in gastric diagnosis, but the great possibilities it presents have not yet been measured.

It has made possible direct visualization of the interior of most of the stomach, with little discomfort and no danger to the patient. The examination does not necessitate hospitalization and can be done as an office procedure.

Gastroscopy makes possible a gross anatomical description of the gastric mucosa, and often gives information obtainable in no other way than by direct visualization.

INDICATIONS FOR GASTROSCOPY

The indications for gastroscopy are numerous. As with any other new method, the indications vary with the enthusiasm of its proponents.

Schindler, the father of modern gastroscopy, believes it is of such value that it should be used as a routine procedure in all gastric examinations.[1]

It is the opinion of other gastroscopists that it should be used in any case, in which the clinical and x-ray findings are inconclusive or negative, but in which there is, nevertheless, gastric symptomatology.

A question frequently asked is: "Is gastroscopy as good as x-ray?" It should be distinctly under-

---

* Read before the Section on General Medicine of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

Sponsored by a Mount Zion Hospital research grant.

stood that the two methods are in no way competitive: the one method supplements the other.

The x-ray is said to be accurate in the diagnosis of 90 to 95 per cent of gross lesions of the stomach (Eusterman et al.).[2] Gastroscopy may be of value in diagnosing a considerable per cent of the missed 5 to 10 per cent group. It is of 100 per cent importance to each case in the missed group that a correct diagnosis be made.

The confirmation of positive x-ray findings, which may still be inconclusive or doubtful, is one of the most important uses of gastroscopy.

All portions of the stomach may not be visible gastroscopically.

There are ulcers along the lesser curvature of the antrum, and occasionally in the body of the stomach, which may not be seen by the gastroscopist, though they are readily seen by the roentgenologist.

The healing process of ulcers is best followed by gastroscopy. There are cases reported in which, after months of therapy, the ulcer had not epithelialized, although the crater had disappeared roentgenologically.[6] This observation is significant in that it may explain the early recurrences, so called, of ulcers where strict ulcer treatment has been prematurely stopped.

It is generally admitted that gastroscopy is superior to x-ray in the study of mucosal lesions, and that x-ray is superior in the study of the deeper structures.

The specific indications for gastroscopy are:

1. Chronic dyspepsias of unexplained origin, often classified as gastric neurosis.
2. Study of chronic gastritis as a separate clinical disease, or in association with the so-called chronic appendix or gall-bladder case.
3. Unexplained gastric hemorrhage.
4. A routine procedure before and after gastric surgery, to determine the condition of the mucosa and thereby safeguard surgical results.
5. To locate possible ulcers on the posterior wall or high in the stomach, which might have been missed by x-ray.
6. As a follow-up procedure in the therapy of healing ulcer.
7. Early diagnosis of carcinoma of the stomach.
8. Differential diagnosis between benign and malignant lesion.
9. Operability of carcinoma.

DIAGNOSIS OF GASTRITIS

It is beyond the scope of this paper to discuss gastritis from the clinical standpoint. It is, however, in the diagnosis of gastritis that the gastroscope is of more value than any other diagnostic procedure.

Gastric analysis, cell count, x-rays may be of little or of no value. Henning,[4] and Ansprenger and Kirklin,[3,5] Schindler and Templeton[6] have shown that the mucosal pattern as seen by x-ray seems to have no constant relationship to the actual anatomic condition of the mucosa seen gastroscopically. There are various gastroscopic appearances found in stomachs with gastritis, but with normal mucosal pattern on x-ray, and normal gastric analyses by our present chemical methods. We have, up till now, been prone to classify all stomach diseases, which appeared normal to x-ray and to gastric analytical methods, as functional disease. We were taught that there were only about two common anatomical diseases of the stomach: that is, ulcer and cancer. We now know that not only is there such a condition as chronic gastritis, but that there are several types—chronic superficial, chronic hypertrophic, and atrophic.[1,7] We are also led to believe that gastritis is the most common of all organic diseases of the stomach. Gutzheit, in his clinic, observed that chronic gastritis was twelve times as common as gastric ulcer and three times as common as duodenal ulcer.[8]

RELATIONSHIP OF GASTRITIS TO OTHER DISEASES

There are some investigators who would have us believe that gastritis is a precursor to other diseases of the stomach, or to systemic disease.

Since the routine use of the gastroscope in large medical centers has made possible a great number of examinations, several hitherto unknown conditions have been discovered, and relationships between various diseases previously merely suspected are now being confirmed.[9-14]

Konjetzny,[15] Comfort and Butsch,[16] Hurst,[17] Kund Faber,[18] and others, believe that there is a relationship between atrophic gastritis and gastric carcinoma.

Faber has felt, for many years, that chronic gastritis is the precursor not only of carcinoma, but of pernicious anemia and subacute combined degeneration of the cord.

That there is a relationship between atrophic gastritis and pernicious anemia has been shown by Jones, Benedict and Hampton,[19] Hurst,[17] and others. It has also been shown gastroscopically[20] that there is a tendency for the atrophic mucosa in pernicious anemia cases to regenerate with adequate liver therapy.

Gaither and Borland[21] have raised several interesting questions with regard to localized atrophy in pernicious anemia. If atrophy interferes with the function of the involved mucosa, it would seem that gastritis localized in the antrum might result in pernicious anemia with normal acidity, as reported by Kund Faber,[18] Hurst,[17] Barnett;[22] or that atrophy localized in the acid-bearing region, not involving the antrum, might produce achylia without pernicious anemia.

Besides studying the relationship between atrophic gastritis and the incidence of carcinoma and pernicious anemia, the relationship between hypertrophic gastritis and ulcer is being studied.[15]

Important gastroscopic studies have been made by P. Chevallier and Moutier[23] in cases of chronic dermatoses and in urticaria. The changes which they find in the gastric mucosa (gastritis) are either a mucosal manifestation of the same process, causing the skin eruption (allergy), or the chronic gastritis is the primary factor.

Studies on the gastritis of the postoperative stomach are being made,[24] and perhaps for some cases a new operative technique will have to be de-

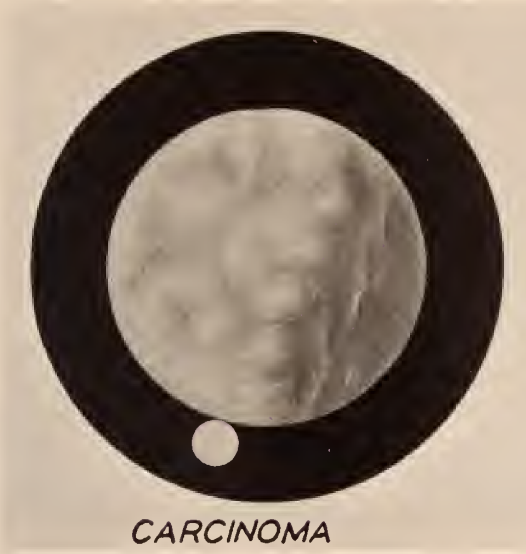


Fig. A

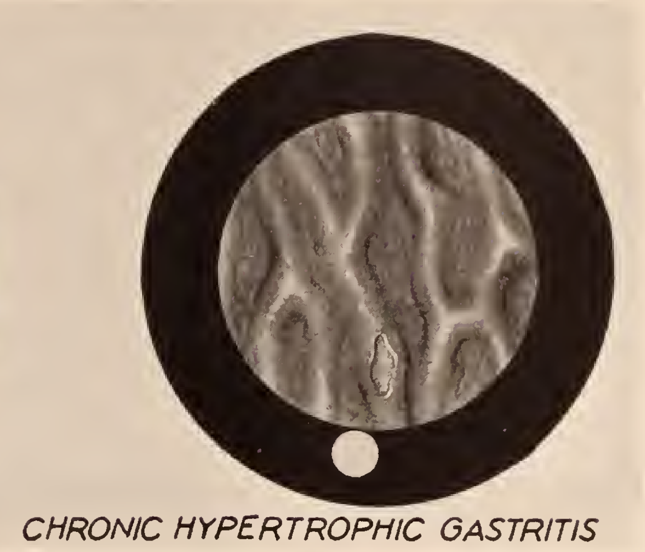


Fig. B

vised. The persistence of symptoms in operated appendix and gall-bladder cases may be due to an associated gastritis, and this condition is being studied. These are some of the present-day problems being investigated by gastroscopy. The answer to these problems may be the answer to the etiology, the earlier diagnosis and perhaps prevention of the diseases which seem to have a definite relationship to gastritis.

REPORT OF CASES

The following cases will illustrate a few of the points mentioned:

Case 1.—San Francisco Hospital, No. 249152, service of Dr. LeRoy Briggs. Female, age 59, with abdominal distress, dyspepsia, vomiting, twenty-pound weight loss in two years. Secondary anemia and occult blood in stools were present. Gastric analysis: Free acid 10, total acid 25.

X-ray examination showed 90 per cent retention; marked pyloric obstruction, probably due to organic lesion.

X-ray diagnosis: Questionable carcinoma of the stomach.

Gastroscopic examination showed the angulus, antrum, and pylorus covered by infiltrative white nodulations. This process extends into the body of the stomach.

Diagnosis: Diffuse infiltrating carcinoma of the stomach; inoperable.

* * *

Case 2.—San Francisco Hospital, No. 233925, service of Dr. LeRoy Briggs. Male, age 53, with fifteen-year ulcer history.

Gastric analysis: Free acid 50, total acid 90.

X-ray diagnosis: Duodenal ulcer.

Gastroscopic examination showed a normal antrum and pylorus. The mucosa of the body of the stomach appeared granular. The rugae of the posterior wall of the greater curvature were hypertrophied and hyperemic. Between the rugae, the mucosa was covered with adherent, greenish-gray exudate. A superficial erosion was visible on one of the rugae.

Diagnosis: Chronic hypertrophic gastritis, associated with duodenal ulcer.

* * *

Case 3.—Mount Zion Hospital, No. 26537, service of Dr. Harold Brunn.

Male, age 35. Previous history of subtotal gastric resection for duodenal ulcer. Present history of epigastric pain for one year and blood in stools.

X-ray examination: No evidence of ulcer.

Question of gastric or gastrojejunal ulcer.

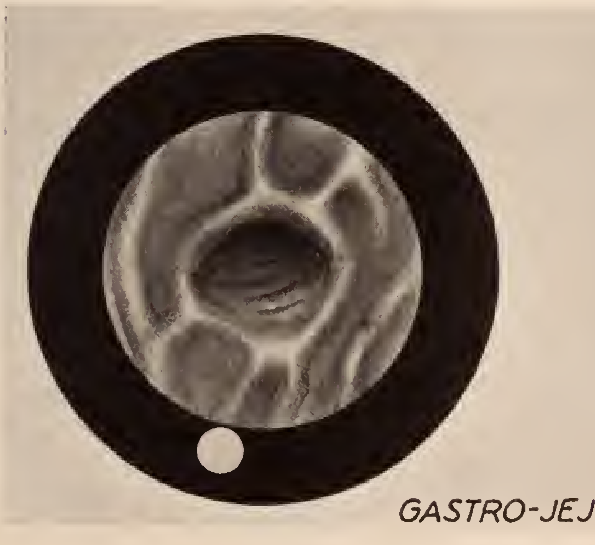


Fig. C

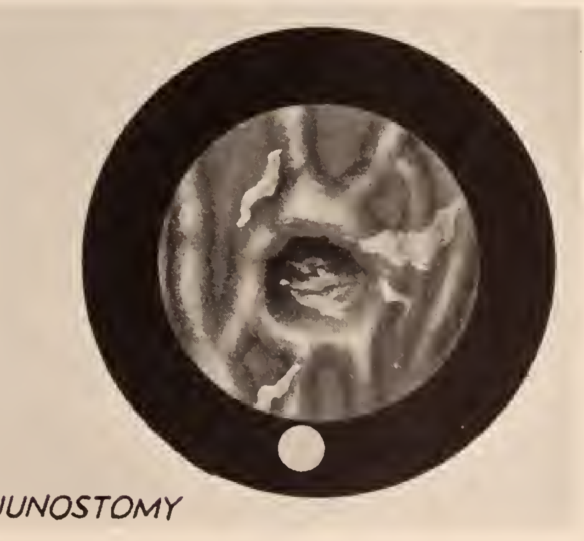


Fig. D

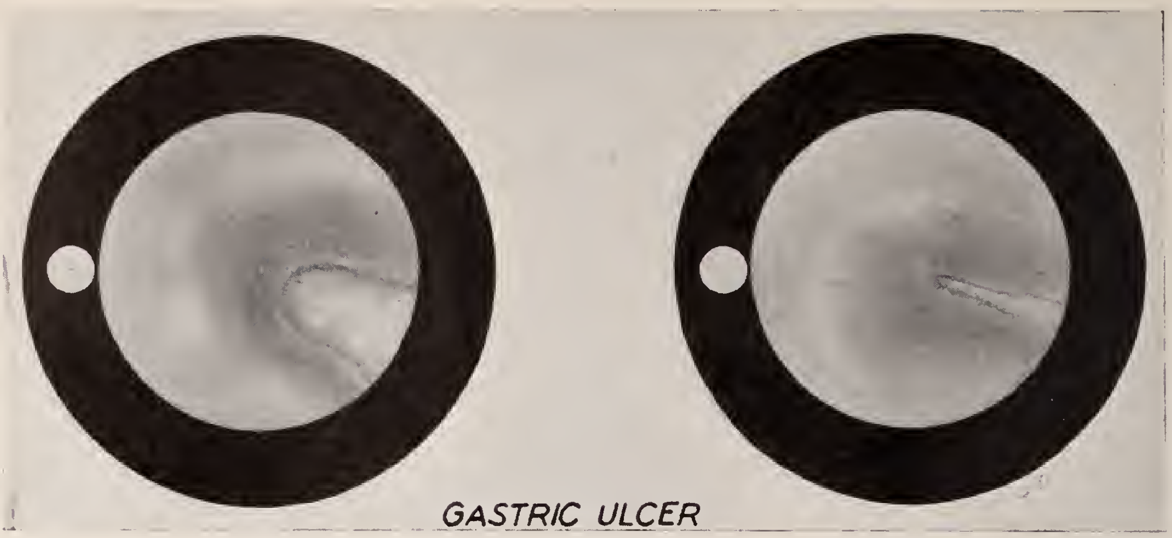


Fig. E Fig. F

Gastroscopic examination: The stoma of the gastrojejunostomy was visualized. The edges were smooth and the margin round and sharply defined. The jejunum appeared normal. Evidence of recent hemorrhage was present on the posterior wall of the greater curvature.

Course: Nine months later. Marked hyperemia of the mucosa surrounding the stoma was present. The gastric, as well as the jejunal mucosa, was covered with streaks of granular greenish-gray exudate. The gastrojejunostomy opening was not smooth and round, but puckered and edematous.

Diagnosis: Chronic superficial gastrojejunitis in a postoperative stomach.

* * *

Case 4.—Mount Zion Hospital, No. 31625, service of Dr. LeRoy Briggs.

Male, age 52. History of postprandial epigastric pain of one year's duration. Free acid, 0-6. Total acid, 6-24.

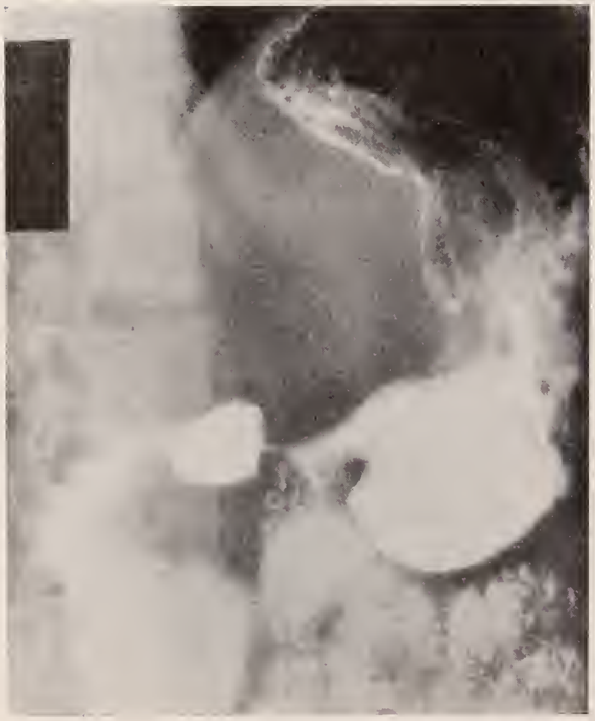


Fig. G

X-ray diagnosis: Ulcer of lesser curvature of stomach.

Gastroscopic examination revealed a large ulcer of the posterior wall of lesser curvature. The base of the ulcer was clean and yellow in color. The margins were sharp and well defined.

Diagnosis: Benign ulcer, posterior wall lesser curvature.

Course: Seven months later. Ulcer was seen as a narrow, shallow slit. This is unusual, as ordinarily a healing ulcer at this stage appears round.

Diagnosis: Healing gastric ulcer.

* * *

Case 5.—Mount Zion Hospital No. 22779, private case of Dr. F. I. Harris.

Female, age 58, with four-year history of dyspepsia. Cholecystectomy three years ago. Symptom-free for one year, then increasing dyspepsia. Three months ago symptoms were worse, associated with pain and vomiting. Ten-pound weight loss in the past three months. No free acid; total acid, 18.

X-rays show apparent deformity at contracted funnel-shaped pylorus, and a lesion at the lesser curvature.

Gastroscopic examination: The pylorus and antrum were visualized. The mucosa was atrophied. Peristalsis was slow and rigid. An irregular, dirty greenish-gray ulcer about 2 by 1½ centimeters was seen above the angulus on the lesser curvature. The borders, although well defined, are irregular. The base is granular.

Gastroscopic diagnosis: Carcinomatous ulcer of lesser curvature of the stomach, below the mid-portion.

Microphotograph: Microscopic examination of sections from ulcerative lesion in the stomach showed the base of the ulcer covered with fibrinopurulent exudate. The muscu-

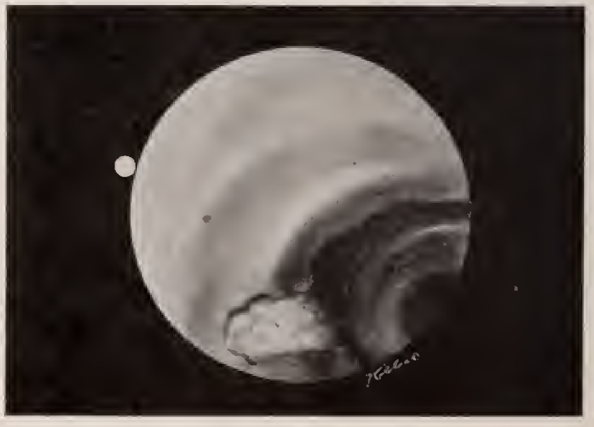


Fig. H

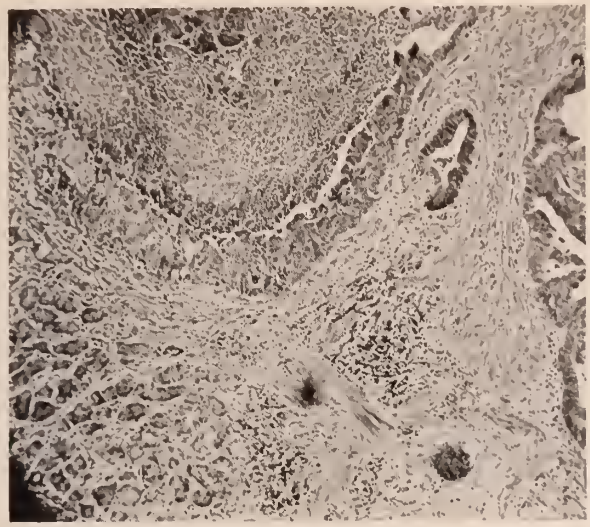


Fig. I

laris mucosa was not seen in the base of the ulcer. Bordering the ulcer the epithelium was atypical. There was hyperplasia of the epithelium of the atypical cells. Infiltration of lymphocytes, plasma cells, and leukocytes, and increase in connective tissue.

Diagnosis: Early adenocarcinoma of the stomach.

* * *

Case 6.—Mount Zion Hospital, No. 31674, service of Dr. Harold Brunn.

Female, age 40. History of ulcer symptoms for twenty years.

Previous operations: Appendectomy, cholecystectomy, nephropexy, Finney pyloroplasty with excision of ulcer.

X-ray diagnosis: Healed duodenal ulcer.

Gastroscopic examination: Marked hypertrophy of rugae of greater curvature of antrum, with slit-like fold, result pyloroplasty. The mucosa throughout the stomach was hypertrophied and granular.

Diagnosis: Chronic hypertrophic gastritis.

* * *

Case 7.—X-ray diagnosis: Healed duodenal ulcer.

* * *

Case 8.—Microphotograph: Hypertrophied gastric mucosa with infiltration of round cells, plasma cells and lymphocytes extending deeply to submucosa.

Diagnosis: Chronic hypertrophic gastritis.

SUMMARY

From the foregoing brief outline of the present status of gastroscopy, and from the demonstration of illustrative cases, it can be seen that gastroscopy has a definite place in the diagnostic armamentarium.

Aside from its value in certain research problems, it has a definite clinical value:

1. It has stimulated interest in the gastritis problem, and will help in establishing the significance and relationship of gastritis to other clinical and pathologic findings.

2. Gastroscopy is a procedure which can be used in the routine study of gastric disease, to corroborate or to clarify negative or doubtful clinical or x-ray findings, when, nevertheless, gastric symptomatology is present.

3. It can be used as a supplement to the diag-

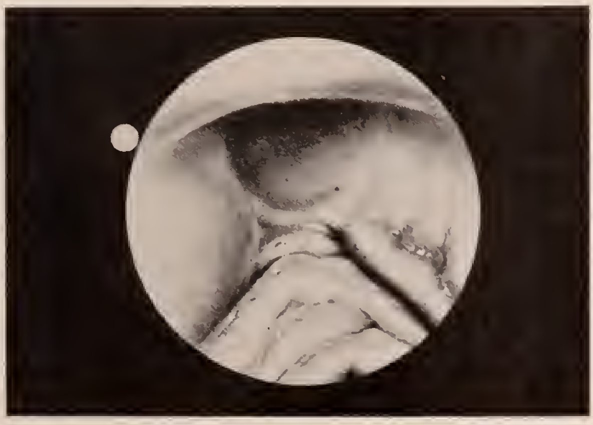


Fig. J

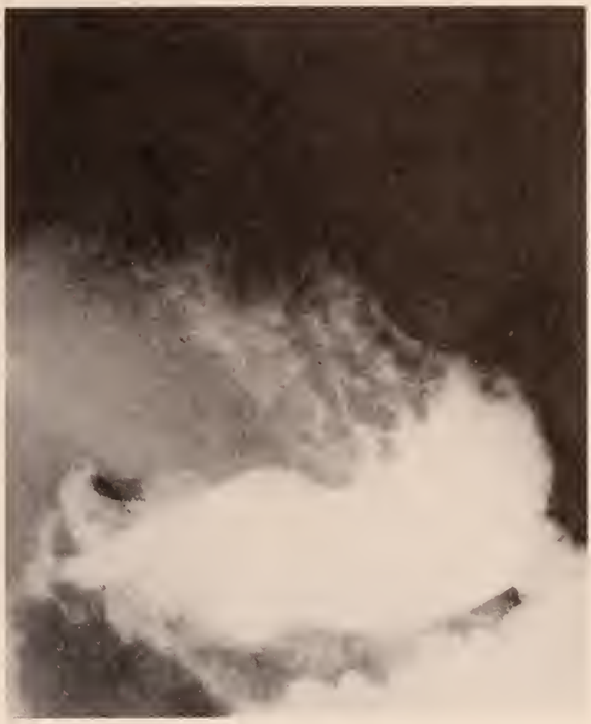


Fig. K

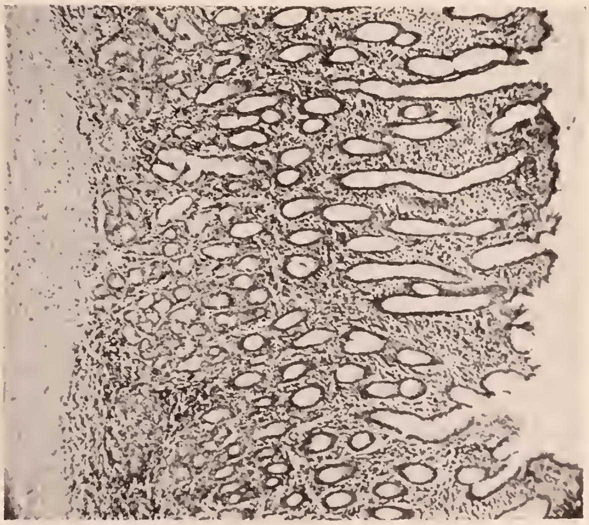


Fig. L

nosis of and x-ray study of early carcinoma of the stomach, and to determine operability of carcinoma.

4. It is of value in the follow-up, in therapy of gastric ulcer.

5. It is of value in the diagnosis of postoperative conditions.

6. Flexible tube gastroscopy is an office procedure as well as a hospital procedure, and with but little discomfort to the patient, is a safe diagnostic aid.

450 Sutter Street.

REFERENCES

1. Schindler, Rudolf: "The Endoscopic Study of Gastric Pathology." University of Chicago Press, Chicago, 1937.

2. Eusterman, George B: Diagnostic Aspects of Roentgenologically Negative Disorders, J. A. M. A. p. 1432, (Oct. 31), 1936.

3. Kirklin, B. R.: Factors of Error in Roentgenologic Distinction Between the Normal Diseased Stomach and Duodenum, Am. J. Digest. Dis., 1:260-261 (June), 1934.

4. Henning, N.: "Textbook of Gastroscopy." Translated by Harold W. Rodgers, Oxford University Press, 1937.

5. Ansprenger, A., and Kirklin, B. R.: Roentgenologic Aspects of Chronic Gastritis, Am. J. Roentgenol., 38:533-540 (Oct.), 1937.

6. Schindler, R., and Templeton, F.: A Comparison of Gastroscopy and X-Ray, Radiology, Vol. 29, No. 4, pp. 472-479.

7. Schindler, R., Ortmayer, M., and Renshaw, J.: Chronic Gastritis, J. A. M. A., 108:465, 1937.

8. Gutzheit K.: Die Bedeutung der Gastroskopie, Verhandl. d. Deutsch. Gesellschf. f. inn. med., 47:368-378, 1935.

9. Moersch, H. J., and Snell, A. M.: Gastroscopy in Diagnosis of Gastric Disease, Am. J. Surg., p. 521 (March), 1938.

10. Borland, James L.: Flexible Tube Gastroscopy, Am. J. Digest. Dis., pp. 744-746, 1937.

11. Swalm, W. A., Jackson, C. L., and Morrison, Lester: Rev. Gastroenterol., 3:219 (Sept.), 1936.

12. Bank, J., and Renshaw, J. F.: Gastritis, J. A. M. A., Vol. 112, No. 3 (Jan. 21), 1939.

13. Freeman, E. B.: Gastroscopic Study Compared with Other Methods of Diagnosis in Gastric Lesions, J. A. M. A., Vol. 112, No. 3 (Jan. 21), 1939.

14. Rodgers, H. W., Hartfall, S. J., Lintott, G. M.: Gastroscopy, Proc. Roy. Soc. Med., Vol. 32, No. 5, pp. 519-542 (March), 1939.

15. Konjetztzny, G.: Die Gastritis Ihrer Pathologischen Beziehung zum Ulkus and Karzinon, Verg. ges Verggskrh. 6. Tagg. Berlin, 1926.

16. Comfort, M. W., and Butsch, W. L.: Atrophic Gastritis and Carcinoma, Proc. Staff Meet., Mayo Clin., 13:151 (March 9), 1938.

17. Hurst, Arthur: Precursors of Carcinoma of Stomach, Lancet, 2:1023-1128 (Nov. 16), 1929.

18. Faber, Kund: Gastritis and Its Consequences, Oxford Medical Publications, 1935.

19. Jones, C. M., Benedict, E. B., and Hampton, A. O.: Variations in Gastric Mucosa in Pernicious Anemia, Am. J. Med. Sc., 190-596 (Nov. 10), 1935.

20. Schindler, R.: Personal communication.

21. Gaither, E. H., and Borland, J. L.: Gastroscopic Studies, J. A. M. A., Vol. 10, No. 6, p. 438.

22. Bloomfield, Arthur, and Polland, W. Scott: "Gastric Anacidity, Its Relation to Disease," p. 110, quoting Barnett. The Macmillan Company, New York, 1933.

23. Chevallier, P., and Moutier, F.: Gastric Hemorrhages and Their Endoscopic Control. Presse Méd., 4:1814 (Nov. 14), 1936.

24. Schindler, R., and Giere N.: Gastric Surgery and Gastroscopy, Arch. Surg., Vol. 35, No. 4, pp. 712-765.

SULFANILAMIDE IN UROLOGIC INFECTIONS*

By BERNARD SILVER, M.D.
Hollywood

GONORRHEA, in both male and female, comprises the greatest numerical and one of the most gratifying applications of therapy with the sulfonamide group. The reports of 93 per cent cures by Erskin[1] would indicate a marked advantage of sulfapyridine over the uncombined drug; but this must await confirmation by other workers, Cokkinis and McElligott,[2] whose reports have always been impressive because of the large number of patients and thoroughness of control, found only slightly greater effectiveness with the new derivative and greater toxicity in equal dosage. Likewise Prebble's[3] reports of 65 per cent cures are no higher than usually found with sulfanilamide.

Sulfanyl-sulfanilamide[4] has resulted in too frequent occurrence of polyneuritis to warrant its use.

MATERIAL OF THE LOS ANGELES CITY VENEREAL CLINIC

The experience during the past year with 3,000 cases at the Los Angeles City Venereal Clinic, headed by Doctor Manning Elliott, has not varied materially from the 1,600 cases we reported in June, 1938.[5] Ninety per cent still show an excellent initial response to the drug, but only one-half proceed to that desired rapid, complete cure, and it is with the recurrences, the incomplete responses and the frank failures that we wish to deal.

ELEMENTS IN SUCCESSFUL THERAPY

In the analyses mentioned above we showed that the efficiency of the drug was found to be independent of the degree of side reactions, the duration of the disease prior to its use, or the extent of the involvement of the urinary tract. The factors that do change the percentage of success are dosage, local therapy, the obliteration of nondraining suppurative focii, and improvement of the general immunological response.

We have found the best balance between effective dosage and minimum side reactions to be that advised originally by Dees and Colston,[6] but prolonged for 21 days. Eighty grains are given daily for two to four days, 60 grains daily for four to six days, 40 grains daily for one week, and then maintenance on 20 grains daily until third week is completed. If the patient is not cured, can the drug be continued beyond this period? Yes, but with careful hematologic check. We have carried patients on maintenance dosage of 20 to 40 grains daily as long as three months, and in some patients this was definitely advisable, since its cessation would precipitate a violent flareup, but under protective maintenance dosage appropriate local measures could be carried out to clear up the underlying focus.

---

* Read before a joint meeting of the Sections on General Medicine and General Surgery of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

Higher dosage, such as the 1,000 grains in 12 days used by Mahoney[7] and 1,500 grains in 21 days used by Cokkinis,[3] undoubtedly raise the percentage of immediate cures, but hardly offset the 50 per cent febrile and 13 per cent cutaneous reactions observed. Moreover, the danger of severe hematopoietic and neurotoxic reactions become greater with larger dosage. We should not forget that gonorrhea itself carries almost no mortality.

ON LOCAL THERAPY

Local therapy has been shown by Cokkinis,[2] Robertson,[8] and ourselves[5] to increase the percentage of early success by 10 to 20 per cent.

Withholding local therapy, until reappearance of shreds or discharge heralds the failure of sulfanilamide alone to cure, may be of scientific interest, but hardly of the kind to be appreciated by the patient. Immediate anterior permanganate irrigations and daily 5 per cent mild silver proteinate instillations are used in uncomplicated cases. In my opinion this point requires special emphasis, for most cases referred as "sulfanilamide resistant" will clear promptly upon mere institution of through and through irrigations and prostatic massage. In these patients sulfanilamide masks the usual symptoms of posterior invasion. The second glass shows barest haziness. The palpation of the prostate does not suggest much involvement, but the prostatic fluid often contains as high as 80 per cent pus. Before sulfanilamide, no early attempt to clear such foci by massage could be made because of danger of epididymitis or prostatic abscess.

Improvement by the aid of local therapy emphasizes that the results are not dependent merely upon the bactericidal properties of sulfanilamide. The patient's normal mechanism of overcoming infection must come into play to destroy the organisms which have been checked by sulfanilamide. In many patients at a standstill on local therapy and sulfanilamide, the addition of vaccine therapy has promptly carried them on to cure. This improved response has been so uniform that it is now our practice in private cases to start the vaccine concurrent with local and sulfanilamide therapy, using graduated doses from twenty-five to two hundred million killed organisms triweekly.

COMMENT

The presence of nondraining or poorly draining gonorrheal recesses in any portion of the urethral tract will almost invariably prevent complete cure. There will be complete failure or, as is most common, an exacerbation will closely follow discontinuance of the drug. This experience in gonorrhea parallels Lockwood's[9] observations in surgical infections. Many failures are due to the fact that physicians have found sulfanilamide a ready excuse for "over-the-desk" treatment of gonorrhea. They have dispensed sulfanilamide and dispensed with examination of the patient. Tyson's glands must be fulgurated if found infected. Infected glands of Littre can be felt over a urethral sound, and massage over this will facilitate their drainage and subsequent response to sulfanilamide.

Unfortunately, proof that sulfalanilamide has as yet not solved the gonorrheal problem lies in the fact that its incidence is apparently not decreasing. Probably the most accurate guide to total incidence in Los Angeles is the number of patients applying for care at the City Venereal Clinic. This has increased rather than decreased, by 7 per cent. This disappointing finding revolves on the failure to differentiate cure from mere remission, and the spread of the disease during the period of false security. Ray Jones'[10] report that mutation of the organisms occurs so that it is unrecognizable in the Gram stain would make the problem almost unsoluble, but no other investigators have confirmed this to date, and from our work I am convinced that the fault cannot be placed on a change in the organisms but to a lack of diligence in a search for it.

Eighty patients, pronounced cured over a year and a half ago, have been checked as to any evidence of recurrence or spread of the disease to sexual partners without once finding any evidence that sulfanilamide can convert gonorrhea into a latent, symptomless, but infectious form. However, patients cannot be pronounced cured merely upon the disappearance of the discharge for several weeks and one or two negative slides. Cures can be considered only after many negative smears by the Gram method, after provocation with (1) silver nitrate in the post urethra, (2) massage of urethra over full sized sounds, (3) prostatic massage, (4) overdose of gonorrheal vaccine, (5) alcoholic debauch, (6) sexual intercourse. These must, of course, be done after sulfanilamide has been discontinued for at least a week. In my last forty private male patients cultures have been checked without once finding a positive, after observation and negative slides had indicated cure. But in clinic practice the opportunities for successive smears and prolonged observation are not as applicable, and the use of cultures before discharging a patient is certainly indicated.

Fifteen per cent of the prostatic fluids obtained at the Los Angeles City Venereal Department showed positive cultures for G. C. after the patient had several negative smears. In females, cultures are definitely necessary to prove cure, in both private and clinic practice.

The problem is definitely not insoluble, it merely requires diligence. As a matter of fact most cases should now require more effort in proving than in accomplishing cure.

EFFECTIVENESS OF SULFANILAMIDE IN TREATMENT OF GONORRHEA

In discussing the effectiveness of sulfanilamide in gonorrhea two principles were involved: (1) the bacteriostatic rather than bactericidal action, and (2) its failure in closed suppurative foci. Two additional factors govern its effectiveness in nonspecific urinary tract infections: (3) the nature of the invading organism and (4) the presence or absence of obstruction or foreign body.

Helmholz[11] showed specific sulfanilamide bactericidal action on members of the colon group, aerobacteria, salmonella, and proteus; very little effect on staphylococcus and anhemolytic streptococcus and none on streptococcus fecalis. Vest et al.[12] repeated these *in vitro* experiments, but used heavier innoculums more closely corresponding to the numbers of organisms found in the urines of infected patients. With these heavy innoculums, from 100,000 to 25,000,000 per cubic centimeter, sulfanilamide was bactericidal only to the colon group—and mildly bacteriostatic on the others which Helmholz[11] reported as sensitive. Yet aerobacteria and proteus infections do respond very well clinically. This again emphasizes the rôle immunological processes of the body play in sulfanilamide response.

Helmholz[11] also demonstrated that the optimal *in vitro* bacteriostatic effect is in an alkaline medium. This is of tremendous significance in proteus infections, for the proclivity of these organisms to convert urinary urea to ammonia makes it extremely difficult to acidify the urine, necessary for success with Mandelic acid or hexamine therapy. In our experience clinically, the PH of the urine has not altered the efficiency of the drug. We have never been able to convert an unsuccessful into a successful response by alkalinization or acidification; and since moderate doses do not produce acidosis, we feel that it is unnecessary to use bicarbonate of soda in conjunction with the drug.

The fourth factor in determining the response—the presence of anatomical or physiological complications to the infection—cannot be overstressed. Just as the "over-the-desk" treatment of gonorrhea with sulfanilamide results in many unnecessary failures, so will omission of accurate urological diagnoses result in its failure to clear other urinary infections. Pyuria is not a disease; it is a sign of urinary tract pathology, just as fever is. Sulfanilamide is now often being discriminately used to treat pyuria without search for the underlying cause. The present urinary antiseptics, by their very efficiency, may be dangerous in masking progressive urinary pathology just as morphin may mask the acute abdomen.

INDICATIONS

The salient features with regard to its various uses may be given as follows: In nonspecific urethritis it is not only usually ineffective, but the treatment is far more debilitating than the disease.

In acute nonspecific prostatitis, as in the case of gonorrheal involvement, sulfanilamide is of inestimable aid in bridging the acute phase. Farrell[13] has shown it to be the only urinary antiseptic secreted in adequate amounts into the prostatic fluid to be of any bacteriostatic or bactericidal effect. Its use produces rapid subsidence of the acute stage with its accompanying high fever, bladder-neck spasms and constant fear of impending epididymitis. But massage must be added to the administration of the drug, for the most common offenders are: Staphylococci, anhemolytic streptococci, and diphtheroids, on which the drug is only bacteriostatic.

The results in the treatment of chronic prostatitis, on the other hand, are disappointing. It is true that the amount of pus in the prostatic fluid and the degree of secondary bladder infection decreases, while the patient is taking the drug; but on its discontinuance both symptoms and prostatic infection recur. The stenosed ducts and the dilated acini still require prostatic massage and local heat for sustained improvement.

Nonspecific epididymitis, although not as responsive as that due to the Nesserian organism, shows improvement in 75 per cent of the cases, particularly in the prevention of suppuration.

The dosage required in the above disease of the genital adnexae must be as high as those used in the treatment of gonorrhea, but in the treatment of disease of the bladder, ureters and kidneys, an important difference is found, due to the fact that these tissues are constantly bathed in the urine in which the concentration of sulfanilamide is approximately from 10 to 100 times as great as in the blood and tissue fluid.

Unquestionably, this has a great deal to do with the success of the drug on organisms in the urinary tract, which are entirely resistant when localized in other parts of the body. Moreover, it explains why excellent results can be obtained with much smaller dosage, for it is rarely found necessary or beneficial in infections of the middle and upper urinary tract to use more than 40 grains daily. This is fortunate, for many of the patients in whom the use is most desirable are of advanced age, extremely toxic, and tolerate even the smaller dosage poorly.

Uncomplicated cystitis is most often caused by the colon bacillus, and response here is dramatic; but such cystitis is rare. Most often it is the result of upward spread from urethral or prostatic pathology, descendant from renal infection or the result of bladder-neck obstruction with its accompanying residual urine. Such secondary cystitis responds only to the extent in which the underlying cause is relieved by the sulfanilamide.

In the bladder-neck obstruction, in about 50 per cent of the cases the initial infecting organism is colon bacillus. Many of these patients when given sulfanilamide will have relief from their symptoms of prostatism during the period that the drug is administered, because it will sterilize the urine in these cases despite the residual urine; but this is a misfortune rather than otherwise. The improvement can only be temporary and detracts attention from the obstructive feature which is causing progressive renal damage.

Cystitis, secondary to bladder calculus, diverticulum or sloughing bladder tumor, fails to respond unless these conditions are surgically corrected; because in this type of case there exists secondary invasion by the streptococcus, staphylococcus or the proteus group, and recurrence is almost invariable.

Infections of the upper urinary tract are, of course, governed by the same general factors. Uncomplicated pyelitis, which pathologically is really a pyelonephritis, is caused most frequently by colon bacillus, and responds with complete abatement of the clinical manifestations and rapid sterilization of the urine. But the pyelonephritis secondary to stone, hydronephrosis or ureteral obstruction do not show this permanent improvement. Drop in temperature, decrease in pyuria, and occasionally temporary sterilization do occur when the invaders are the susceptible type. Even though the improvement is temporary, it is of great value because it shortens the period of "cooling down," necessary before diagnostic procedures to determine, and surgical procedures to cure the underlying cause, can be carried out.

It has been of particular value in many cases of chronic pyelonephritis. These cases were often completely resistant to pelvic lavage, and even to Mandelic acid, because there are foci of infection in the kidney parenchyma itself. Sulfanilamide was able to clear these deep foci because of its humoral action.

The response of pyelonephritis in pregnancy has been superior to that induced by Mandelic acid or hexamin, and it is much more easily tolerated than the former. It has no demonstrable effect on the infant. The only failures have been in those patients having a high degree of hydronephrosis. The placement of indwelling catheters in these, and reinstitution of sulfanilamide therapy have successfully carried several patients over periods when they were too ill to even allow therapeutic abortion.

The treatment of two other genito-urinary infections should be mentioned. Sulfanilamide is almost specific for lymphogranuloma inguinale. If given early the inguinal bubo practically always subsides without suppuration, and even after suppuration has occurred the sinus rarely persists. The control of chancroidal infection has likewise been made less difficult. There have been no cases of extensive phagadenic ulceration with its resultant deformities since the use of sulfanilamide on mixed infections.

IN CONCLUSION

The use of sulfanilamide does not dispense with the need for careful urologic diagnosis, but on the contrary makes it more important, for only with a knowledge of the entire anatomic, physiologic and bacteriologic status can the proper use of the drug be made in producing rapid permanent cures.

In upper and middle urinary tract infections its greatest value probably lies in control of sepsis before and after cystoscopic or surgical procedures.

1712 North Highland Avenue.

REFERENCES

1. Lloyd, V. E., Erskine, D., and Johnson, A. G., Chemotherapy of gonorrhea with M & B 693, Lancet, 2:1160, Nov. 19, 1938.
2. Cokkinis, A. J., and McElligott, G. L. M., Sulfanilamide in gonorrhea; analysis of 633 cases, Lancet, 2:355, Aug. 13, 1938
3. Prebble, E. E., Treatment of acute gonorrhea with M & B 693; analysis of sixty-five cases, Lancet, 2:1163-1164, Nov. 19, 1938.
4. Bannick, E. G., Brown, A. E., and Foster, F. P., Therapeutic effectiveness and toxicity of sulfanilamide and several related compounds: further clinical observations, J. A. M. A. 111:770-777, Aug. 27, 1938.
5. Silver, B., and Elliott, M., Use of sulfanilamide in 1625 cases of gonorrhea in male, J. A. M. A. 112:723-728, Feb. 25, 1939.
6. Dees, J. E., and Colston, J. A. C., Use of sulfanilamide in gonococcic infections; preliminary report, J. A. M. A. 108:1855, May 29, 1937.
7. Mahoney, J. F., Van Slyke, C. J., and Thayer, J. D., Sulfanilamide therapy in hospitalized gonorrhea, Am. J. Syph. Gonor. and Ven. Dis. 22:691-698, Nov., 1938.
8. Robertson, M. J. S., Results in one hundred cases of gonorrhea treated with M & B 693, Lancet, 2:1463, Dec. 24, 1938.
9. Lockwood, J. S., Coburn, A. F., and Stokinger, H. E., Studies on the mechanism of the action of sulfanilamide, bearing of character of lesions on effectiveness of drug, J. A. M. A. 111:2259, Dec. 17, 1938.
10. Jones, Roy, Sulfanilamide may revolutionize laboratory identification of gonococci, J. Syph. Gonor. and Ven. Dis. 22:349, May, 1938.
11. Helmholz, H. F., Bactericidal power of urine after administration of prontylin by mouth, Proc. Staff Meet. Mayo Clin. 12:244, 1937.
12. Vest, S. A., Hill, J. H., and Colston, J. A. C., Experimental and clinical observations on sulfanilamide in urinary infections, J. Urol. 41:31-43, Jan., 1939.
13. Farrell, J. I., Treatment of gonococcal infections with sulfanilamide, J. Urol. 41:44, Jan., 1939.

GONORRHEA: ITS TREATMENT BY ARTIFICIAL FEVER, AND BY FEVER THERAPY IN COMBINATION WITH SULFANILAMIDE*

By Elmer Belt, M.D.

and

Alvin W. Folkenberg, M.D.

Los Angeles

During the past few years the treatment of gonorrhea has twice been revolutionized by the introduction of new methods. I refer to the use of artificial fever therapy and to the still more recent advent of the use of sulfanilamide. Either of these agents used alone will produce results that would have been considered unbelievable a decade ago, but it is their combined, synergistic use which today offers the optimum chance of cure in cases found resistant to the use of sulfanilamide and local therapy alone.

AUTHORS' STUDIES

Our fever therapy department was inaugurated in July, 1936. From that time to March 1, 1939, we have given 931 treatments to 279 patients. Of these, 205 patients were treated for definitely proved gonococcic infections. We must eliminate from this group those on whom our follow-up data are insufficient, also those who for various reasons did not complete the treatment as outlined for them. This leaves a total of 160 patients, which will be divided into three groups and discussed in the order named:

(*a*) Single ten-hour fever at 106.7 degrees, 100 patients.

(*b*) Short multiple fever, combined with sulfanilamide, 55 patients.

(*c*) Fever equal to the thermal death time of the patient's own gonococcus, 5 patients.

The beginnings of our fever therapy department were inspired largely by the work of Stafford L. Warren and his colleagues at the University of Rochester Hospital in Rochester, New York. In 1933 Carpenter, Boak, Mucci, and Warren reported the *in vitro* thermal death time of fifteen strains of N. gonorrheae.[1] This was found to vary from seven to twenty hours at 106.7 degrees Fahrenheit.

---

* Read before the Section on Urology of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

In a more recent work[2] the same authors have reported the thermal death time at 106.7 degrees Fahrenheit on 250 strains of the gonococcus. This showed a variance of from six to thirty-four hours, with a mean of sixteen hours. In 75 per cent of the strains the thermal death time was between eleven and twenty-one hours. These laboratory data furnish a convincing rationale for the use of long sustained single fevers for the treatment of gonorrhea. Warren, after having determined the thermal death time of the patient's own strain of gonococcus, gave the patient a single febrile session of equal duration and intensity. By the use of this method he reported a high percentage of cure.[3, 4]

OBSERVATIONS

In the early part of our fever work, we lacked the facilities for determining the thermal death time of each patient's gonococcus. We, therefore, arbitrarily selected ten hours at 106.7 degrees as an optimum amount of fever to be given at one session, and used this as our routine treatment from July, 1936, until sulfanilamide came into use for the treatment of gonorrhea.

Fevers of this height and duration are not to be undertaken lightly. Each patient must be carefully studied before fever therapy is attempted. A detailed history is taken. Because of their relation to liver damage, alcoholism and previous attacks of jaundice are carefully noted. The patient is subjected to a searching general physical examination, including a urinalysis and a blood Wassermann test. Smears and cultures must be positive for the gonococcus. The cardiovascular and respiratory systems are further investigated by a competent cardiologist. His studies include an electrocardiogram, fluoroscopy of the heart and chest, measurement of the vital capacity, and an exercise and recovery test.

Several contraindications to the use of long high fever should be mentioned. Patients past forty years of age must be treated with great caution. Patients with electrocardiographic evidence of myocardial damage or heart-block do not tolerate fever well. Mild valvular lesions, if well compensated, do not of necessity contraindicate treatment. Chronic alcoholism and advanced cardiovascular-renal disease contraindicate long-sustained treatment. Patients with acute respiratory infections, especially active pulmonary tuberculosis, should be excluded.

PREPARATION FOR TREATMENT

Two or three days of preparation are advisable before treatment. Preparation should consist of forcing fluids and the giving of a high caloric, high carbohydrate, low fat, and high sodium chlorid diet. Drugs which inhibit perspiration should not be given. The patient should report for treatment without breakfast. The temperature, pulse, respiration and blood pressure are taken and 10 cubic centimeters of blood withdrawn for laboratory studies. The patient is then placed in the prewarmed cabinet. A Leeds and Northrup Micromax strip chart recorder, with a range of 90 to 110 degrees Fahrenheit, is used to record constantly the patient's rectal temperature. The pulse and respiration are charted at fifteen-minute intervals, and the blood pressure is taken every thirty minutes, or oftener if abnormal. A graduate nurse, especially trained for fever therapy, attends each patient constantly during the treatment. One of our medical group is in the office at all times prepared to handle any emergency. Every therapeutic aid for the treatment of emergencies is instantly available, including intravenous solutions in liter flasks, carbogen, and stimulants. We feel that we are thus able to carry out treatments as safely and satisfactorily in our office as in the hospital.

The sedative usually employed, in addition to seconal, grains one and one-half, taken on arrival, is pantopon, grain one-third, given by hypodermic injection when the patient's temperature is 101 to 102 degrees. During long treatments, pantopon, grain one-sixth, or dilaudid, grain one-fortieth, may be repeated once or twice to control restlessness. The patient's temperature usually reaches the desired level in one and a half hours. This point constitutes the starting time of the treatment.

TREATMENT

During treatment the patient is allowed to drink 200 to 400 cubic centimeters of fluid per hour. The fluid most commonly used by us is Calso water, a slightly charged alkaline water containing calcium carbonate, magnesium carbonate, sodium phosphate, sodium chlorid, and sodium bicarbonate in physiologic solution. This water is much more palatable than salt water, and has greatly reduced the incidence of nausea and vomiting. Very rarely is it necessary to resort to the intravenous route to maintain adequate fluid balance.

When the treatment period is over, the cabinet is opened and the patient's temperature allowed to return to normal. This requires from one to one and one-half hours. Following these long treatments, the patient is given an alcohol rub and moved by ambulance to a near-by hospital for observation and rest. The average length of hospital stay in this series was 1.6 days.

ARMAMENTARIUM

We use two fever cabinets of the circulating warm, moist-air type. Our third cabinet uses inductothermy for the elevation of temperature. We have been able to observe no physiologic difference or variation in patient comfort between these so-called external and internal methods of heating. The type of machine used, in our opinion, is of far less importance than the skill of the personnel using that machine. In the selection of a fever machine, such factors as size, convenience, cost, and manufacturer's integrity must, of course, receive consideration. The one most important attribute of a fever machine is its ability to generate and maintain high relative humidity. In a well-designed cabinet, the patient's rectal temperature can be maintained between 106 and 107 degrees with a cabinet temperature not exceeding 110 degrees, provided the humidity is of the order of 90 per cent saturation. Under such conditions dehydration will rarely occur. The patient's plasma-red cell relationship is determined at frequent intervals by means of the hematocrit, and the fluid intake is adjusted accordingly. We often find it necessary to limit the quantity of ingested fluid to prevent too great an increase in the volume of the plasma. In the rare cases where dehydration does occur, we administer fluids intravenously in the form of 5 per cent dextrose in normal saline.

Another advantage of low cabinet temperature and high humidity is the virtual absence of skin burns. With the older method of low humidity and relatively higher temperature, skin burns and blisters occurred frequently. On several occasions it was necessary to terminate treatment for that reason alone.

COMMENT

At rectal temperatures of 106.7 degrees the pulse rate will average 130 to 140, and the respiration will be 26 to 28. The systolic blood pressure characteristically shows an initial rise during induction of 10 to 20 millimeters. During fever maintenance the systolic pressure will vary between normal and 20 millimeters below normal. Diastolic blood pressure during fever is about one-half the systolic; for some reason not known to us it may be heard down to zero pressure in many cases. A systolic blood pressure below 80, a pulse pressure less than 20, and a pulse rate above 160 lasting for more than a half-hour ordinarily call for termination of the treatment.

During the period from July, 1936, to December, 1937, one hundred patients received a single hyperpyrexia treatment of ten hours' duration at a rectal temperature of 106.7 degrees Fahrenheit. Each patient in this series received at least three subsequent examinations to determine the presence or absence of the gonococcus. In women two of these examinations must be postmenstrual. Since July, 1937, routine cultures have been made on material obtained from these examinations, in addition to the usual smear stained by Gram's method. The majority of these patients were observed for three or more months following fever therapy and many more examinations were made than the minimum stated above. Of these one hundred patients with adequate follow-up, eighty-seven were found to be consistently free of gonococci following the single ten-hour session of fever. Sixty-three patients were classified as acute. There were ten failures in this group (84 per cent cured). Of the thirty-seven patients who had chronic gonorrhea, three failed to be cured (92 per cent cured). The average duration of the acute cases before fever therapy was four weeks and of the chronic cases, 5.4 years. Nineteen of these chronic cases had carried their gonorrhea for from five to twenty-two years before being finally cured with artificial fever. Of these one hundred patients, seventy-seven were male and twenty-three female. It is interesting to note that all of our failures were in male patients.

TREATMENT WITH SULFANILAMIDE

When sulfanilamide began to be used for the treatment of gonorrhea in June, 1937, we discontinued the use of artificial fever. There was a period of several months during which no patient received fever treatment for a gonorrheal condition in our office. It seemed for a time that the use of fever in the treatment of this disease might be relegated to the past. However, as the number of failures from sulfanilamide therapy began to become apparent, we again turned to fever therapy for aid in these sulfanilamide-resisting cases. At this time Ballenger, Elder, and McDonald published a preliminary report on the treatment of gonococcic infection by combined sulfanilamide and thermotherapy.[5]

In combining fever therapy with sulfanilamide chemotherapy, we instruct our patients to take 20 grains of sulfanilamide four times a day for two days preceding fever therapy. On the morning of the fever treatment they are told to take 20 grains of sulfanilamide one hour before reporting for treatment. A fever session of five hours' duration at a rectal temperature of 103.5 degrees is then given. The fever treatment is repeated every other day until three treatments are given. Sulfanilamide, grains 20, four times a day, is administered on the alternate days. In nineteen patients so treated we had five failures, a cure rate of only 74 per cent. At this time we altered the above procedure by increasing the temperature plateau of the three fever treatments from 103.5 to 106 degrees. All other factors remained the same. Up to March 1, 1939, thirty-six patients have been treated by this higher temperature routine with only five failures (86 per cent cured). Taking these two groups as a whole, we have fifty-five patients treated and adequately followed, with ten failures (82 per cent cured). Forty-two cases were acute, with eight failures, and there were two failures among the thirteen chronic cases. The percentage of success in male and female patients was identical, there being eight failures in forty-four males and two failures in eleven females. We wish to emphasize again that, with one exception, this combined treatment has been used only in cases found resistant to sulfanilamide and local therapy.

In each of these cases a blood sulfanilamide level is determined at the beginning of each fever treatment after the method of Proom.[6] A blood level of 10 milligram per cent is considered satisfactory. Experience has shown that the combined treatment is much less effective in patients who do not concentrate the drug to this level.

COMMENT

The advent of sulfanilamide has greatly simplified the treatment of gonorrhea. This drug, combined with mild local treatment, results in cure in 80 per cent of the cases treated. We can cure 86 per cent of the remaining 20 per cent by combined chemotherapy and artificial fever therapy. A combination of these two figures shows that success follows the use of these simple measures in 97 per cent of the cases treated. Fever in these cases does not entail risk. Five-hour fevers, at 106 degrees, may be safely given to patients who could not tolerate ten hours at 106.7 degrees. Patients receiving five-hour fevers are not fatigued enough to require hospitalization.

THERMAL DEATH-TIME FEVERS

For the unfortunate 3 per cent not cured by sulfanilamide or combined chemo- and thermotherapy, a thermal death-time fever should be considered. Apparatus for determining the *in vitro* thermal death time of the gonococcus was installed in July, 1937. A description of the procedure involved has been published elsewhere.[1, 2]

Because of the limited number of cases suitable for such treatment, our series is limited to five patients who have received a fever equal to the thermal death time of their own strain of gonococcus. Four patients—three males and one female—have been given thermal death-time fevers of 12, 13, 14, and 18 hours, with complete cure. These patients were not only sulfanilamide-resistant, but also were not cured by three five-hour fevers at 106 degrees, combined with sulfanilamide.

The fifth patient was a 25-year-old female with a gonorrheal septicemia and endocarditis. She had previously taken large quantities of sulfanilamide without result. A thermal death-time fever of thirteen hours at 106.7 degrees also failed to cure her. The thermal death time was repeated on a blood culture obtained after the fever therapy and again found to be thirteen hours. This apparent failure of a thermal death-time fever may be explained on the basis that this patient's infection was systemic and undoubtedly present in areas, such as the skin of the face and alveoli of the lungs, the temperature of which cannot be maintained at the rectal level.

In every case these long thermal death treatments were very well tolerated. Hospitalization of the first four patients was only for one day or less. These cases, however, require very careful selection. We feel that this arduous procedure should be used only after combined chemotherapy and fever therapy have failed to cure the patient of his infection.

SUMMARY

1. A series of one hundred consecutive patients treated for gonorrhea with a single ten-hour fever session at 106.7 degrees rectal temperature is presented. The incidence of cure was 87 per cent.
2. The use of sulfanilamide provides a simple treatment for gonococcic infections which, when combined with mild local treatment, is 80 per cent effective.
3. A plan is outlined for the use of combined chemotherapy and artificial fever therapy in patients resistant to sulfanilamide and local treatment. This combination has cured 86 per cent of these resistant cases.
4. For the few cases not cured by these combined efforts we would suggest giving a fever equal to the *in vitro* thermal death time of the patient's own strain of gonococcus. This method will result in an incidence of cure approaching 100 per cent.
5. The more simple and less hazardous methods should be tried before resorting to the long fevers ordinarily required in the thermal death-time procedure.

1893 Wilshire Boulevard.

REFERENCES

1. Carpenter, C. M., Boak, R. A., Mucci, L. A., and Warren, S. L., Studies on the physiologic effects of fever temperatures; thermal death time of Neisseria gonorrheae *in vitro* with special reference to fever temperatures, J. Lab. and Clin. Med. 18:981-990, July, 1933.

2. Carpenter, C. M., Boak, R. A., and Warren, S. L., Thermal death time of gonococcus at fever temperatures, Am. J. Syph., Gonor. and Ven. Dis. 22:279-285, May, 1938.

3. Warren, S. L., Scott, W. W., and Carpenter, C. M., Artificially induced fever for treatment of gonococcic infections in the male, J. A. M. A., 109:1430-1434, Oct. 30, 1937.

4. Warren, S. L., The thermal death time theory tested in one hundred cases of gonococcic infection at 106.7 degrees F. Abstract, First International Conference on Fever Therapy. Paul B. Hoeber, Inc., New York, 1937.

5. Ballenger, E. G., Elder, O. F., and McDonald, H. P., Sulfanilamide and thermotherapy in gonococcic infections, preliminary report, J. A. M. A., 109:1037-1038, Sept. 25, 1937.

6. Proom, H., Estimation of sulfanilamide in blood and other body fluids, Lancet, 1:260, Jan. 29, 1938.

CLINICAL ASPECT OF ELECTRICALLY PRODUCED GAMMA RAYS*

THREE IMPORTANT UNITS

By Albert Soiland, M.D.
Los Angeles

The first large x-ray tube installation in the world for the experimental treatment of cancerous disease was developed by Drs. Robert A. Millikan and C. C. Lauritsen at the California Institute of Technology in Pasadena, and had a 750,000 volt capacity. This was soon replaced by one of two million volts capacity. While this is still the largest tube of its kind, it has now been withdrawn from the clinical field and is used in "atom smashing" physical research. At the present time, in the United States, there are seven or eight public and private institutions operating tubes capable of generating x-rays at a voltage of approximately one million, but these institutions are not yet in a position to evaluate clinical reactions measured in terms of permanent results.

Actually, the largest x-ray tube in the world, of ten million volts potential, will be found at the Carnegie Institute of Terrestrial Magnetism in Washington, D. C. There, work is successfully carried on under the direction of Dr. M. A. Tuve and his associates, who have designed and developed this giant for experimental research work in nuclear transmutations.

Again, at the University of California in Berkeley, Dr. Ernest O. Lawrence and his associates have developed and produced a new type of radiation energy through an electro-magnetic apparatus named the Cyclotron. This generates a potential reaching up to ten million volts, through which is

---

* Read before the Section on Radiology of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

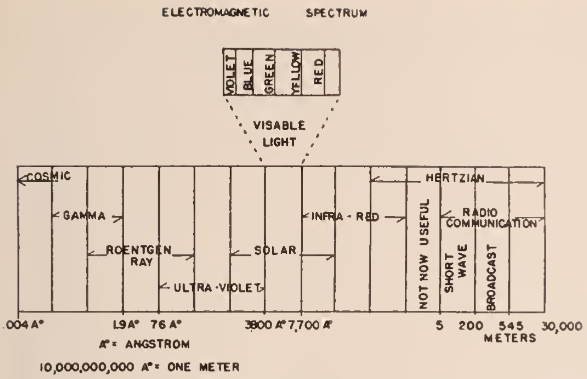


Fig. 1.—Names and relative positions of the several zones within the spectrum.

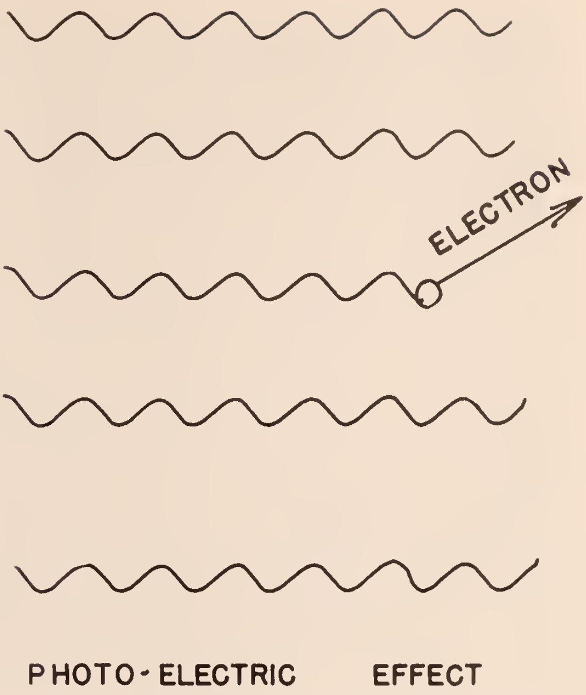


Fig. 2.—Absorption of x-rays, Compton effect. (Energy divided between electron and a longer wave-length x-ray.)

produced a neutron emission of noncharged electrical particles having an action on human cells more powerful than, yet quite similar to radiation from x-ray or gamma-ray sources. Another cyclotron of equal power (potential) is in action in the Franklin Institute in Philadelphia. There are about a dozen more in universities, used for "atom smashing."

SUPERVOLTAGE RADIATION

Apparently a race royal is being run for supervoltage radiation supremacy between the various exponents of this highly important and far-reaching arm of modern electrical science. At the present moment we have four practical developments of higher voltage radiation for therapy which are exhibiting significant reactions upon patients with cancerous disease:

1. The original open tube achievement of Dr. C. C. Lauritsen energized by standard type oil-immersed transformers, which assemblage has been in successful operation for ten years, at voltages up to 1200 kv.

2. The Villard type of transformers with the open tube connection up to 850 kv., operating about seven years.

3. The Sloan type of oscillating current with the large radio tube excitation, up to 1000 kv., in use for a period of practically five years.

4. The Van de Graaf air or gas insulated static transformer with enclosed tube mounting from 1000 to 10,000 kv, operating for a period of about two years.

The latest development of the General Electric Company is an oil-immersed transformer and central tube installation at 1000 kv., built for the Memorial Hospital of New York and shortly to be placed in commission. This gives promise of becoming a space-conserving and highly practical piece of precision apparatus for therapeutic purposes. Just how far one may go into these higher reaches of supervoltage, on a workable and practicable basis, is pure guesswork. Suffice it to say that we have no statistical ground at the present time upon which to base any final conclusions. In other words, until we can obtain a sufficiently large number of clinical records, we can place no statistical evaluation on these earnest individualized efforts. By all means, let us assist the experimental research efforts now under way, encouraging in every possible manner the furtherance of this all-important research.

PRACTICAL ASPECTS

In discussing the practical aspect of supervoltage therapy with leading physicists and clinicians, the opinion seems to prevail that the volume of the x-ray beam from a million-volt tube is found between 550 and 600 kv., and that the maximum of the depth dose curve is obtained at approximately that voltage. If this observation is accepted as a fact, it is then apparent that the only value of voltages above 1000 kv. is the dosage time factor, which is then reduced in direct radio to the line potential.

ON USE OF CERTAIN TERMS

Pertinent to this subject, it may not be amiss to question the propriety of using the term "super-

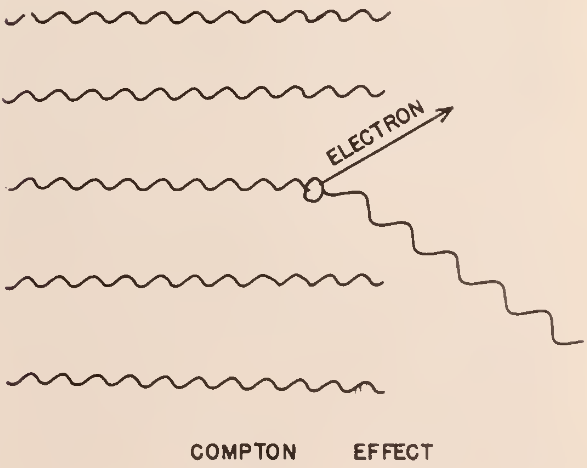


Fig. 3.—Absorption of x-rays by the photo-electric effect. All the energy is given to the electron.

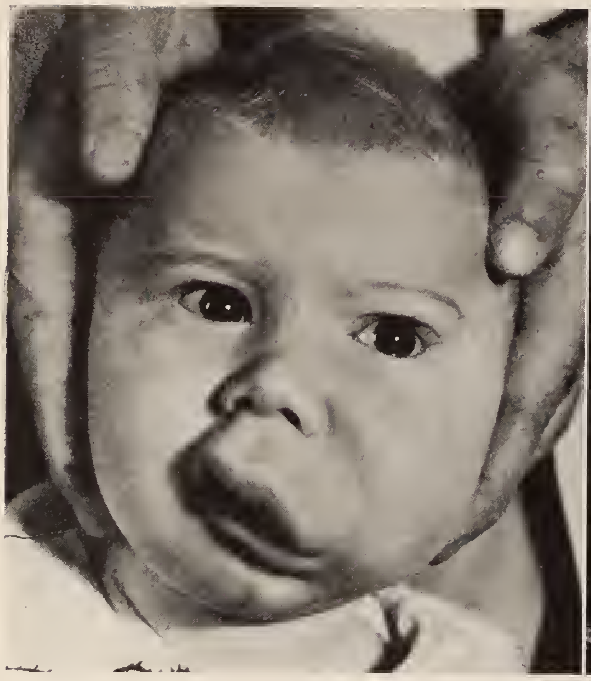


Fig. 4.—Lymphangioma cheek and upper lip, treated by short wave x-rays.

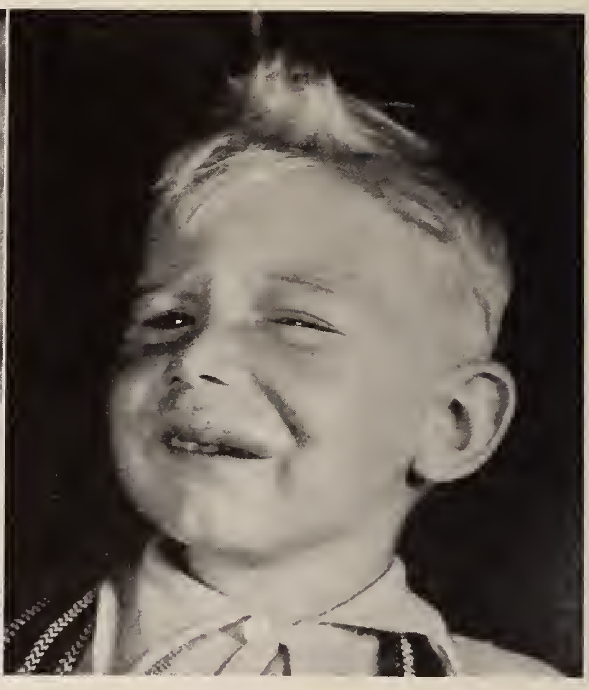


Fig. 5.—Three years later.

voltage." Although I have personally used this term since the first so-called high voltage (200 kv.) equipment was placed in our hands about 1920—nevertheless x-rays are x-rays, irrespective of their source or voltage factors. Therefore, would it not be better, in talking or writing of x-ray therapy, to name the actual potential?—instead of Grentz rays (10 kv.), low voltage (100 kv.), high voltage (200 kv.), supervoltage (400 kv.), etc., to state the actual voltage employed, omitting all reference to Grentz rays, soft rays, hard rays, low, high, or supervoltage x-rays. To call 400 kv. supervoltage is misleading, if this term is to imply extreme short wave or gamma radiation, due to the fact that the effective wavelength at this voltage corresponds to monochromatic 200 kv. radiation. Many physicists have already demonstrated that deeply penetrating radiation or gamma rays are obtained at not less than one-half million volts; above that level we have not as yet sufficient data to evaluate clinical results.

ON RADIATION PHYSICS AND BIOLOGY

Returning to the perennial question of a biological variance in x-ray effects, a majority of observers seem to take the negative viewpoint, although a considerable number of older clinical radiologists, including the writer, hold to the opinion that a biological variation does exist. My personal knowledge of physics and biology is limited; therefore the foregoing, as well as other remarks bearing upon the same subject, must be taken as a personal opinion only.

From the clinical angle, however, a biological difference in action and results must exist if the final analysis is based on clinical observation.

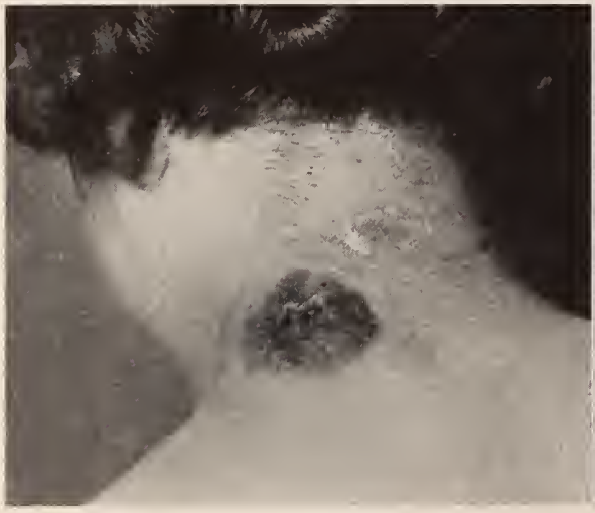


Fig. 6.—Ordinary basal cell epithelioma of neck.

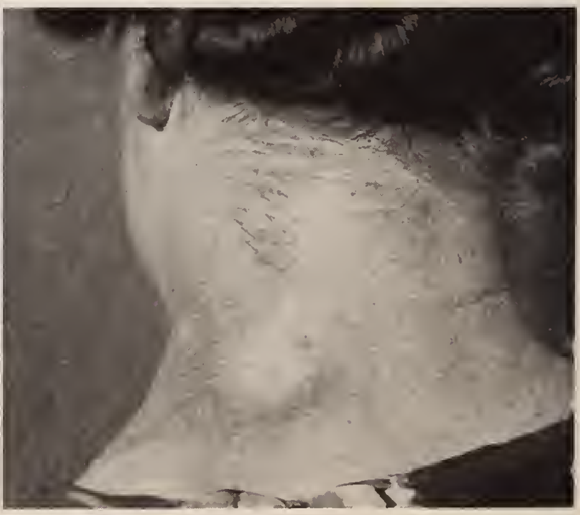


Fig. 7.—Results after treatment.

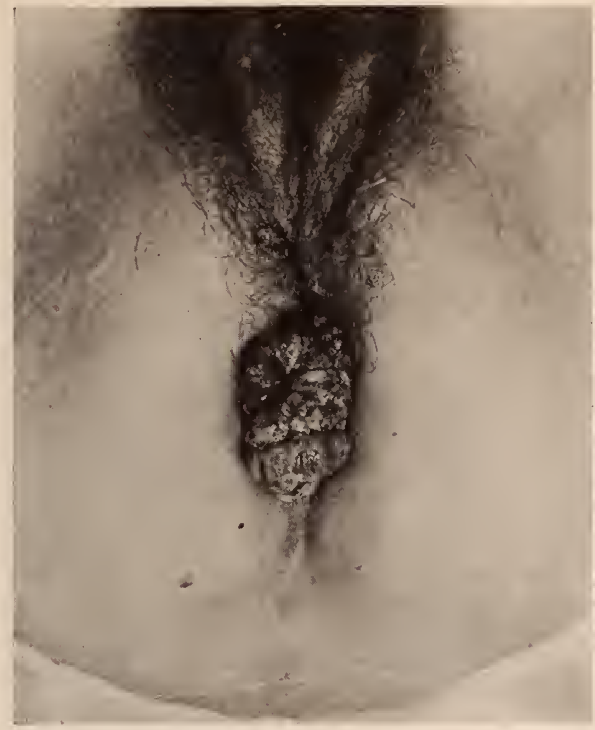


Fig. 8.—Epidermoid carcinoma, Grade IV, of anus. Subjected to short wave x-ray treatment.

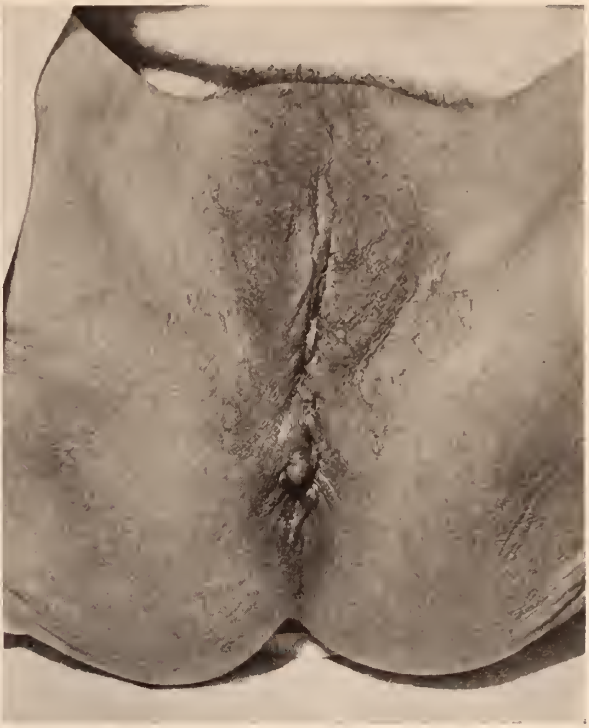


Fig. 9.—Lesion disappeared. Few hemorrhoidal tags remain—to be destroyed later.

Before discussing briefly some conclusions gleaned from approximately forty years' personal experience in the treatment of neoplastic disease by radiation, I wish to submit the following comments on radiation physics and biology by our chief physicist, Dr. A. H. Warner:

If an electron passes through or even near to the nucleus of a cell, and contributes some of its energy to the formation of ions or charged bodies, the metabolism of the cell may be so gravely disturbed that the cell will die.

The usefulness of the short wavelength electro-magnetic radiations, such as x-rays and gamma rays, in the treatment of cancerous conditions depends upon their ability to release electrons within the tissue with sufficient energy to produce ionization.

The method of release for the low voltage radiations, *i. e.,* the radiations obtained from tubes operating below approximately 200,000 volts, is essentially different from the method whereby the high voltage or supervoltage radiations and gamma rays impart energy to the electrons.

The low voltage radiations operate on the electrons in such a way that there is complete disappearance of part of the x-ray beam, and all of the energy that disappears from the beam reappears with the electron, and enables it to produce ionization. This process is known as the "photoelectric effect."

When supervoltage radiation or gamma rays encounter an electron, however, the mechanism is such that the radiation is not completely blotted out. The electron appears with some of the energy of the radiation, but, in addition, there now appears some lower voltage radiation which has the rest of the original energy. This process is known as the "Compton effect."

The residual radiation from the Compton effect may still be of quite high voltage, and may take part in another Compton effect before it loses enough of its energy to finally pass completely out in a final photoelectric effect.

It is not obvious why there should be any difference in the biological effects of the different types of radiations if the electron is in reality the agent that produces the lethal effect. The radiations serve merely as agents for the transfer of energy deep within the tissues, where it can be handed over to the electrons. The fact that there is a difference in the method of transfer is of no importance in the end. The electron is nothing more than a bullet, striking the heart of the cell. What gave the bullet its speed is not important.

It must be one of the functions of the agencies working with these radiations to examine their results with the greatest care, so that if there is a real difference in the biological effects it may be conclusively demonstrated.

COMMENT

For nearly ten years we have been watching and comparing the therapeutic results of the California Institute of Technology at Pasadena with those of our own institution. The former was a free, experimental station under competent supervision, with radiation ranging from 600 to 1200 kv., while the equipment at our Los Angeles Tumor Institute operates within a range of 600 kv. We do not wish, nor have we the authority, to quote records or results from Pasadena. It may be pertinent to state, however, that, by and large, there apparently is very little difference in the results obtained at both institutions. This observation bears out the thought that the curves obtained on graphs previously studied varied only slightly in absorption rates as between the 550 and 1000 kv. effective gamma radiation employed.

IN CONCLUSION

So much for the theoretical and controversial aspects; now a few words about the practical side. We have seen numerous patients with neoplastic lesions, showing little response to standard x-ray technique, successfully treated by gamma x-rays. In other words, where our efforts with 50-100-200 kv. were unsuccessful, we did succeed in a respectable number of advanced carcinoma patients with 550 kv. and over. This remark is not intended to discredit the lower voltages—they are still sheet-anchors for holding fast in all lesions of the so-called radiosensitive type in the surface strata of the body. We now have a shorter wavelength of the gamma type in x-ray production, which has materially changed the aspect of radiosensitivity and radioresistance, thus broadening the field of usefulness for x-ray therapy.

Citations of case records are tiresome, more or less, but the few illustrations accompanying this article will serve to elucidate some of the points outlined in the text.

1407 South Hope Street.

THE USE OF PAPAVERIN HYDROCHLORID IN MESENTERIC EMBOLISM*

By Leo J. Madsen, M.D.
Santa Monica

THE diagnosis of mesenteric embolism, or thrombosis, is in itself a very difficult task; this paper does not essay to cover the problem of diagnosis. Much question has been raised as to the ability of internists to correctly diagnose mesenteric arterial obstruction without abdominal exploration. More question could be raised as to their ability to treat the disease without exploration. Paradoxically, this report would tend to substantiate the internist's view that the disease might be treated medically.

REPORTS IN THE LITERATURE

The recent widespread use of eupaverin or papaverin hydrochlorid in the treatment of pulmonary embolism has logically suggested its use in other forms of embolism. Pal,[1] in 1914, in addition to describing the anesthetic properties of papaverin, called attention to the vasodilating effect of the drug. He also concluded that in dogs it reduced the blood pressure due to its effect on the smooth muscle wall, stating that this action is "peripheral and muscular in the wider sense," being greatly exaggerated when the blood pressure was high. In some instances the depressor after-effect noted was persistent, while in other cases it was capable of only temporary reduction of the blood pressure. The axiom was that the transitory effect lies in the intensity of the type of irritant, pressure, or spasm to be overcome, and occasionally its action was powerful enough to result in circulatory stoppage with systolic standstill of the left ventricle. He looked upon the drug as a "toxin," having its influence directly upon the smooth muscle of bowel or blood vessel.

In 1933 Denk[2] recorded the successful treatment of three cases of pulmonary embolism with eupaverin. In 1934 he treated eight cases with eupaverin, only one patient recovering. Burk,[3] in 1934, reported the use of eupaverin with success. Up to the end of 1937 Denk[5] had reported the use of eupaverin in thirty-seven cases of pulmonary embolism, and had recovery in nine cases of embolism and four cases of severe pulmonary infarction.

In 1936 Allen and MacLean[4] reported the use, with some success, of papaverin in arterial occlusion of an extremity. They related the experimental work of Gossett, Bertrand, and Patel, which showed that an embolus was fixed at its point of lodgment by arterial spasm. In 1936 De Takáts[6] reported a case of pulmonary embolism and a case of acute peripheral thrombosis. He further reported three cases of pulmonary embolism, in some of which "a striking improvement of circulation resulted following the intravenous use of papaverine." Vogel,[7] in 1938, reported the successful eupaverin treatment of embolism of the external iliac artery and embolism of the pulmonary vessels, as well as pulmonary infarction. Most authors concluded that papaverin was a powerful vascular antispasmodic, which was harmless when used in recommended doses.

The best résumé of the literature thus far reported was Collins'[8] article. His use of the drug in fifteen successful cases out of seventeen reported is an excellent recommendation for its effectiveness.

While Allen,[4] in the discussion of his report of 1935, urged the use of papaverin in occlusion of the coronary, cerebral, mesenteric and pulmonary arteries, case reports of its use in mesenteric thrombosis were not available to the author. Hence, it was felt wise to record this case:

REPORT OF CASE

The patient (S. D., Case No. 37550), male, age 52, married, gardener by occupation, presented himself at the Santa Monica Hospital on October 14, 1938, at approximately 5 p. m., with the history that at noon he had been stricken by a sudden sharp pain in the abdomen, of an intense character, radiating transversely across the middle of the abdomen at irregular intervals. At the height of the pain the patient had been forced to cry out and hold his abdomen. This had continued until 3 p. m., at which time his wife administered a dose of Epsom salts. At 5 p. m. the pain still continued at regular intervals, and the patient vomited a clear, watery material just prior to admission.

His previous history was incidental, except for multiple hernioplasties on recurrent, bilateral, inguinal hernias, without relief.

The physical examination revealed a temperature of 98 degrees; pulse 80, regular; blood pressure, systolic 110, diastolic 70; a fleshy, flushed Italian, crying with intense pain and holding his abdomen.

The findings were essentially negative, except for the abdomen, over which there was a generalized, voluntary stiffness, with no palpable masses, no definite localized areas of tenderness, but some increased rigidity noted in the left upper quadrant in the interval between the exacerbations.

Upon admission on October 14, the blood count and urinalysis were as follows: Hemoglobin, 87 per cent; erythrocytes, 5,120,000; leukocytes, 14,850; color index, .86; polymorphonuclears, 71 per cent; lymphocytes, 24 per cent; monocytes, 4 per cent; eosinophils, 1 per cent. Urinalysis: Voided specimen, transparency clear, color amber, reaction acid; specific gravity insufficient, albumin trace, sugar negative, acetone negative, diacetic acid negative, indican negative; casts rare fine and coarse granular, few hyaline, pus cells none, epithelial cells rare, no crystals, amorphous material or bacteria, and many mucous threads.

The diagnosis arrived at was acute appendicitis 75 per cent, mesenteric thrombosis 25 per cent; and immediate operation was advised.

---

* Read before the Section on General Surgery of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

Under spinal anesthesia and through a right rectus incision, the peritoneal cavity vas found filled with blood-stained, clear fluid. Investigation revealed a Meckel's diverticulum, apparently uninvolved, below which the bowel presented a normal, pinkish appearance, with pulsating arterioles. Above the Meckel's diverticulum the entire small bowel, as far proximal as the ligament of Treitz, was dark purplish blue in color, and careful investigation failed to reveal any arteriole pulsations. The mesentery was explored and revealed a mesenteric artery, which could be followed as a collapsed bloody streak to the origin of its proximal jejunal branches. Repeated aspirations in five different levels failed to obtain any flow of blood whatsoever. The conclusion was: Embolus of the superior mesenteric artery distal to the colic and iliocolic branches. The patient was given one grain of papaverin hydrochlorid and, unfortunately, the abdomen was closed without delay.

The patient returned to his room in moderate shock, with profuse diaphoresis. A Wangensteen tube was instituted and he was given fluids freely by mouth and intravenous glucose 2,000 cubic centimeters twice daily, and papaverin hydrochlorid one-half grain, subcutaneously every five hours. His temperature averaged 102 degrees the first forty-eight hours, the pulse approximately 100, respirations 22 to 24, but his pain had been successfully relieved. On the third postoperative day the patient passed gas of his own volition through the Harris flow, following which his distention became less and there was marked improvement in his general condition, but the papaverin was continued.

On the seventh postoperative day the patient had a medium, soft defecation following enema. His Wangensteen was removed. He accepted small quantities of fluids without distention or difficulty. Temperature, pulse, and respiration had returned to normal. On the tenth day he accepted a light diet, was up and about and dismissed to his home.

Follow-up blood counts were: Leukocytes 13,500 with 87 per cent polymorphonuclears, 12 per cent lymphocytes, and 1 per cent monocytes. On October 18, the hemoglobin was 85 per cent, erythrocytes 4,360,000, leukocytes 8,850, color index .89; polymorphonuclears 70 per cent, lymphocytes 25 per cent, monocytes 5 per cent. Repeated blood Wassermann tests gave a negative reaction, and electrocardiographic tracing was normal.

COMMENT

Should opportunity be given for further observation on the use of this drug in mesenteric embolism or thrombosis, the author urges all to bear in mind these facts: (1) That the drug is harmless if correctly used; (2) that the administration should be given according to the technique of Denk, which is as follows: "Immediate slow injection of two ampoules (0.06 g) eupaverin intravenously, coramin, oxygen and, with caution, morphin. In the cases which react at all, the effect is usually evident at once or within a few minutes at the latest. Constant observation by the physician, which dare not be interrupted for even a minute, is absolutely imperative, because the eupaverin injection must be repeated with the same dose several minutes later if the effect is inadequate or if there is exacerbation of the condition. Even at night the physician must sit beside the bed, constantly controlling pulse, respiration, and general condition, and giving further injection according to necessity and without fear of overdosage if immediate aid is needed. When the situation is critical, injection should be intravenous; when there seems to be no immediate danger it should be intramuscular or subcutaneous"; (3) if condition of the patient permits, intra-abdominal observation of the effect of the drug may well be possible, since its effect, when injected intravenously, is almost momentary.

CONCLUSION

Recent literature has focused much attention on the use of papaverin as a vasodilator, as well as a vascular antispasmodic. Its successful use is related in several cases of arterial embolism, and is described in one case of proved mesenteric embolism. Further, it is recommended that it be used in suspected mesenteric embolism since, to use the words of De Takáts,[6] "it is apparently harmless and if used early may save the patient's life."

710 Wilshire Boulevard.

REFERENCES

1. Pal, J., Das Papaverin als Gefassmittel und Anästheticum, Deutsche. med. Wchnschr. 40:164-168, Jan. 22, 1914.
2. Denk, Wolfgang, Zur Behandlung der arteriellen Embolie, München, med. Wchnschr. 81:437-439, March, 1934.
3. Burk, W., Die Lungenembolie: Ein Vorschlag zu ihrer Behandlung, Chirug. 6:91-95, Feb. 1, 1934.
4. Allen, E. V., and MacLean, A. R., Treatment of sudden arterial occlusion with papaverin hydrochlorid: report of case. Proc. Staff Meet. Mayo Clin. 10:216-220, April 3, 1935.
5. Denk, Wolfgang, Zur Behandlung der Lungenembolie, Zentralbl. f. Chir. 65:1333-35, June 11, 1938.
6. De Takáts, Géza, Use of papaverin in acute arterial occlusions, J. A. M. A. 106:1003-1005, March 21, 1936.
7. Vogel, A., Beitrag zur Behandlung der Thromboembolie mit dem Spasmolytikum Eupaverin, Fortschr. d. Therap. 14:245-247, May, 1938.
8. Collins, Donald, The value of papaverin hydrochlorid in treatment of arterial embolism, M. Rec. 148:186-190, Sept. 7, 1938.

GRANULOMA VENEREUM INVOLVING THE RECTUM AND COLON*

By Whitfield Crane, M.D.

and

H. Stewart Kimball, M.D.
Oakland

A SURVEY of the literature shows no report of a case of granuloma venereum (granuloma inguinale) involving the rectum and descending colon. In a recent review of extragenital lesions reported by Greenblatt, Torpin, and Pund,[1] two cases were made known in which the disease had involved the anus and perianal structures, but in no case had the mucosa of the higher alimentary tract been invaded. It is to be pointed out at this time that considerable confusion still exists in the literature between lymphopathia venereum (lymphogranuloma inguinale) and granuloma venereum (granuloma inguinale). While the former is caused by a filterable virus, and positive Frei tests are found in afflicted subjects, the latter is caused by a specific organism known as the "Donovan body." Involvement of the rectum, with resultant rectal stricture by lymphopathia venereum, is a relatively common disease in negroes and Mexicans, but the case we are about to report is the first we have seen or heard of about granuloma venereum of the rectum. There undoubtedly have been many similar cases, but we have found none in the literature.

---

* From the surgical service of Charles A. Dukes, M. D., Alameda County Hospital, Oakland.

[1] Greenblatt, R. B., Torpin, R., and Pund, E. R.: Extragenital Granuloma Inguinale, Arch. Derm. & Syph., 38:358, 1938.

REPORT OF CASE

H. C., married, negro male, age twenty-nine, entered the hospital for the first time on December 14, 1937, complaining of watery bowel movements, a symptom existing for seven months. He had had seven to eight stools a day for seven months, the material being thin and watery, sometimes pink in color, but never deeply red. He had bowel urgency and tenesmus. In all he had lost fifteen pounds. He had frequent chills and night-sweats, but otherwise was generally symptom-free. His past history was noncontributory, except that he had had typhoid at the age of four. He denied all types of venereal infection, and stated that he had never had any penile or scrotal lesions. He had been married for five years; his wife had remained childless, and no contraceptives were used. He was born in Texas, but had lived in Oakland, California, for the past two years. On examination a well-developed, well-nourished young negro male was found. Temperature was 99.6; pulse, 76; blood pressure, 122/68. The abdomen was soft, not tender, and contained no palpable masses. The rectal sphincter tone was normal, but there were several small nodules felt in the mucosa. Genitalia were normal. Sigmoidoscopy showed nodular, condylomatous, firm masses on all sides of the lumen of the bowel, but no open ulcerations. The mucosa bled freely; there was a thin, purulent discharge present. Laboratory reports showed a hemoglobin of 6.42 grams; red blood count, 3.05 million; and white blood count, 11,500. There were no ova or parasites in the stool. The intracutaneous tuberculin was positive to 0.1 milligram of O. T. The Frei test was negative. Roentgen examination of the chest showed clear lung fields, and of the colon a slightly dilated bowel along its entire course. There were no defects in outline. Biopsy of the rectal mucosa was reported "non-specific inflammation." The spinal fluid was within normal limits. The blood Wassermann was negative. The course while in the hospital exhibited a daily intermittent fever as high as 103 degrees, associated with chills. The fever decreased and was near normal on discharge. No specific therapy was instituted, and the patient was discharged with a diagnosis of "chronic colitis."

The patient's second entry to the hospital was on August 10, 1938, prompted by an increasing loss of weight (thirty pounds total loss), and still greater frequency of bowel movements. For a few months after first dismissal he had gained weight and strength, but for three months prior to entry had again declined in health until, on entry, he was having ten to fifteen passages per day, accompanied by chills and abdominal discomfort. Physical examination revealed little change from the first examination, except that the patient was thinner and paler. Examination of the rectum and sigmoid revealed a mucosa "thrown into irregular indurated folds which are friable and bleed easily." The hemoglobin was 3.88 grams per cent; red blood count, 2.36 million; and white blood count, 10,350. Barium enema done this time showed a constriction of the rectum and sigmoid with ulcerations. The gastric analysis was within normal limits. Ova and parasites were not found in a series of stool examinations. Biopsy of rectal mucosa was again reported as nonspecific purulent inflammation. A diagnosis of "chronic ulcerative colitis" was made, and ileocecostomy advised. This operation was performed, and after convalescence the patient was discharged.

The patient again reëntered the hospital on March 5, 1939. There had been a continuance of rectal bleeding and irritation. His general health was run down and he had become a chronic invalid. The cecum and ileum protruded from the cecostomy opening about six inches. The hemoglobin was 6.9 grams and rose during stay in hospital to 7.2 grams. He was transfused twice. Biopsy of the rectal mucosa showed chronic nonspecific inflammation. The ileocecostomy was closed and a colostomy of the descending colon made. The patient was discharged improved.

The patient's last entry to the hospital was on August 28, 1939. During the interval since his last discharge, he had gained twenty pounds in weight and had greatly improved in general health. The colostomy was functioning well, but he was still having passages of blood from the rectum about five times daily. Examination of the rectum showed a similar picture as previously, the mucosa being thrown up in polypoid masses like hobnails. There was an indolent ulcer at the anus. There were no polyps or other abnormalities of the proximal colostomy loop. Biopsy taken from one of the rectal "polyps" showed typical Donovan bodies within the large mononuclear cells, and an infiltration of plasma cells within the mucosa. A diagnosis of granuloma venereum was made. The patient was started on a series of intravenous injections of tartar emetic, starting at 0.02 gram per dose, and repeating every other day with gradually increasing dosage until a dose of 0.10 gram was given. At the same time the portion of the bowel from the distal colostomy loop to the anus was irrigated with acriflavin solution, 1 : 5000. There was improvement in the rectal bleeding and stool frequency. The number of bowel movements dropped to about three in twenty-four hours. The patient was discharged, improved, to the Out-Patient Department, where he has been followed, receiving his full course of tartar emetic therapy.

COMMENT

Although there had been temporary improvement in the rectal bleeding and tenesmus, the condition has become stationary. The mucosa still has the same appearance, and bloody mucus still discharges from the distal colostomy loop. The colon from the proximal colostomy loop is uninvolved. The opinion of the staff at present is practically unanimous that only a resection of the bowel from colostomy to anus will give this patient permanent relief.

Since the diagnosis of granuloma venereum was made from the last biopsy, the slides of previous biopsies have been reviewed. Although not so typical a picture of this pathologic process, Donovan bodies were seen in some of the previous sections.

Alameda County Hospital.

CLINICAL NOTES AND CASE REPORTS

SYPHILIS IN RELATION TO THE HUSBAND, THE WIFE, AND THEIR OFFSPRING*

By Benjamin Bakewell, M.D.
Santa Barbara

THIS review of family relationship and syphilis was inspired by a recent experience with a rather unusual setting, as will be seen by the following history.

REPORT OF CASE

Mrs. F. O., a Spanish-American woman, aged 28 years, came to me on May 9 to be cared for during her pregnancy and delivery. She was at that time approximately three and one-half months pregnant. She had had no abortions up to the time her first child was born. This child was a home delivery, weighing 10½ pounds, and it lived only one-half hour after birth. The second and third pregnancies were normal in every respect, and these two children are well developed and healthy at the present time, aged 5 and 2½ years, respectively. A Wassermann has not been done on these children. The fourth pregnancy was aborted about one year ago at three months, after a long automobile ride. During the present pregnancy, her fifth, the prenatal examination and care were routine and uneventful, her Wassermann being negative. On June 27th, she being then about four and one-half months pregnant, began to have cramps and to flow. She entered the hospital, and in spite of every effort to control the bleeding, it was found necessary on July 7 to induce labor in order to put a stop to any further loss of blood. A few hours later she passed a dead fetus, with macerated head, the placenta showing an adherent, partially organized clot over about one-third of its surface, but with no other gross evidence of disease. Before the induction it was feared that a blood transfusion might be necessary, and to prepare for this her husband's blood was typed and a routine Wassermann was done on him. His Wassermann was 4 plus positive. It is needless to add that the idea of using his blood for a transfusion was abandoned. The Wassermann tests of both the man and his wife were then rechecked, with no change in the findings. It was possible to get cord blood from the fetus for a Wassermann, and this was negative. Sections of the placenta, the liver and the spleen of the fetus, examined under the direction of our pathologist, did *not* reveal the presence of Spirocheta pallida.

---

* From the Santa Barbara Clinic.

COMMENT

The salient features of this case, then, are as follows: The husband has a 4 plus Wassermann. The wife has a negative Wassermann. Her first pregnancy resulted in a child which went to full term and died at birth, weighing 10½ pounds. The next two pregnancies produced healthy children. The next aborted at three months, after possible trauma, while the last or fifth developed a dead fetus delivered at four and one-half months; but evidence of syphilis cannot be demonstrated.

Let us now review the possibilities:

1. The wife may be free from syphilis. Reliable authorities state that if the man's infection is from five to seven years' duration, treated or untreated, he may marry and his wife will not acquire the disease. In this case I can get no history of a primary infection in the man, so that the years' duration of his infection is unknown.

2. The wife may have a latent infection. Such women may or may not convey the disease to their offspring, but the probability of such conveyance is dependent somewhat on the age of her infection; one of many years' standing being less likely to be transmitted than a recent one, and the infection of the child is more severe and more apt to cause early abortion in the earlier pregnancies. Our case would seem to follow the reverse of this tendency.

3. The husband may have acquired syphilis since the birth of the two healthy children. This possibility cannot be disproved, but it seems probable that he would have found it difficult to conceal this circumstance from his wife. His history does not suggest such a condition. It is possible that he might have overlooked a youthful infection with a mild course, to the extent he now would state that he never had syphilis; but this would not hold for a recent infection.

4. The father might have infected the child at the time of conception through the means of infected semen without the mother acquiring syphilis. This used to be considered possible; but modern methods of study and research would seem to prove such a possibility highly improbable, and modern opinion is against this method of transmission.

Now let us review the steps that should be taken in the treatment of this rather complicated situation. Immediately we come up against the economic and sociologic aspects of the case. The father is a working man of the limited income group, of moderate intelligence, but ignorant of the more or less remote potentialities of his condition, and resentful of the findings. He should, of course, begin treatment at once for his syphilis and, if unwilling to do so, can be legally compelled to submit. The two apparently healthy children should have Wassermann tests taken, and this also can be done through the legal authorities, if necessary. It should be remembered that one or both of these children may be clinically free from symptoms of the disease to the age of eighteen years and subsequently develop a keratitis. The mother should have a spinal fluid Wassermann taken; but if this is negative and her two children have negative Wassermanns, my opinion is, considering that the five and one-half month fetus showed no evidence of syphilis, that she should not be treated. If, however, she again becomes pregnant, it would be wise to give her a provocative test, the result of such test determining whether or not she should be treated during the pregnancy.*

1421 State Street.

HIPPOCRATES' APHORISMS†

By M. Scholtz, M.D.
Arcadia

Section One

16. 'Tis proper in diseases bearing fever
    To keep the patients on a liquid food;
Especially young children and all persons
    Who have acquired such eating habitude.

17. To estimate the frequency and size
    Of feedings for a patient, the healer must
Consider age, his and his country's habits—
    Then only can he properly adjust.

18. Food is borne worst in summer and in autumn,
Most easily in winter and in spring.

19. In periodic paroxysms of illness,
    Don't serve the sick his customary ration;
But just before such spell may be expected
    Put him on a mild and relative starvation.

20. In time of crisis and shortly after it,
    Don't move the bowels nor change your
        recipe
In the used stimulant and purging methods;
    Continue, better, the same therapy.

---

* September 29, 1939.—Since this report was written, I have information that the father is being treated at the County Clinic; the two children, also, have reported to me for serological tests, and are found to have negative reactions.

In the report, where the term Wassermann is used, it is understood that I refer to the usual complete serological tests—Kahn, Eagle and Laughlin.

† For other aphorisms, see California and Western Medicine, March, 1940, on page 125.

21. Excretions which should be evacuated
Must be well tended to, through proper outlets.

22. All fluids fully formed in body's drains
Should be evacuated sans delay;
But those which are not fully formed can stay,
Unless they (rarely) press for get-away.

23. Don't judge evacuations by their volume
But by their quality, and how they're borne;
And, if extreme purgation indicated,
Induce it, if the patient 's not too worn.

24. Use purging lightly in acute diseases
In the beginning, and be circumspect.

25. Removal of the stuff of morbid nature,
Which calls for purging, is well borne and good;
But purging of the stuff, which is not morbid,
Is weakening and should be well eschewed.

Section Two

1. If sleep, no matter what disease may be,
Is difficult, it is an ill portent;
But, if it makes the patient feel quite better,
Prognosis of the case is excellent.

2. If sleep breaks up and ends delirium,
One can expect recovery to come.

3. If sleep or lack of it persists too long,
It indicates that something must be wrong.

4. No diet, whether gorging or starvation,
Is good, unless it's used in moderation.

5. The patient's marked and frequent lassitude
That the healer can't explain or well connect,
Should put him on his guard: it's proper then
Some latent illness or infection to suspect.

6. If what is usually a painful lesion
Does not occasion sharp distress of pain,
It is a serious sign of nerve impairment,
And points to an involvement of the brain.

7. Those patients who emaciated slowly
Ought to regain their weight at a slow rate;
But those who lost their weight quite quickly
Can well regain it at an early date.

8. If a convalescent eats but does not gain,
He, likely, does not utilize his food;
But if he does not eat and does not gain,
Then his evacuation is not good.

9. To render purging fully operate,
Put the patient's body in a fluent state.

10. The more one feeds uncleansed and undrained bodies,
The more he injures them by doing so.

(To be continued)

413 Longden Avenue.

EPHEDRIN ADMINISTRATION IN ALLERGIC INDIVIDUALS: A SUGGESTED INNOVATION*

By Jack Cohn, M.D.
San Francisco

It is well known that the drugs of choice in the symptomatic treatment of asthma and hay fever are epinephrin and ephedrin. The purpose of this discussion is not to compare the two drugs to demonstrate their relative efficacy, but to show that ephedrin when it is known to produce relief in allergic individuals can be administered in such a manner that these individuals have prolonged relief from their symptoms.

Patients were chosen who routinely took ephedrin at bedtime to relieve their allergic symptoms, for example: blocked nose, wheezing, dyspnea, etc. These patients would be awakened by a return of their symptoms within three to four hours after their first medication, and upon repeating the dosage of their ephedrin would spend a restless and anxious period of time before returning to sleep. A record of their nightly performances was kept for a period of ten days. The ephedrin used in the above preliminary experiment was made up in tablet form, the dosage being three-eighths of a grain of ephedrin hydrochlorid in combination with one-half grain of phenobarbital. These patients were allowed to repeat the dosage just described as often as necessary during the night.

From the eleventh to the twentieth day in combination with the tablet already described, a second tablet was taken at the same time. This tablet contained three-eighths of a grain of ephedrin and one-half of a grain of phenobarbital, and was coated with a "timed waxed enteric coating." This wax was supposed to dissolve four hours after ingestion, thus allowing the medication to be absorbed from the gastro-intestinal tract at this time. Previous experiment with a radiopaque substance covered with this wax had been done, and it had been determined roentgenologically that the wax coating was entirely reliable as to its time for dissolving.

In every case used for this experiment there was a marked increase in the sleeping time of the patient, and it can be assumed that there was a prolonged relief from distressing allergic symptoms by this fact. From the above one must conclude that the uncoated tablet reacts immediately, and the wax-coated tablet is available for the patient four hours after ingestion, at which time the patient would undoubtedly, if it were not for the wax tablet, be in distress.

In summary, it can be pointed out that an innovation in the administration of ephedrin has been accomplished by the simple procedure of preparing an ephedrin tablet which will automatically be available to the allergic sufferer without disturbing his nightly rest.

450 Sutter Street.

---

* A preliminary communication.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

CHARLES A. DUKES	President
HARRY H. WILSON	President-Elect
LOWELL S. GOIN	Speaker
KARL L. SCHAUPP	Council Chairman
GEORGE H. KRESS	Secretary and Editor

INDEX

1. *Minutes: Council Meeting of March 10, 1940.*
2. *Committee on Public Health Education.*
3. *Committee on Postgraduate Activities.*
4. *California Physicians' Service.*
5. *County Medicol Societies: Reports.*
6. *Womon's Auxiliory to the California Medical Association.*

OFFICIAL BUSINESS

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Two Hundred and Eighty-Second (282nd) Meeting of the Council of the California Medical Association

The meeting was held in Room 302 of the Sir Francis Drake Hotel, Sutter and Powell streets, San Francisco, on Sunday, March 10, 1940, at 9:30 a. m.

1. Call to Order.

The meeting was called to order by Chairman Schaupp with the following members present: Charles A. Dukes, President; Harry H. Wilson, President-elect; William W. Roblee, Past President; Lowell S. Goin, Speaker; Councilors Calvert L. Emmons, George D. Maner, Louis A. Packard, A. E. Anderson, C. Kelly Canelo, Karl L. Schaupp, Oliver D. Hamlin (afternoon session), Frank A. MacDonald, Henry S. Rogers, William H. Kiger, Philip K. Gilman, Earl Moody, Elbridge Best, Frederick N. Scatena; George G. Reinle, Chairman of Public Relations Committee, and Secretary-Treasurer George H. Kress. Present by invitation Vice-Speaker Dewey R. Powell.

Absent: Councilor C. O. Tanner.

2. Minutes.

On motion duly made, seconded and carried, the minutes of the 281st meeting of the Council, as published in the March issue of California and Western Medicine, were approved.

3. Financial Statement.

Financial statement for the month of February, 1940, was presented, and on motion duly made, seconded and carried, was approved.

The Secretary stated that the statements would carry a footnote showing the net profit received from reprints.

It was reported that the Association had renewed the loans previously held by the Crocker First National Bank; the three notes being combined as one $50,000 note, dated March 1, 1940, and running for a period of three months.

4. Membership.

After consideration of membership data and requests from their respective county medical societies, on motion of Charles Dukes, seconded by William Kiger, retired membership in the California Medical Association was granted to Victor Llewellyn Mann, La Habra, Los Angeles County; William Fitch Cheney, San Francisco County; and J. Emit Cox, Coalinga, Fresno County.

5. Compulsory Health Initiative.

The Secretary reported that mimeographed copies of the proposed initiative on compulsory health had been made by the Committee on Public Health Education for use of the Speakers' Bureau and the component county societies. Copies were made available to councilors.

6. American Medical Association Indictments.

Attention was called to press dispatches in which it was stated that the United States District Court of Appeals had ruled that the American Medical Association must stand trial on charges of monopoly.

7. Section on Orthopedic and Traumatic Surgery.

The attention of the Council was called to the request of the Western Orthopedic Association that a Section on Orthopedic and Traumatic Surgery be provided in the California Medical Association. The Secretary stated that the President of the Western Orthopedic Association had been informed that the by-laws provided that such request should be presented in regular form to the House of Delegates at Coronado. No action taken.

8. Yolo-Colusa-Glenn County Medical Society.

Correspondence from a member of the Yolo-Colusa-Glenn County Medical Society regarding the geographical inconveniences of the present combined counties in relation to attendance of members at meetings of the Society, was considered.

It was the sense of the Council that Doctor Frank A. MacDonald, councilor of the Eighth District, which district includes all of the counties named, investigate the situation through consultation with the county societies concerned, and report back to the Council prior to the annual session at Coronado in May next.

9. Redistricting.

The Secretary called attention to Section 9 of Article IV of the Constitution which provides that the House of Delegates shall consider and regroup the councilor districts of the Association at least once in every ten years.

On motion of Charles Dukes, seconded by George Reinle, a special committee to study the grouping of the councilor districts of the Association and consisting of Doctors Rogers (chairman), Packard and Anderson, was appointed: the committee to submit a report to the Council at the next annual session. Carried.

---

† For complete roster of officers, see advertising pages 2, 4, and 6.

10. Annual Session.

The Secretary reported briefly on the program for the Annual Session, stating that a general meeting would be held each of the mornings; the afternoons to be devoted to meetings of the Special Sections.

Doctor Kress stated that the twenty-nine booths, in the technical or commercial exhibit division, had all been contracted for within ten days after the announcement thereon had been mailed, the total to be received from these booth rentals amounting to $5,600, the largest income from that source as yet recorded for the California Medical Association.

11. Delegates to the American Medical Association.

Secretary Kress reported that the delegates to the next session of the American Medical Association in New York City on June 10-14, were Doctors Reinle, Pallette, Peers, Molony, Best, Kinney and Goin; and that Alternate Bon O. Adams would serve for Delegate Lyell C. Kinney, who found it impossible to attend.

12. Golden Gate International Exposition.

The Secretary reported that, in accordance with Council action taken on February 17, 1940, he had informed the Golden Gate International Exposition that the Association would be glad to coöperate in the matter of a Cancer Exhibit, if such exhibit could be presented without cost to the Association, but that the California Medical Association was not in position to appropriate further funds for the exhibit. The cost of the exhibit in 1939 had amounted to $4,115.53, of which amount $3,494.93 was from accumulated Herzstein Bequest funds, the remainder ($620.60) being an advance from the general C. M. A. fund.

13. California State Association of Chiropodists.

A letter from the Board of Directors of the San Francisco County Medical Society was read, in which reference was made to a communication sent in by the California State Association of Chiropodists, asking that the California Medical Association and the State Chiropodists effect a liaison.

On motion duly made, seconded and carried, the matter was referred to the Committee on Associated Societies and Technical Groups for study and report to the Council.

14. Association of California Hospitals.

Councilor C. Kelly Canelo stated that the Association of California Hospitals had requested coöperation from California Physicians' Service in the promulgation of publicity on public health education. Doctor Canelo reported that the California Physicians' Service had no funds available for such purposes.

It was moved by Charles Dukes, seconded by C. Kelly Canelo, that the matter be referred to the Committee on Public Health Education for consideration. Carried.

15. American Medical Association Reapportionment of Delegates.

The Secretary reported that, as provided in the constitution of the American Medical Association, a reapportionment of delegates would take place at the annual session at New York during 1940, such apportionment to be effective for the year 1941.

16. California Safety Council.

On motion of Calvert Emmons, seconded by Earl Moody, the letter from Walter Scott Franklin, President of the California Safety Council, regarding inquiry into the cause and effect of truck-driving fatigue as a contributing factor to accidents, was tabled.

17. Arizona State Association.

The Council appointed Charles A. Dukes as official representative to the meeting of the Arizona State Medical Association, and authorized him to present greetings from the California Medical Association; the Association Secretary to formulate the necessary communications.

18. Report of Council.

The tentative report of the Council was considered section by section, and certain deletions, additions and changes in phraseology, were made.

It was moved by P. K. Gilman, seconded by E. Earl Moody, that the report of the Council as amended be approved for publication in the "Pre-Convention Bulletin" and submission to the House of Delegates. Carried.

It was moved by George Reinle, seconded by Louis Packard, that the final draft of the Council report, as amended, be considered by a committee consisting of the Association President, the Chairman of the Council, the Chairman of the Executive Committee and the Association Secretary. Carried.

19. Pound Bill.

It was moved by Harry Wilson, seconded by George Reinle, that a copy of the Pound Bill, as prepared by the California Society for the Promotion of Medical Research, be sent to the Chairman of the Legislative Committee and the Legal Counsel, and that a brief statement thereon be included in the report of the Council, for the information of members. Carried.

20. Executive Session[*]

The Council then went into executive session.

21. Adjournment.

There being no further business, the meeting adjourned.

Approved: GEORGE H. KRESS, *Secretary.*
KARL L. SCHAUPP, *Chairman.*

COMMITTEE ON PUBLIC HEALTH EDUCATION[†]

Your Committee on Public Health Education during the last month assumed a most important duty, namely, furnishing of publicity for California Physicians' Service, being instructed to take this step by the Council of the California Medical Association.

This means that the services of our public relations counsel, Mr. Ross Marshall, who handles publicity matters for California Medical Association, now are available to California Physicians' Service to the extent possible without interfering with his duties to the basic California Medical Association program for public health education.

First activity was the taking of a series of pictures illustrating California Physicians' Service care, through the coöperation of one of the beneficiary members and a San Francisco hospital. These pictures are intended for publication in *Life* or a similar national magazine, similar to the page in the rotogravure section of the Los Angeles *Times* last October, which was regarded as good publicity for California Physicians' Service. The public relations counsel also has issued one state-wide story to newspapers for California Physicians' Service and expects to follow this with other publicity, to the extent that his duties to the California Medical Association organization will permit.

---

[*] Minutes of the Executive Session on file in the Central Office of the Association.

[†] The Committee on Public Health Education was established through Substitute Resolution No. 6 at the Del Monte annual session, May 3, 1939.

The Committee on Public Health Education consists of Frank R. Makinson, chairman, Oakland; Karl L. Schaupp, secretary, San Francisco; Samuel Ayres, Jr., Los Angeles; Thomas A. Card, Riverside; Lowell S. Goin, Los Angeles: Junius B. Harris, Sacramento; Dewey R. Powell, Stockton; Charles A. Dukes (ex officio), Oakland. Mr. Ross Marshall is the public relations counsel of the Committee, and may be addressed at 408 South Spring Street, Los Angeles (telephone TUcker 2312), or 244 Kearny Street, San Francisco (telephone YUkon 2212).

The subcommittee appointed to arrange for essay contests in California high schools has been in contact with a high official of the State Department of Education and reports encouraging progress and full coöperation from the educational authorities.

The Public Relations Counsel also forwarded to the State Board of Education lists of speakers who can be called upon for speeches by the Adult Education Discussion Forums of evening high schools, a state-wide movement under the joint sponsorship of the WPA and the State Department of Education.

In this connection No. 48 of the set of speeches, dealing with voluntary versus compulsory health programs, was mailed to all secretaries of speakers' bureaus. This is but the first of several speeches on this important subject that will be furnished the membership of the California Medical Association for their use in combating compulsory medical care plans. Your Committee on Public Health Education is compiling statistics now which, when completed, are expected to be of great value in this work.

Your Public Relations Counsel spoke before county medical societies of Tulare, Kern, Riverside, and Ventura counties, explaining the program of the Committee.

A story was sent all newspapers in the state regarding the seven-county postgraduate course on March 16 at Bakersfield, at which the Kern County Medical Society was host.

A radio script, telling the story of California Physicians' Service, was prepared by your Public Relations Counsel for the Harbor Branch of the Los Angeles County Medical Society and was broadcast over a Long Beach radio station, under the sponsorship of the Long Beach Junior Chamber of Commerce. This was without cost to the medical profession, and your Committee offers similar aid to any members who can arrange similar programs elsewhere.

The chairman of the committee, Dr. Frank R. Makinson, spoke on the Committee program at the annual meeting of the county secretaries at San Francisco, explaining the program to this important group. R. M.

COMMITTEE ON POSTGRADUATE ACTIVITIES[†]

Humboldt County Clinical Conference

The facilities of the Humboldt County Hospital and St. Joseph's Hospital of Eureka were utilized on Thursday and Friday, March 14 and 15, for a clinical conference held under the auspices of the Humboldt County Medical Society, to which members of medical societies in the adjacent counties were also invited.

The guest lecturers and demonstrators were Doctors Frederick C. Bost and Verne Inman of San Francisco.

The subject of fractures was discussed from different angles, and a fracture clinic was held at the County Hospital. The round-table conference was well attended, much interest being shown.

The clinical material had been well prepared. There was a good attendance, and plans are in the making for a follow-up conference at an early date.

* * *

Eureka, California, March 23, 1940.

Dear Doctor Kress:—As chairman of the Postgraduate Committee of the Humboldt County Medical Society, I wish to thank you for your prompt coöperation in arranging our last postgraduate clinic.

It was the unanimous opinion of the Society that the clinic given by Doctors Bost and Inman was the most interesting one ever given in Eureka, and the men are already speaking in terms of another clinic by Doctor Bost for the next year. The attendance at the clinic was almost 100 per cent.

Thanking you again, I am

Very sincerely yours,
Walter W. Dolfini, M. D.

* * *

Kern County Clinical Conference

The Clinical Conference, held under the sponsorship of the Kern County Medical Society, was held at Bakersfield on Saturday, March 16. Almost one hundred physicians from Kern and neighboring counties were in attendance. Headquarters for the Clinical Conference were at the Hotel El Tejon.

General program follows:

10 a. m.—Peritoneoscopy, Robert B. Hope, Los Angeles.
11 a. m.—Differential Diagnosis of Chest Pain, Robert William Langley, Los Angeles.
12 noon—Lunch, Hotel Tejon.
Present Status of Serums, Vaccines, and Vitamins in the Treatment of Infectious Disease, E. B. Shaw, San Francisco.
2 p. m.—Trichinosis, James B. McNaught, San Francisco.
3 p. m.—Some Clinical Experience with the Newer Sex Hormones, Hans Lisser, San Francisco.
4. p. m.—Recent Advances in Pharmacology, Chauncey D. Leake, Ph. D., San Francisco.

In the afternoon, the ear, nose, and throat specialists also had a conference between the hours of two to four o'clock, Dr. J. MacKenzie Brown of Los Angeles being in charge. The topics for special discussion were:

(*a*) Treatment of acute and chronic sinusitis;

(*b*) Treatment of acute ear conditions, with reference to sulfanilamide.

In the evening, at the Stockdale Country Club, the physicians who were in attendance at the Clinical Conference not only enjoyed an excellent dinner, but had the pleasure of hearing Prof. Chauncey D. Leake of the University of California give a delightful postprandial talk on "Art and Medicine." Then followed a dance until the wee hours of the morning.

On Sunday morning some of the visiting physicians took part in a golf tournament, and others had the pleasure of visiting points of interest. The wild flowers were in full bloom and their beauty was much enjoyed. The general arrangements were in charge of a committee, consisting of Doctors J. Headen Inman (chairman), James T. Stanton, and Roderick A. Ogden.

* * *

Fresno County Clinical Conference

A Clinical Conference was held in the County Hospital at Fresno on Friday, February 16.

The guest speakers were Doctors Clark Johnson and Edgar Wayburn of San Francisco. Doctor Johnson's presentations dealt with urologic topics, and Doctor Wayburn took up vitamin B deficiencies.

CALIFORNIA PHYSICIANS' SERVICE[†]

March 16, 1940

Membership continues to increase (as of March 15—9,100). More doctors are seeing patients, with the service running more smoothly each month.

[†] Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary.

[†] Address: California Physicians' Service, 333 Pine Street, San Francisco. Telephone EXbrook 3211. Alson Kilgore, M. D., secretary.

Copy for the California Physicians' Service department in the Official Journal is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

Paper Work

Only two simple forms need be completed:

(1) *Initial Report (Form 7).* This should be sent to the District Deputy Medical Director when a new patient is first seen. Please give enough note to indicate at least working diagnosis and *duration of symptoms.* Use the back to indicate special diagnostic or treatment procedures which you desire to carry out. Unless you are in a hurry and want to get authority by telephone, this blank will serve as your request for authority. Please let the medical director advise that the patient is entitled to the services requested before carrying them out.

(2) *Monthly Statement (Form 9).* Please send the white and blue copies at the *end of each month's treatment*—even if further treatment is to be given. There is no way to establish unit-value for each month without bills for all services rendered in that month.

The blue sheet will be returned with your check with the services you have indicated translated into units and computed in money, for your records.

Coronado Meeting

The annual meeting of administrative members, election of trustees, etc., will be held at Coronado, Tuesday, May 7, at 12:15 (lunch meeting). During the afternoon an open discussion of the fee-schedule for proposed revision will be held, also a meeting of deputy medical directors for general discussion, to which professional members are invited.

COUNTY SOCIETIES†

KERN COUNTY

The Kern County Medical Society held a regular meeting at the Firehouse Auditorium in Bakersfield on the evening of March 21. Dr. C. S. Compton presided.

A vote of thanks was ordered to be sent to the committee in charge of the recent Postgraduate Conference held in Bakersfield on March 16, which was most successful. Doctors J. Headen Inman, James Stanton, and Roderick Ogden were in charge of the arrangements. Dr. L. A. Packard suggested that the Secretary also express the appreciation of the Society to all who coöperated in making this conference an outstanding event of the year.

Dr. Sophie M. Loven reported on the work of the Tuberculosis Project Committee in coöperation with the Kern County Tuberculosis Association. The project has made available tuberculin and chest x-ray films on the request of any physician to aid in the diagnosis of chest diseases in the low-income group of private patients. Since July, 1939, 106 films have been taken with fifteen diagnoses of tuberculosis, both childhood and adult types. The Project Committee is responsible for interpretation of films, and is composed of Doctors Eric Colby, Seymour Strongin, and Sophie Loven.

Doctor Packard commented briefly on the coming California medical Association meeting. The speaker, Dr. Arthur A. Kirchner of Los Angeles, was introduced by Dr. Lloyd Fox. He presented an unusually fine discussion on the use of the gastroscope in the diagnosis of diseases of the stomach. Doctor Kirchner demonstrated the instrument and also showed excellent slides of the lesions found with this diagnostic procedure.

Eric Colby, *Secretary.*

⁂

MONTEREY COUNTY

The Monterey County Medical Society acted as hosts to the members of the San Benito and Santa Cruz Medical Societies at a postgraduate symposium on *Gastro-Enterology,* held on February 1, at the Monterey County Hospital.

Dr. Mast Wolfson of Monterey was in charge of the arrangements, and presided at the all-day session. Doctors Fred Kruse, Eric Liliencrantz, and David Wood of San Francisco conducted the meetings. Luncheon and dinner were held at the Santa Lucia Inn.

* * *

A meeting of the Monterey County Medical Society was held at the Hotel Del Monte on Thursday evening, March 7. A program on *Diseases of the Chest* was given by Doctors Leo Eloesser and L. Henry Garland.

Arnold Manor, *Secretary.*

⁂

RIVERSIDE COUNTY

At the regular February meeting of the Riverside County Medical Society a very interesting film on *Syphilis* was shown by a member of the State Department of Public Health, with discussion by Dr. J. R. Scholtz of Los Angeles.

Dr. Lewis C. George and Dr. Elmer A. Hankins were elected to membership in the Society.

* * *

The regular meeting of the Riverside County Medical Society was held at the Riverside County Hospital on March 11. Interesting and instructive clinical cases were presented by members of the staff. Mr. Ross Marshall and Mr. Ben Read of the Public Health Education Committee were present to discuss some of their problems.

Dr. James Barnard was elected to membership.

Philip Corr, *Secretary.*

⁂

SACRAMENTO COUNTY

The regular meeting of the Sacramento Society for Medical Improvement was called to order by the president, Dr. Norris Jones, at the Auditorium on January 16, with sixty-nine members and guests present.

The paper of the evening, *Nervous Indigestion,* was presented by Dr. Dwight W. Wilbur, who discussed the male and female patients complaining of indigestion and stated that 50 per cent of the male, and 40 per cent of the females over forty years of age had an organic lesion. The speaker then enumerated the types of dyspepsia. Under treatment, seven factors were given: (1) Tact and sympathy; (2) psychotherapy; (3) rest; (4) physical therapy; (5) bland diet; (6) vitamins; (7) drugs which are of little value except as sedatives.

Discussion was opened by Dr. O. Johnson and continued by Doctors Reardan and Pulford.

Dr. Charles Dukes, President of the California Medical Association, was introduced by Dr. Norris Jones. Doctor Dukes discussed in general the *Various Activities of the California Medical Association.*

Dr. George H. Kress, Secretary-Editor of the California Medical Association, spoke on the subject of *Organized Medicine, the Wagner Bill, the annual session to be held in Coronado in May, and the subject of Postgraduate Conferences.* Dr. R. Teall requested that Doctor Kress discuss the financial situation of the California Physicians' Service, and asked by what authority the California Medical Association gave further funds to California Physicians' Service. Doctor Kress stated that further funds were given on the advice of the Council, $6,000 being allocated for the month of December and a like amount for January. On January 6, the Council authorized a further $10,000, if needed by the California Physicians' Service. Further comment and discussion was participated in by Doctors Teall, Kress, Dukes, and Wilder.

---

† For roster of officers of component county medical societies, see page 4 in front advertising section.

Applications for membership of Doctors Dellivan Fuiks and Aurang Shah were read for the first time, and those of Doctors Maude Tillotson and Teru Togosaki for the second, after which the latter were elected to membership in the Society. G. E. MILLAR, *Secretary-Treasurer.*

SAN JOAQUIN COUNTY

The regular meeting of the San Joaquin County Medical Society, called to order at 8:30 p. m. by President Hugh Bolinger, was held in the Medico-Dental clubrooms in Stockton on March 7.

Prior to that the customary supper was enjoyed by twenty-three members and guests at the Hotel Wolf. There was no speaker, but an instructive movie, illustrating *Eclampsia,* under the direction of De Lee of Chicago, was shown.

A communication from the SRA relative to a curtailment of medical services was read. A letter from the Stockton China Aid Counsel was also read, requesting coöperation from our group in forwarding money and supplies to China. The applications of Doctors Helen L. Starbuck, Louis L. Ghiglieri, and Edmond P. Halley were read and referred to the Admissions Committee. Doctor Powell then delivered a eulogy on Doctor Blackmun.*

The Medical Society stood in respect of Doctor Blackmun for thirty seconds. Doctor Powell next presented a résumé of the activities of the California Physicians' Service for the past month. Doctor Doughty spoke on the Speakers' Committee being formed by the San Joaquin County Medical Society, and urged all members to coöperate. Doctor Wever mentioned that there would be a joint meeting of the medical, dental, and bar associations of Stockton, under the auspices of the Medical-Dental Club. And Doctor Wever then asked that a representative of the Medical Society be appointed to confer with representatives of the other two associations to arrange details, and he himself was appointed to represent the Society.

The paper of the evening was presented by Dr. William Fitch Cheney, who spoke on *Diagnosis and Treatment of Chronic Cholecystitis.* The paper was very well received. There being no further business to come before the Society, the meeting was declared adjourned at 9:30 p. m. and refreshments served.

G. H. ROHRBACHER, *Secretary.*

SHASTA COUNTY

The regular monthly meeting of the Shasta County Medical Society was held at the Hotel Redding on January 8, attended by the members, Doctors Kay, Gerrard, Saylor, Mosher, Kahn, Kirkpatrick, Pratt, and Trelstad. Doctors Lubin and Jantzen of Redding, Briggs of Weaverville, and Mayers of Fall River Mills were visitors.

After dinner, served at 7 p. m., the meeting was called to order by President Gerrard.

Delegate and alternate to the California Medical Association annual session were elected as follows: Doctor Saylor as delegate and Doctor Kay as alternate.

Suggestion was made to obtain an orthopedist to address the meeting in February.

Having disposed of the business at hand, the Society heard Doctor Kahn give an interesting discussion in connection with the *Common Ailments of Eye, Ear, Nose, and Throat.* B. L. TRELSTAD, *Secretary.*

VENTURA COUNTY

The regular meeting of the Ventura County Medical Society was held at Saticoy on Tuesday evening January 9, with Doctor Barker presiding.

Doctor Bertrand S. Frohmann of Los Angeles presented a paper on *The Two Most Common Types of Neurosis Encountered in General Practice.*

A letter from Teague & Wiester, insurance brokers, offering their services to professional men regarding their insurance problems, was read.

Dr. A. Strong was appointed program chairman for March.

* * *

The regular meeting of the Ventura County Medical Society was held at Saticoy on Tuesday, February 13, with Doctor Barker presiding, and twenty members and one guest present.

Doctor Merrill of the State Department of Public Health presented a film on *The Diagnosis and Treatment of Syphilis,* which was sponsored by the American Medical Association and the United States Department of Public Health.

As the terms of Dr. Charles B. Pinkham and Dr. William R. Molony, Sr., expire this year, Doctor Shore made a motion that the Society endorse them for another term, and that the Secretary be instructed to write a letter to Governor Olson to this effect. The motion was seconded by Dr. C. A. Smolt and was unanimously carried.

A communication from the California Tuberculosis Association, in regard to Erus-Eruc treatment of tuberculosis, was read. Dr. C. A. Smolt made a motion that the Secretary be instructed to write a letter to Governor Olson protesting the pardon of Edward C. and Olive Hurlbert, who were convicted of violating the Medical Practice Act in this regard. The motion was seconded by Doctor Homer and was unanimously carried.

The applications of Dr. and Mrs. J. J. Renger (Marian Swezey) were read for the first time.

A. A. MORRISON, *Secretary.*

YUBA-SUTTER COUNTY

The regular meeting of the Yuba-Sutter County Medical Society was held at the Hotel Marysville on March 5. The following members were present: Doctors Delamere, Hamilton, Linstrum, Loomis, Lupo, Miller, Morris, Parkinson, Swift, Thunen, Whitney, and Wisner. Dr. Leo Eloesser of the Stanford Medical School, Doctors Kimmel of Marysville, Lord of Paradise, Cary of Gridley, and Landis and Lang of Grass Valley were guests of the Society.

The regular business of the Society and the reading of the Secretary's report were omitted, and President Miller called on Program Committeeman Hamilton to introduce Doctor Eloesser, who spoke on recent *Developments in Surgery of Pulmonary Tuberculosis.* He illustrated his subject with lantern slides, and demonstrated a working model of the lungs and chest under the influence of various mechanical and pathological conditions.

Doctor Miller announced that a special business session would be held on Tuesday, March 12.

The meeting was adjourned for the serving of a buffet luncheon.

The group later adjourned to the Yuba County Hospital, where Dr. Anthony Fratis had ready several clinic cases for Doctor Eloesser to examine and discuss.

The next regular session of the Yuba-Sutter Society will be held on April 2. LEON M. SWIFT, *Secretary.*

CHANGES IN MEMBERSHIP

New Members (79)

Alameda County

Victor E. Sbarbaro, *Oakland*

Contra Costa County

Paul E. Winn, *Walnut Creek*

---

* For Obituary, see page 187.

Kern County

Frank J. McDonald, *Bakersfield*

Lassen-Plumas-Modoc County

E. F. Gianotti, *Walker Mine*

Los Angeles County

Clarence D. Alpert, *El Monte*
Albert A. Baraff, *Los Angeles*
H. O. Barnes, *Los Angeles*
Nathan Barshop, *Los Angeles*
M. Louise Benefield, *Long Beach*
Terry C. Bennett, *Los Angeles*
Albert A. Best, *Los Angeles*
Donald W. Blanche, *Los Angeles*
Russell H. Blood, *Los Angeles*
Myron J. Blotky, *Los Angeles*
Maynard Brandsma, *Beverly Hills*
Bernard Brownfield, *Los Angeles*
Solomon Bruson, *Los Angeles*
Raymond A. Burger, *Los Angeles*
Cecil C. Cole, *Long Beach*
Orville W. Cole. *Long Beach*
Clyde W. Collings, *Los Angeles*
G. Glenn Dollinger, *San Gabriel*
Herman I. Faier, *Los Angeles*
D. A. Gazzaniga, *Los Angeles*
Anita Gelber, *Los Angeles*
Gerlad Gordon, *Beverly Hills*
Russell C. Hadley, *Los Angeles*
Stanley S. Haft, *Los Angeles*
Joseph O. Hayhurst, *Inglewood*
Wendell O. Hayhurst, *Inglewood*
Bryan R. Hoover, *Los Angeles*
Nathan Jacobs, *Sierra Madre*
Raymond L. Jeffery, *Los Angeles*
Glen E. Jones, *Los Angeles*
Marshall B. Kaller, *Long Beach*
Esther M. Kirk-Foster, *Los Angeles*
Edward Kupka, *Olive View*
Morey Lapin, *Los Angeles*
Alfred M. LaRay, *Los Angeles*
Philip Levey, *Los Angeles*
Charles S. Lobel, *Los Angeles*
James V. Luck, *Los Angeles*
John K. Macmillan, *Santa Monica*
Stanley G. McCool, *Olive View*
Walter E. McKenzie, *Los Angeles*
Charles J. Murray, *Los Angeles*
Richard A. Peterfy, *Los Angeles*
Frederick W. Pobirs, *Los Angeles*
David A. Pohlman, *Los Angeles*
Thomas M. Potasz, *Los Angeles*
Rolla C. Purdy, *Los Angeles*
Edward D. Quillen, *Los Angeles*
Carl Rydholm, *Los Angeles*
Walter W. Schultz, *Puente*
Max A. Seymon, *Beverly Hills*
Joseph M. Shachtman, *Los Angeles*
Sylvester A. Shaffer, *Los Angeles*
Robert Simonds, *Los Angeles*
Ernest T. Smith, *Glendale*
Victor E. Stark, *Los Angeles*
John G. Staub, *Pomona*
Arthur O. Stewart, *North Hollywood*
Richard F. Webb, *Pasadena*
Lawrence A. Williams, *Los Angeles*
Paul Witten, *San Fernando*
Thomas A. Wong, *Los Angeles*
John D. Yarbrough, *Los Angeles*

Orange County

John J. Montanus, *Santa Ana*

Sacramento County

Maude H. Tillotson, *Sacramento*
Teru Togasaki, *Sacramento*

San Diego County

E. D. Berends, *San Diego*
I. E. LeDuc, *San Diego*
L. W. McGrath, *Mission Beach*
Ross C. Pyle, *San Diego*

San Francisco County

Samuel D. Aiken, *San Francisco*
Portia B. Hume, *San Francisco*

Santa Clara County

George William Waters, *Santa Clara*

Santa Cruz County

W. K. Shulte, *Santa Cruz*

Sonoma County

Elmer W. Lewis, *Petaluma*

Transfers (16)

George K. Abbott, from Mendocino County to Napa County.

Burton A. Adams, from Alameda County to San Diego County.

William E. Carter, from Alameda County to San Francisco County.

E. W. Cartwright, from San Diego County to Los Angeles County.

Ramiro Fernandez, from Los Angeles County to Orange County.

Evan G. Gamette, from Shasta County to Fresno County.

E. E. Henderson, from San Francisco County to Santa Clara County.

Harold Kahn, from Santa Barbara County to Shasta County.

Martin Karr, from San Joaquin County to San Mateo County.

O. K. Malcolmson, from Los Angeles County to Fresno County.

M. A. Mortensen, from Los Angeles County to Michigan State Association.

J. O. Rafferty, from Yolo-Colusa-Glenn County to Sonoma County.

C. E. Schultz, from Monterey County to San Luis Obispo County.

Charles E. Sisson, from San Diego County to Los Angeles County.

Carl H. Talmage, from Napa County to Los Angeles County.

Rudolph B. Toller, from Mendocino County to Napa County.

Resigned (7)

Arthur Beardslee, from San Francisco County.
George H. Ham, from Los Angeles County.
Myrl Morris, from San Francisco County.
H. Jefferson O'Brien, from Los Angeles County.
Cecil Reynolds, from Los Angeles County.
Francis Scott Smyth, from San Francisco County.
Jean B. Wilson, from San Francisco County.

In Memoriam

Blackmun, Ernest Lynwood, Sr. Died at Stockton, March 3, 1940, age 67. Graduate of the University of Minnesota Medical School, Minneapolis, 1901. Licensed in California in 1905. Doctor Blackmun was a member of the San Joaquin County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

Lokrantz, Sven Richard. Died at Los Angeles, March 11, 1940, age 48. Graduate of Tufts College Medical School, Boston, 1918. Licensed in California in 1919. Doctor Lokrantz was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

+

Roberg, David Nathaniel. Died at San Jose, February 20, 1940, age 56. Graduate of Rush Medical College, University of Chicago, 1908. Licensed in California in 1927. Doctor Roberg was a member of the Santa Clara County Medical Society, the California Medical Association, and the American Medical Association.

+

OBITUARIES

Ernest Lynwood Blackmun, Sr.

1873–1940

On Sunday, March 3, 1940, Dr. Ernest Lynwood Blackmun answered his last call. He had been in poor health for the past year and confined to his bed for five weeks preceding his death, which terminated thirty-five years of general practice in our city of Stockton.

Doctor Blackmun was born at Alden, Minnesota, on the twenty-third day of June, 1873. His preliminary education was obtained at the Albert Lea High School and Coe College, Cedar Rapids, Iowa. He was graduated in medicine from the University of Minnesota in 1901, and practiced in Triumph, Minnesota, from 1901 to 1905.

He was married to Miss Mable Dorn of Ridgeway, Iowa, in 1902, and in 1904 came to California, where he was admitted to practice, and located in the city of Stockton.

Those of us who knew Doctor Blackmun through the years respected him for his quiet, modest, gentlemanly demeanor, and his strict attention to his professional responsibilities. He was absorbed in his work and in his home, where his widow, his married daughter, Mrs. Elizabeth Scott, and his son, Dr. Lynwood Blackmun, Jr., survive.

The satisfaction of his later years was having his son complete his medical training, and join him in practice here in Stockton.

His confrères in the San Joaquin County Medical Society desire to extend to his widow and children, particularly to our own member, Dr. Lynwood Blackmun, Jr., their sincere sympathy and expression of the esteem and respect in which our fellow member has been held by his associates in practice through his many years of devoted service to the people of this community.

+

John Hibbard Pettis

1877–1940

With the death of Dr. John Hibbard Pettis on January 28, 1940, Fresno lost one of its outstanding citizens and the medical profession a distinguished member. Doctor Pettis was born in Flint, Michigan, November 26, 1877. He was graduated from the University of Michigan, Department of Literature, in 1904 and the School of Medicine in 1906. After practicing two years with a brother at West Branch, Michigan, he returned to the University of Michigan and was instructor in surgery from 1909 to 1914. In 1914 he helped form the Clinical Group at Fresno, California, and was its chief surgeon. He became Chief of the General Surgical Staff at the General Hospital of Fresno County. He became a Fellow of the American College of Surgeons in 1914. He was a member of the Academy of Medicine of San Francisco, a member of the Fresno County Medical Society and a Fellow of the American Medical Association. As a consulting surgeon he was well known in the San Joaquin Valley.

The passing of Doctor Pettis leaves a large circle of friends and professional colleagues who will greatly miss him.

W. E. R. Schottstaedt, M. D.

+

Sven Lokrantz

1892–1940

The many friends of Dr. Sven Lokrantz, Director of Health Service, Los Angeles City Schools, have heard with deep regret of his premature death. Doctor Lokrantz was born in Sweden, but came to America as a young medical student and graduated from Tufts Medical School, Boston. He came to Los Angeles in 1918 and shortly after was appointed Supervisor of Corrective Physical Education, which he promoted with a missionary zeal that resulted in the most outstanding department of its kind in the United States. In 1924 corrective physical education and health service were united under his leadership. In the years that followed he labored with singleness of purpose and with rare vision, so that the Los Angeles Health Service Section became one of the most progressive school health departments in this country.

Doctor Lokrantz' genius for organization and administration was recognized by many appointments to positions of leadership and responsibility. In 1931 he was President of the Southern California Public Health Association and head of the American School Physicians Association. In 1932 he justified the confidence of his professional associates who appointed him medical director of the Olympic Games by planning and carrying out a program of medical care, health supervision, and first aid for the Olympic athletes; this earned for him the commendation and gratitude of all countries and brought to him honors from his own and foreign countries, and knighthood from his native land of Sweden.

In addition to his professional ability he was a man of rare charm and great kindliness of nature which expressed itself in warm friendship for many people and in earnest devotion to the welfare of little children.

Doctor Lokrantz has made a great contribution to school health education, and will go down to posterity as the founder of corrective physical education in America. His many friends and colleagues mourn his passing and extend to his family their heartfelt sympathy.

Doctor Lokrantz was born September 22, 1892, at Munso near Stockholm, Sweden. He was graduated from Tuft's College Medical School, M. D., Boston, Mass., February 6, 1918, and was naturalized as an American citizen in 1920. He came to California in 1918. Shortly after, Doctor Lokrantz was appointed Assistant Supervisor of Corrective Physical Education on October 3, 1918; was made supervisor on October 4, 1920; and was appointed director of the Division of Health and Corrective Physical Education of the Los Angeles City Schools on July 1, 1924.

Positions and honors: Director, Lokrantz School of Corrective Physical Education, Boston, Mass.; President, American Association of School Physicians—1931; President of the Southern California Public Health Association—1931; President, Ling Foundation; Medical Director, Xth Olympic Games at Los Angeles—1932; knighted by the King of Sweden in 1930—Royal Order of Vasa—First Class; decorated with Order of the North Star of Sweden—1933; decorated by the Queen of Holland—Oranje Nassau Order; and other decorations and honors.

Present size of the Health Service Section of the Los Angeles School District: 54 physicians, 21 dentists, 95 nurses, and 146 corrective teachers.

In 1923 he married Carolina Winston, still living, and they were blessed with one son, Sven W. Lokrantz.

C. Morley Sellery, M. D.

Sol Hyman

1875–1940

Sol Hyman was born in April, 1875, in Nevada City, California. He received his early education in the public schools of San Francisco and then attended the University of California, starting to study engineering, but soon switched to medicine. He was graduated in medicine at Johns Hopkins Medical School in 1902 and took his training in surgery at Mt. Sinai Hospital in New York City. He returned to San Francisco and was connected with the Mt. Zion Hospital and with the Cooper Medical College. In November, 1907, he married Miss Caroline Penna and following his marriage he went abroad for two years.

An interesting happening of his trip across the Atlantic was that he was on the ship that received the first SOS ever sent out by another ship in distress. Upon his arrival in Europe he traveled around considerably, visiting the clinics and absorbing generous amounts of the culture of Europe as it then was. Quite early on this trip, although he devoted some of his time to general surgery, he resolved to make neurological surgery his major interest. In furtherance of this design he settled in London, working in the laboratory of Sir Victor Horsley.

He returned to San Francisco in November, 1909, went into private practice and was appointed to the surgical division of the University of California. He resigned after a few years and devoted himself to private practice until he retired in 1927.

For several years he was chairman of the Publications Committee of the *California State Journal of Medicine*; he was president and also a director of the San Francisco County Medical Society.

After his retirement he moved to his charming home in Los Altos. He did not, however, lose touch with the medical profession nor did he lose interest in humanity. When the depression made it necessary to set up a relief organization in San Francisco, he became assistant director under Mr. Wollenberg. It was due largely to his efforts that the Central Medical Bureau was so organized that it functioned smoothly and effectively during the early part of its existence. When the European refugee problem came up, Doctor Hyman gave his energies to that and served diligently and faithfully up to the time of his last illness.

This in brief is an outline of his career from the professional side. It is not the complete picture of the man. That he was extremely human his public life shows, but it does not tell nearly the whole tale. His family life was ideal. He had not only his serious side, but also a keen sense of humor. He could be busy and intense, but he could also loaf, and loaf gracefully. Like many another mild and gentle person he had a firm side to his character. Whenever a principle was involved, particularly one that related to the advancement of the medical profession, he was adamant and would fight to the bitter end, but for his own personal advancement he would not do a hand's turn.

In his later years, gardening was not only a hobby, but it held a scientific interest for him. All up and down the Peninsula, and even in a wider area, the gardeners, plant breeders, and horticulturists were his friends.

His final illness lasted less than two months. For the greater part of this time he was, fortunately, comfortable, but when the attacks of pain developed, his fortitude was great. Though he realized fully his danger, he never allowed it to depress him.

I know of no more fitting words to say in final tribute to Doctor Hyman than—

> "His life was gentle, and the elements
> So mix'd in him that Nature might stand up
> And say to all the world, 'This was a man.' "

Arthur L. Fisher.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. FREDERICK N. SCATENA	President
MRS. WILLIAM C. BOECK	Chairman on Publicity
MRS. KARL O. VON HAGEN	Asst. Chairman on Publicity

Minutes of the Meeting of the Board of Directors of the Woman's Auxiliary to the California Medical Association*

The meeting of the Board of Directors of the Woman's Auxiliary to the California Medical Association was called to order by the president, Mrs. Frederick N. Scatena, at 10:30 a. m., in the Pacific Coast Club, Long Beach, California, February 26, 1940.

Answering to roll call were:

Officers.—Mrs. Frederick N. Scatena, Mrs. A. E. Anderson, Mrs. Harry O. Hund, Mrs. Frank Baxter, Mrs. G. Wendell Olson, Mrs. George Spencer, and Mrs. C. G. Stadfield.

Councilors-at-Large.—Mrs. Harry Henderson, Mrs. F. G. Lindemulder, and Mrs. William C. Boeck.

District Councilors.—Mrs. Harry Huffman, Mrs. Horace H. McCoy, Mrs. Richard McGovney, Mrs. J. R. Walker, Mrs. Eugene Kilgore, Mrs. Charles C. Hall, Miss Julia Koenecke, and Mrs. Frank A. Lowe.

Standing Committee.—Mrs. A. T. Newcomb.

The following county presidents were in attendance: Mrs. E. L. Markthaler, Santa Barbara; Mrs. E. Eric Larson, Los Angeles; Mrs. Edward L. Russell, Orange; Mrs. William C. Cooke, San Diego.

The treasurer, Mrs. C. G. Stadfield, reported the following balances: Checking account, $163.55; savings account, $1,566.97. Mrs. Harry O. Hund moved, and it was seconded, that the Treasurer's report be accepted and placed on file. Motion carried.

Reports of Chairmen of Standing Committees:

Membership and Organization.—Mrs. Harry O. Hund reported that there are three newly organized counties—Humboldt, Sonoma, and Kings. Twenty-seven counties have Auxiliaries.

Program and Health Education.—Mrs. Frank Baxter suggested outlines from National be sent to County Chairmen. She reported that in November she received 3,000 blotters, advertising Radio Health Programs of the American Medical Association. Distributed these blotters to the counties, doctors' offices, schools, libraries, churches, etc. Commended Mrs. Hund on her membership and organization map, and suggested that it be published with names of County Presidents in two issues of *Courier*.

Public Health Activities.—Mrs. Eugene Kilgore recommended that we work with the doctors in self-educating ourselves on this great problem that confronts us—Socialized Medicine.

Editor and Publicity.—Mrs. William C. Boeck gave a résumé of the cost of the *Courier*. Stated that the deadline for news to be published April 15 is April 1. In California and Western Medicine there was a good showing by counties. Mrs. Anderson complimented Mrs. Boeck on the publication of *Courier*.

---

† As county auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Karl O. Von Hagen, Assistant Chairman on Publicity, 5867 Whitworth Drive, Los Angeles. Brief reports of county auxiliary meetings will be welcomed by Mrs. Von Hagen and must be sent to her before publication takes place in this column. For lists of state and county officers, see advertising page 6. The Council of the California Medical Association has instructed the Editor to allocate two pages in every issue to Woman's Auxiliary notes.

* Minutes of meetings as printed contain only a digest or mention of certain major items.

Hygeia.—Mrs. H. E. Henderson had carried on an active correspondence with counties, having written over one hundred letters. Questionnaire sent out in January received eighteen replies. Kern County most outstanding with a quota of 281 per cent. Working plans are in progress to put *Hygeia* into all schools of the State.

Convention.—Mrs. F. G. Lindemulder presented a detailed report of the convention program and entertainment. Mrs. Harry Huffman from Orange County has charge of registration. Discussion followed, and with minor changes relative to Executive Board and Pre-Convention Board Meeting. It was moved and seconded to have Executive Board Meeting at 8:30 p. m. on Sunday. Moved by Mrs. Boeck and seconded, that we have a Pre-Convention Board Meeting on Monday at 8 to 10 a. m., to enable our President, Mrs. Scatena, to be present at the opening California Medical Association Meeting.

* * *

The second meeting of the Board of Directors of the Women's Auxiliary to the California Medical Association was held at 1:30 p. m., in the Pacific Coast Club, Long Beach, California, February 26, 1940. Mrs. Frederick N. Scatena presiding.

Reports of Special Committees: Historian.—Mrs. Arthur T. Newcomb reported on her work and was to send questionnaires to all County Auxiliaries before writing the history to be sent to National.

Reports of District Councilors.—Each gave a favorable report on the work being accomplished in their respective districts:

Mrs. Harry Huffman, First District; Mrs. Horace H. McCoy, Second District; Mrs. Richard McGoveny, Third District; Mrs. J. R. Walker, Fourth District; Miss Julia Koenecke, Fifth District; Mrs. Eugene Kilgore, Sixth District; Mrs. Charles A. Hall, Seventh District; Mrs. E. O. Brown (given by Mrs. Spencer), Eighth District; and Mrs. Frank A. Lowe, Ninth District.

County Presidents.—All reports showed much enthusiasm and work being accomplished in respective counties:

Mrs. E. L. Russell, Orange County; Mrs. William C. Cooke, San Diego County; Mrs. E. Eric Larson, Los Angeles County; Mrs. Edward L. Markthaler, Santa Barbara County.

Unfinished Business.—The proposed amendment to Section 1 of Article 9 of the Constitution was read by the Secretary. A discussion opened and Mrs. Hall, Mrs. Kilgore, Mrs. Lindemulder, and Mrs. Hund, Board members, gave their viewpoints and made suggestions.

Announcements.—Mrs. Spencer reported to the Board that the Roster that was to be issued by Doctor Kress will come separate from the Doctors' Roster. Also, explained about the State Membership File, and reported that 2,299 name cards were filed in their respective groups.

New Business.—The Secretary read a letter from Mrs. Hobart Rogers, State Parliamentarian, recommending that the Constitution and By-Laws of Humboldt, Kings, Sonoma, and Stanislaus counties be approved. Moved by Mrs. Lindemulder, and seconded, that we accept the new counties. Motion carried.

Legislation.—To serve the Auxiliary in legislative matters, it was moved by Mrs. Spencer, and seconded, that Mrs. H. R. Baird serve in the capacity of Legislative Chairman. Motion carried.

The Secretary read a letter from the National President, Mrs. Rollo K. Packard, regarding inquiries relative to Woman's Auxiliary of State and County Organizations being affiliated with Federation of Women's Clubs, and also, to sponsoring individuals seeking office in various organizations. "The primary reason why we should not affiliate is that Federated Clubs and other organizations endorse programs relative to health measures and practices that are in conflict with principles and policies of the American Medical Association and Woman's Auxiliary to the American Medical Association."

Moved by Mrs. Hund, and seconded, that Mrs. A. E. Anderson be allowed railroad and Pullman fares to National Convention in New York. Motion carried.

Adjournment.—There being no further business, the meeting adjourned.

Respectfully submitted,

Mrs. G. Wendell Olson,
Recording Secretary.

Component County Auxiliaries

Los Angeles County

At the invitation of the Harbor Branch, the regular meeting of the Woman's Auxiliary to the Los Angeles County Medical Association was held at the Pacific Coast Club in Long Beach on February 27, 1940, the President, Mrs. E. Eric Larson, presiding.

Members of the State Board of Directors were guests of the Los Angeles County Board of Directors.

Mrs. Ferris Arnold, President of the Harbor Branch, presented the speaker of the day, Captain Joel T. Boone, U. S. N., who was physician to the White House during the terms of President Harding, President Coolidge and President Hoover. Captain Boone proved a most interesting speaker and held his audience fascinated with stories of personal and official nature.

Mrs. Frederick N. Scatena, President of the State Board, predicted that 1941 will be a year of medical legislation and urged the members to do all in their power to be well informed on these issues.

This was the largest meeting of the year, 179 members and guests being present.

Mrs. Jay B. Cosgrove, *Recording Secretary*.

⁂

Fresno County

On Tuesday evening, February 6, the Woman's Auxiliary to the Fresno County Medical Society met at the University Sequoia Club, when Mrs. Kenneth Staniford presided.

After a short business meeting, the guest speaker, F. J. O'Ferrall, Chief Inspector of the State Division of Narcotic Enforcement, was presented. Inspector O'Ferrall told many interesting experiences in his work and exhibited narcotics used by addicts and peddlers.

Florence H. Vanderburgh, *Publicity Chairman*.

⁂

Marin County

The month of February will go down in the annals of the Marin Medical Auxiliary as one of high interest and satisfactory accomplishment.

On February 14, 1940, at the San Rafael Improvement Club, the Auxiliary entertained at its annual Bridge Tea. The picturesque clubhouse, beautifully decorated with spring blossoms, was crowded to capacity. The tea, which was given for the benefit of the philanthropic fund, was more successful than the most optimistic had dared hope. Mrs. George Landrock was chairman, and her coworkers were Mesdames Matthew Hazeltine, Robert Furlong, Thomas Gocher, Frank Lowe, and Bernard Conroy.

On February 22, 1940, the regular monthly dinner meeting was held at Deer Park Villa in Fairfax, twenty-six members were present. Mrs. C. A. De Lancey presided, and introduced the speaker, Robin Lampson, well-known California novelist, who summarized his new book, *Death Loses a Pair of Wings*. It is the story, in verse, of the life of Dr. William Gorgas, whose conquest of yellow fever was one of the greatest achievements in the history of medicine.

(Mrs. John C. W.) Agnes Campion Taylor,
Publicity Chairman.

⁂

San Diego County

Sixty-eight members of the Woman's Auxiliary to the San Diego County Medical Society met at the University Club on February 13, 1940, with Mrs. William Cooke as President.

The guest speaker was Mrs. Winston Crabtree, and she reviewed the very amusing play, *Skylark,* written by Samson Raphaelson.

Mrs. J. J. O'Hara, *Secretary.*

⁂

San Francisco County

THE VALENTINE PARTY

"All work and no play makes Jack a dull boy, they say.
Were you there to play on Saint Valentine's Day?"

For the third consecutive year, the Woman's Auxiliary to the San Francisco County Medical Society has had its one gala occasion of relaxation, with the coöperation of the very important element, the Doctors of the San Francisco County Medical Society. From unanimous comments since the party, it was a veritable success. Due to an increase in reservations it was impossible to accommodate everyone at the Society headquarters, so this year we transferred our affections from 2180 Washington Street to the Olympic Club at Lakeside.

Because of the efficient management and gracious personality of the chairman, Mrs. Wilbur Cox, we are proud to say that the party was par excellence, socially and financially. The most essential features of a dinner dance, after considering the guests, are good music and good food. And these we had, for Lakeside served us a delicious and substantial dinner, and the music was of unusual merit.

The California Rhythm Doctors, under the capable baton of Dr. Lloyd Kindall, rendered an excellent repertoire of dance music that made one glad to have on one's dancing shoes. Many fond memories were renewed with old favorites, and new ones created with the latest rhumba. The dancing was interspersed with delightful solos by the doctor-musicians of the orchestra.

A lucky ticket sale, with a shiny new Chrysler Royal sedan as prize, was held to raise traveling funds for the California Rhythm Doctors' Orchestra to attend the American Medical Association convention in New York City in June. The car was standing at the door of the club and after a rushing sale of tickets, it was won by two very deserving boys.

Let me add a note or two concerning the decorative element. The club house itself was garbed in Valentine attire, and the charming fair sex were beautifully gowned and adorned with Valentine nosegays from their beaux. The no-host group tables ranged from four to thirty-two, and everyone had the opportunity to say "hello" to old and new acquaintances.

It is with great pride that the Woman's Auxiliary thanks everyone for his or her interest and coöperation at this annual get-together, and we look forward with pleasure to seeing again in 1941 the old guard and many more newcomers to make merry for dear old Saint Valentine.

Kathleen M. Morrissey, *President.*

⁂

Santa Cruz County

The Woman's Auxiliary to the Santa Cruz County Medical Society met for their February meeting at the home of Mrs. A. E. Allegrini, February 26, 1940, at 1:30 o'clock.

The meeting was led by President Mrs. F. P. Shenk, and eighteen members were present.

For our program Mrs. Julian Jacobson reviewed *Life and Death: The Autobiography of a Surgeon,* by Andrea Majocchi, a "best-seller" of medical books in 1937.

At our March meeting delegates will be elected for the convention at Coronado.

Mrs. R. C. Alsberge, *Publicity Chairman.*

⁂

Stanislaus County

Twenty members gathered on February 9, 1940, in the home of Mrs. R. D. Husband for refreshments and a business session which was shortened to a discussion of plans for our next meeting, in order that the guest speaker, Mrs. A. J. Carlson, might have ample time to give her talk on *Decorative Arts,* and show a fine collection of slides covering dishes, crystal, furniture and interiors. We learned at last that our constitution had been accepted, and adjourned looking forward to a useful future in the State Auxiliary.

Mrs. Warren Steele, Jr.

Vitamins Furnished in Breast Milk.—"Breast milk can furnish to the baby only such vitamins as are taken in the mother's food," *The Journal of the American Medical Association* points out in answer to an inquiry as to whether or not such milk contains sufficient vitamins for the infant, and if so for how long a time.

"It is therefore obvious that, unless the mother has a diet rich in vitamins C and D, she will not furnish an adequate supply of these vitamins to the baby. It is for this reason that it is strongly advisable to begin both orange juice and some form of vitamin D early in infancy. As it takes some time for either a vitamin C deficiency—that is, scurvy—or a vitamin D deficiency—that is, rickets—to develop it is impossible to say for how long a time the mother's milk alone would be adequate to protect a newborn baby. The only safe procedure is to take no chance and to supply these vitamins from earliest infancy on."

Medicine Must Combat Evil Effects of the Grants-in-Aid System.—If the pattern of financing states by federal grants-in-aid is to become a fixed part of the distribution of medical and health services, the medical profession must continue to take a sympathetic interest in distribution methods in order to avoid, where possible, the losses and abuses always accompanying such grants, R. G. Leland, M. D., director of the Bureau of Medical Economics of the American Medical Association, Chicago, declares in *The Journal* of the Association.

Pointing out the loss of local control and autonomy under such a system, he states that for the fiscal year ending June 30, 1939, the payments to states under that portion of the Social Security Act concerned with public health work totaled $7,985,119.61.

"On January 1, 1939, annual appropriations for health work in the coöperative projects alone, from local and state sources totaled $44,861,322, an increase of more than $13,000,000 in four years," he says.

"The expenditure of federal funds through grants-in-aid under the several titles of the Social Security Act for the fiscal year ended June 30, 1938, was $275,000,629.80. The amount estimated to be necessary for the year ended June 30, 1939, was $323,000,000 and for the fiscal year ending June 30, 1940, for the same purposes, $343,150,000.

"Grants-in-aid are always accompanied by some rules, regulations and standards of administration. The rules and regulations constitute a leveling process by which direction and control are centralized, local control and autonomy are lost, and each part of the country which accepts grants-in-aid funds is required to fit the same federal mold; standards are usually minimum and when applied to the distribution of medical services actually may operate as a secondary system of licensure."

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings.

American Medical Association, New York, June 10–14, 1940. Olin West, M. D., Secretary, 535 North Dearborn Street, Chicago, Illinois.

California Medical Association, Hotel Del Coronado, Coronado, May 6–9, 1940. George H. Kress, M.D., Secretary, 450 Sutter Street, San Francisco.

Association of Western Hospitals, Hotel Biltmore, Los Angeles, April 8–11, 1940. Thomas F. Clark, Executive Secretary, 1182 Market Street, San Francisco.

Western Section of the American Urological Association, Empress Hotel, Victoria, B. C., July 29–31, 1940. Dudley P. Fagerstrom, M. D., Secretary, 710 Medico-Dental Building, San Jose, California.

Medical Broadcasts.*

American Medical Association Broadcasts: "Medicine in the News."—The American Medical Association and the National Broadcasting Company have announced "Medicine in the News," on timely topics from medical news of the week. Thursdays, 4:30 p. m., Eastern standard time (1: 30 p. m., Pacific standard time), Blue Network, coast to coast. Thirty weeks. Opened on November 2, 1939. Facts, drama, entertainment, music.

Pacific States:

KECA	Los Angeles	KTMS	Santa Barbara
KFSD	San Diego	KEX	Portland
KGO	San Francisco	KJR	Seattle
KGA	Spokane		

* * *

Los Angeles County Medical Association.

The radio broadcast program for the Los Angeles County Medical Association for the month of April is as follows:

Wednesday, April 3—KECA, 11:15 a. m., The Road of Health.

Saturday, April 6—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, April 10—KECA, 11:15 a. m., The Road of Health.

Saturday, April 13—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, April 17—KECA, 11:15 a. m., The Road of Health.

Saturday, April 20—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, April 24—KECA, 11:15 a. m., The Road of Health.

Saturday, April 27—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Pacific Coast Society of Obstetrics and Gynecology. The next meeting of the Pacific Coast Society of Obstetrics and Gynecology will be held in San Francisco, November 6-9, 1940.

California Tuberculosis Association: 1940 Annual Meeting.—"Tuberculosis in 1940" will be the topic of the talk to be presented by Dr. Chesley Bush, of Livermore, before the joint meeting of the Santa Barbara, San Luis Obispo, Ventura and Kern County Medical Societies to be held Thursday evening, April 11, at the Recreation Center in Santa Barbara. This meeting has been planned in conjunction with the annual meeting of the California Tuberculosis Association to be held in Santa Barbara, Friday and Saturday, April 12 and 13. All physicians planning to attend the tuberculosis convention are invited to the joint county medical societies' meeting.

There will be no headquarters hotel in Santa Barbara for the tuberculosis meeting, Dr. Sidney J. Shipman, president of the State association, announced. Advance hotel reservations may be made through the Santa Barbara Chamber of Commerce or the California Tuberculosis Association in San Francisco. A list of available hotels will be sent upon request to either organization.

Rupert Hughes, noted writer, will be the speaker at the annual banquet of the association to be held Friday evening, April 12, it was announced. At this time Doctor Shipman will present the annual report of the president.

Guest speakers at the two-day meeting will include Dr. Herbert R. Edwards, director of the Bureau of Tuberculosis of the New York City Health Department; Dr. Max Pinner, chief of the Division of Pulmonary Diseases at Montefiore Hospital in Bedford Hills, New York, and Mr. William Doppler, health education expert of the National Tuberculosis Association.

Herzstein Lectures for 1940.—The Morris Herzstein Course of Medical Lectures for 1940 will be given by Dr. Davis Bruce Dill on April 8, 10, and 12. Doctor Dill has been at Harvard University since 1925 as Assistant Professor of Biochemistry, and Associate Professor and Professor of Industrial Physiology. He is also Consulting Physiologist for the Hygiene Department of Harvard University, and Consultant for the United States Public Health Service. Doctor Dill is an authority on the physiology of man in relation to changes in altitude and temperature.

The titles of the lectures will be:

April 8, 1940—High Temperatures. Racial and individual adaptability to hot climates; various types of breakdown in temperature regulation; clinical applications of hyperthermia.

April 10, 1940—Low Temperatures. Metabolic and dietary adjustments in cold climates; dependence of resistance on the internal environment; clinical applications of hypothermia.

April 12, 1940—High Altitudes. Respiratory adaptations to oxygen lack.

These lectures will be given in the Auditorium of the University of California Extension Division at 540 Powell Street, San Francisco.

The Morris Herzstein Lectures were established in 1929 by the late Dr. Morris Herzstein of San Francisco to be given under the direction of the Medical Schools of Stanford University and the University of California. They are given on alternate years by scientific men of outstanding achievement and are open to the public as well as to the medical profession.

---

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date aud hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

Annual Meeting of the American Public Health Association.—The 69th Annual Meeting of the American Public Health Association will be held in Detroit, Michigan, October 8-11, with the Book-Cadillac Hotel as headquarters.

The Michigan Public Health Association, the American School Health Association, the International Society of Medical Health Officers, the Association of Women in Public Health, and a number of other allied and related organizations will meet in conjunction with the Association.

The Annual Meeting of the American Public Health Association will bring 3,500 health officials to Detroit for a series of scientific meetings covering all phases of health protection and promotion. A Health Exhibit will be held in connection with the meeting and an Institute on Health Education is scheduled prior to the official opening. Dr. Reginald M. Atwater is Executive Secretary of the American Public Health Association, with offices at 50 West 50th Street, New York City.

Popular Medical Lectures: Lane Hall, San Francisco.—The Stanford University School of Medicine announces the Fifty-eighth Course of Popular Medical Lectures (illustrated), to be given at Lane Hall, north side of Sacramento Street, near Webster, San Francisco, on Friday evenings, April 5, April 19, May 3, and May 17, 1940, at 8:00 o'clock sharp.

Topics: Friday evening, April 5, 1940: "Outstanding Achievements in Endocrinology," Hans Lisser, M. D.

Friday evening, April 19, 1940: "Epilepsy and the Convulsive State: New Light on an Age-Old Problem," Frederick A. Fender, M. D.

Friday evening, May 3, 1940: "Civilization's Challenge to Surgery: Recent Developments in the Treatment of Injury," Nelson J. Howard, M. D.

Friday evening, May 17, 1940: "Aviation Medicine," Eric Liljencrantz, M. D.

All interested are cordially invited to attend.

Lawrence Given Nobel Medal Diploma.—World recognition of the honor that Dr. Ernest Orlando Lawrence, director of the University of California radiation laboratory, has received in the award of the Nobel Prize in Physics for 1939, was epitomized here in the presentation of the Nobel medal and diploma to Professor Lawrence. The presentation was made by Carl Edward Wallerstedt, Swedish consul-general in San Francisco.

The ceremony, which was held in Wheeler Auditorium before a gathering of members of the Board of Regents, faculty members and other friends and associates of Professor Lawrence, was presided over by Dr. Robert Gordon Sproul, president of the University. The principal address was made by Professor Raymond T. Birge, head of the University's department of physics.

Doctor Birge gave a graphic account of Doctor Lawrence's work and announced the possible discovery of a new element, ekaiodine, which may be Element 85 in the Periodic Table of Elements, The Building Blocks of The Universe, through research carried on by the radiation laboratory and the department of physics. Doctor Birge touched on a number of developments in the range of experiments with the cyclotron, or atom-smasher, the invention of which brought the Nobel Prize to Doctor Lawrence. He noted a number of the practical uses and benefits that have been derived from the experimental application of the radioactive substances produced by the cyclotron, and touched on the prospect of these uses being continued in an ever-increasing volume.

In accepting the honor, Doctor Lawrence said that cyclotron experimentation has reached the point where experiments on a larger scale with a much larger cyclotron are now justified.

Occupational Survey for San Francisco Youth.—Under the sponsorship of Joseph P. Nourse, Superintendent of San Francisco Public Schools, the San Francisco Board of Education has recently brought off the press an interesting brochure of the proceedings at a conference of representatives of leading civic groups. Members who are interested in the topic may obtain a copy of the booklet by addressing the Division of Publications, San Francisco Public Schools, Civic Auditorium, 93 Grove Street, San Francisco.

Refresher Course: University of California. — The University of California Medical School will offer a refresher course for graduate physicians June 3 to 6, 1940. The course will cover "Various Aspects of Chronic Diseases" and will include a discussion of the problems of cancer, heart disease, arthritis, kidney disease, mental disease, and tuberculosis. Detailed programs, which will be available in April, 1940, may be obtained from the Dean's Office of the Medical School (address, Medical Center, San Francisco). This short, intensive course will be designed to meet the needs of physicians in practice. Discussions will be illustrated with patients, lantern slides or pathological material. All sessions will be held in Toland Hall, University of California Hospital.

California Migrants Given Medical Help.—Medical help for the acute health problems of the "Grapes of Wrath" migrant agricultural workers in California and Arizona is being given as fast and far as possible by the Agricultural Workers Health and Medical Association, it appears from a report to the American Medical Association by its Bureau of Medical Economics chief, Dr. R. G. Leland.

Nearly 38,000 migrant workers and their families have already been given medical, dental, hospital, and other health care by this mutual benefit association, organized in May, 1938. Doctors, dentists, druggists, and hospitals of California and Arizona, the Farm Security Administration, California Medical Association, the California State Department of Public Health, and the United States Public Health Service have coöperated in planning and carrying out the program.

Headquarters of the Association are at Fresno, California, with regional officers in Arizona and as far north as Willows, Marysville, and Santa Rosa, California. The personnel of these regional offices has followed the crops, in the wake of the migrant army, in order to be near at hand to serve it. At first member patients were referred to doctors' and dentists' offices in the vicinity, but now most of them are served in clinics staffed by doctors chosen by the county medical societies.

University of California Trains Doctors for Well Baby Work.—Ten doctors, selected from the rural areas of California, have just completed a special study of the problem of keeping healthy babies healthy, under the supervision of the University of California Medical School, it was recently announced.

The work, presented in the form of a short, intensive refresher course, was given by Dr. Amos Christie, acting head of the department of pediatrics, and members of the staff, in coöperation with the State Department of Public Health.

The physicians, chosen from an application list of seventy-eight, will aid in the well baby work of the Child Health Conference. These conferences have maternal education as a major objective, and special emphasis is placed on prevention of illness. They have been considered the most effective means of disseminating health education about the growing child.

Babies showing deviations from normal physical and emotional development when examined in the Child Health Conferences are referred to their own physicians for remedy. Previously they were referred to pediatricians employed by the State, but under the new policy the local physician replaces the state-employed doctor. This new policy is in line with decentralization of public health activities as administered by the United States Children's Bureau under the Social Security Act.

The course was so successful, according to Doctor Christie, that already there are demands from the physicians of the State that it be repeated as soon as facilities are available, probably during the summer vacation.

Red Cross to Enroll Medical Technologists for Military Reserve.—Washington, D. C., February 20.—Chairman Norman H. Davis of the American Red Cross announced today that at the request of the Surgeon General of the Army and in compliance with its policy of coöperation with both the Army and Navy, the Red Cross, as an expansion of its peace-time service for the military forces, has undertaken the enrollment of various types of medical technologists who are willing to serve in the medical departments of the Army and Navy if and when their services are required at the time of a national emergency.

The plan has been under consideration for almost a year, Chairman Davis said, and has no relation to the present war situation in Europe.

The enrollment now being inaugurated will be similar to that of the nurses' reserve which the Red Cross has maintained for the Army and Navy since 1911, and which is now being expanded to include properly qualified male nurses, and also the reserve of dietitians which has been maintained since 1917.

Persons with the following qualifications will be included:

Chemical Laboratory Technicians (male).
Dental Hygienists (male and female).
Dental Mechanics (male).
Dietitians (male and female).
Laboratory Technicians (male and female).
Meat and Dairy Hygienists (Inspectors) (male).
Nurses* (male).
Occupational Therapy Aides (male and female).
Orthopedic Mechanics (male).
Pharmacists (male and female).
Physical Therapy Technicians' Aides (male and female).
Statistical Clerks (male and female).
X-ray Technicians (male and female).

The Red Cross will work through the various associations and agencies of which these technologists are members giving to them the details of the plan, including requirements prescribed for enrollment.

In the event of national emergency, the enrolled male technologists who meet the required physical standards will be eligible for enlistment in the Army as noncommissioned officers and in the Naval Reserve as petty officers. Women technologists and men who do not qualify physically, will be eligible for employment by the Army as civilians. Women technologists are not eligible for service in the Navy.

The Navy has indicated that nowithstanding the enrollment with the Red Cross of male technologists eligible for enlistment in the Naval Reserve in emergency, it is desired that in peace-time qualified personnel actually enlist in the U. S. Naval Reserve. The Navy does not require dietitians, occupational therapy aides, orthopedic mechanics or meat and dairy hygienists (inspectors), but all other technologists who may be interested in enlistment in the Naval Reserve are encouraged to communicate with their Naval District Commandant from whom they may obtain full information.

Medical technologists belonging to the groups listed above who are interested, are urged to write National Headquarters, American Red Cross, Washington, D. C., for full information.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

American Medical Association Antitrust Action Upheld

Court Reverses Action of Lower Bench

Washington, March 4 (UP).—The United States Court of Appeals today overruled a lower court and ordered it to hear the Government's monopoly charges against the American Medical Association.

The Federal District Court for the District of Columbia had sustained a demurrer brought by the American Medical Association against an indictment charging it with conspiracy in restraint of trade under the antitrust laws.

The Government appealed the lower court verdict and today the Court of Appeals held that, while the charge against the American Medical Association may be wholly unwarranted, "for present purposes we must take the charge as though its verity were established; and in that light it seems to us clear that the offense is within the condemnation of the statute."

"It certainly cannot be doubted," said the court, "that Congress intended to exert its full power in the public interest, to set free from unreasonable obstruction the exercise of those rights and privileges which are a part of our constitutional inheritance, and these include immunity from compulsory work at the will of another, the right to choose an occupation, the right to engage in any lawful calling for which one has the requisite capacity, skill, material, or capital, and thereafter, free enjoyment of the fruits of one's labors."

The Government had charged the American Medical Association with conspiring to prevent the successful operation of a group health plan by imposing restraints on physicians affiliated with group health, by threat of expulsion or actual expulsion from the medical societies, by denying them essential professional contacts with other physicians and by using coercive power of the medical societies to deprive them of hospital facilities for their patients.—San Francisco *News*, March 4.

* * *

Dr. Leonard Fiske Wilbur Dies in China of Typhus

The scourge of China, from which Dr. Leonard Fiske Wilbur had saved countless natives and white men, finally has taken the young Stanford physician.

His father, Justice Curtis D. Wilbur of the United States Circuit Court of Appeals, received a cable today from Shansi province, notifying him his son had died on Easter of typhus.

Judge Wilbur, former Secretary of the Navy, was in Los Angeles at a session of his court when the word came, Associated Press reported.

His wife was ill in their San Francisco home when told of the death of their son.

With the young physician in the war-torn Shansi province were his wife, the former Jean Benedict Spaulding of San Bernardino, and their two children.—San Francisco *Call-Bulletin*, March 27.

* * *

American Medical Association Decision May Hold Deep Embarrassment for Government*

A Federal District Court, some time ago, decided that the American Medical Association was not subject to the antitrust law, in its boycott of the Group Health Insurance organization, providing medical care for Government employees in Washington. The court held that the practice of medicine is not "trade," of which a monopoly can be "in restraint," under the terms of the law.

Now comes a decision of the Court of Appeals, reversing the District Court.

Obviously, the case will have to go to the Supreme Court for final determination.

On the face of it, a ruling affirming the Court of Appeals would seem to lead to very embarrassing consequences, in quite another field.

Certainly the practice of medicine is not industry or commerce, to which the antitrust law was intended to apply. "Restraint of trade," as generally understood, means restraint or monopoly of the producing, buying or selling of goods. "Forestalling the market" was the old English phrase, under the common law. It was the abuse of monopoly powers, to extort excessive prices from consumers. None of this applies, even by remote analogy, to the medical boycott in question.

---

* This group will not be members of the Army or Navy Nurse Corps which under basic law is limited to females, but will be used as technologists for service auxiliary thereto.

* By Chester Rowell

Or, to take the other horn of the dilemma, if the practice of medicine is a "trade," in the sense of a skilled craft, so is carpentry or printing. The unions of these trades undertake, by "closed shop" rules, to exclude from employment persons who do not join the union or who are excluded from it for nonpayment of dues of violation of union rules. Also they boycott employers who hire nonunion men, or even union men except through the union and under union rules. And they will not work with nonunion men or with violators of union rules.

The doctors, so far as they are engaged in selling anything, are selling skilled personal services. So are printers. Neither is engaged in "trade" in any other sense. Both are engaged in it in this sense. There may be arguments—they were sustained in the District Court—that the learned professions are not included, as the skilled mechanical crafts are, in even this sort of "trade." But there can be none that the professions are included and the crafts are excluded. Both are excluded, if "restraint of trade" means monopoly of commerce. If the doctors come under the law at all, it is as a trade union. And that brings in the carpenters, too.

Whatever the logic or the law of this conclusion, the politics of it is that no political party wants to bring the closed-shop unions under the antimonopoly laws. They are monopolies, to be sure, but monopolies of something which they themselves declare not to be a "commodity," and therefore not to be subject to laws regulating commerce. A decision regarding the organized medical profession which would lead to this conclusion regarding organized labor would be decidedly embarrassing. . . .—San Francisco *Chronicle,* March 8.

* * *

Doctors Vote Against Socialized Medicine

Minneapolis, Minn., March 12 (AP).—Twenty thousand American physicians, asked by the medical journal, *Modern Medicine,* whether they would coöperate with the government in a drastic socialized medicine plan, voted 88 per cent no.

Modern Medicine, announcing the figures today, said it has no connection with the American Medical Association. It declared that the voters included 2,600 doctors outside the American Medical Association and that these outsiders voted 78 per cent no.

The publication said this is the largest number of doctors yet canvassed on this social issue. American physicians total about 150,000, of whom about 110,000 are members of the American Medical Association through their county societies. The vote was by states, and the journal declared the doctors answering were representative of all ages and degrees of success.

One of the lowest votes against state medicine was by the New York City physicians, with 68 per cent no.

The question reads: "Would you coöperate with a federally administered and controlled legislative program tending toward drastic curtailment of private practice of medicine?"

Eighty-five per cent of the 20,000 voted in favor of the American Medical Association's recently adopted platform favoring local control of tax money spent for the indigent and for those who cannot afford doctor's bills.

The report concludes that "both Republican and Democratic parties will be well advised to omit any advocacy of socialized medicine from their 1940 party platforms, because any legislative program tending toward the drastic curtailment of private practice of medicine would be nullified, like prohibition, by the noncoöperation of the United States doctors."

The journal declared nullification of socialized medicine legislative programs was accomplished by doctors in New Zealand, Australia and British Columbia.—Los Angeles *Times,* March 13.

* * *

Accidents Kill 93,000 in United States During 1939

Motor Crashes Head List With 32,600 Dead

Chicago, January 31 (AP).—Accidents killed 93,000 persons in the United States in 1939, injured 8,800,000 and cost an estimated $3,300,000,000, the National Safety Council reported today.

Those figures, however, represented a saving of about eight hundred lives and a 1 per cent reduction from the 1938 toll. The 1939 accident rate of seventy-one deaths per 100,000 population was the lowest since 1900 with two exceptions—1921 and 1922.

Leading the list were motor vehicle accidents, which accounted for 32,600 deaths, eighteen more than in 1938, and caused approximately 1,150,000 nonfatal injuries. Economic losses were estimated at $1,500,000,000.

32,000 Killed in Homes

Ranking second were accidents in the home. They killed 32,000 persons in 1939, 2 per cent more than in 1939; injured 4,700,000 and cost an estimated $600,000,000. Falls were blamed for 17,000 of the home deaths.

Occupational deaths decreased 3 per cent to 16,000, and the miscellaneous accident toll decreased 6 per cent to 15,000.

The council said that although traffic deaths were virtually the same as in 1938, travel increased 6 per cent last year and 4 per cent more vehicles were on the road. Consequently, it concluded that the death rate, based on motor vehicle mileage, dropped more than 5 per cent to an all-time low of 12.2 deaths per 100,000,000 miles.

Fatal Falls Increased

Fatal falls in homes, in public places and at work increased 1 per cent to 27,000; deaths from burns increased 8 per cent to 8,000, and drownings decreased 11 per cent to 6,700.

The estimated economic loss from all accidents included wages lost, medical expenses, the overhead costs of insurance and property damage in motor vehicle accidents and fires.

In the traffic death classification, twenty-six states reported reductions. Utah led the list with a 24 per cent drop, followed by New Hampshire with 18 per cent and Georgia with 14 per cent. North Dakota, Kentucky, Rhode Island and Kansas had decreases of 10 per cent or more.

Georgia's decline meant a saving of 112 lives, the largest number for any state.

The North Atlantic states, with a 3 per cent reduction, had the best regional record. The North Central States showed a 1 per cent drop and the South Central 2 per cent.

Forty-six cities of over 10,000 population completed the year without a motor vehicle death. The largest was Dubuque, Iowa, with a population of 42,100, and the next was Poughkeepsie, N. Y., population 40,700.

Milwaukee, with a death rate of 9.3, again led cities of more than 500,000 population. St. Louis and Boston were close contenders for second with rates of 10.2 and 10.4 respectively.

Eight of the large cities had death rates below fourteen per 100,000 population and eighteen cities of more than 250,000 population reported a reduction in traffic deaths. Kansas City led with a 54 per cent decrease and thirty-seven lives saved.

Providence, R. I., maintained its top ranking among cities of from 250,000 to 500,000. Its rate was 5.5.

In the 100,000 classifications, Worcester, Mass., led with a 5.1 rate and was followed by four other Massachusetts cities—Cambridge, New Bedford, Fall River and Springfield.

Hoboken, N. J., with a single traffic death, had the lowest death rate of any city of more than 50,000 population.

How Cities Stood

Leaders in all groups and the death rate per 100,000 population:

Over 500,000—Milwaukee, 9.3; St. Louis, 10.2; Boston, 10.4.

250,000 to 500,000—Providence, R. I., 5.5; Kansas City, Mo., 7.8⅞; Atlanta, Ga., 10.

100,000 to 250,000—Worcester, Mass., 5.1; Cambridge, Mass., 5.2; New Bedford, Mass., 6.2.

50,000 to 100,000—Hoboken, N. J., 1.7; Pontiac, Mich., 2.9; Topeka, Kan., 3.

25,000 to 50,000—Dubuque, Iowa; Poughkeepsie, N. Y.; Galesburg, Ill. (All had perfect records; listed according to population.)

10,000 to 25,000—Maplewood, N. J.; Butler, Pr.; Attleboro, Mass. (All had perfect records; listed according to population.)

Death reductions in large cities—Kansas City, 54 per cent, thirty-seven lives saved; Atlanta, Ga., 51 per cent, twenty-nine lives saved; St. Paul, Minn., 34 per cent, sixteen lives saved.—Los Angeles *Herald and Express,* January 31.

* * *

Decennial Census in 1940

The United States Census Bureau each year conducts a series of minor censuses measuring the vital activities of the nation. During the coming year, 1940, however, the bureau will conduct the greatest census-taking enterprise in the history of the world. This undertaking is known as the Sixteenth Decennial Census and will assemble facts on the commercial and industrial activities and the resources and population of the United States and its possessions.

Not only will the population of the entire nation, estimated to be in excess of 130 million, be counted, but businesses of all kinds, all factories, mines, quarries, houses and farms will be enumerated and all facts considered of general interest collected.

The Census of Manufactures will enumerate more than 170,000 establishments. More than three million business places will be tabulated by the Census of Business and some 12,000 mines and quarries by the Census of Mines and Quarries. These censuses were under way on January 2, 1940.

On April 1, 1940, census workers will begin collecting information on the population. At the same time information will be obtained regarding thirty-three million dwellings, and some seven million farms. While enumerating the people, the workers will also gather data on occupation and unemployment.

More than twelve thousand enumerators, after having pursued a special course of instruction, will do the field work on the censuses of business, manufactures and mines and quarries. They will visit every business man, manufacturer and mines and quarries operator in the nation.

Special schedules, eleven for the Business Census and 147 for the Manufactures Census, will be distributed personally by census enumerators. The enumerators will be ready to help officials of business houses and factories fill out the schedules. The schedules, upon being completed, are mailed immediately to the Census Bureau in Washington. When all the schedules are in the hands of the Bureau, the agency will begin the arduous task of compiling statistical summaries.

The same law which authorizes the taking of periodic censuses of the population, natural resources and commercial and industrial activities of the nation, forbids the Bureau from revealing private information reported on the schedules. The statistical data is published only in broad, general form. When there is danger that information of confidential nature may be revealed, the Bureau will not publish the statistics, remarking in a footnote at the bottom of the table: "Information withheld to avoid disclosure of individual operations."

No other agency, be it part of the government or outside of the government, is allowed to examine individual schedules for purposes of investigation, taxation or regulation. Only census employees, sworn to keep confidential information that they handle, are permitted to see the completed reports.

The bureau expects to complete the Censuses of Manufactures, Business and Mines and Quarries within five months of 1940 and to be able to publish some of the figures by late summer. The Census of Population, Occupations, Incomes and Unemployment will require a month in taking. The other censuses will be completed in the shortest possible time.

Data will be made public for the entire nation and by states. Information on population, and for certain phases of business and manufactures will be published not only by states but by counties and cities and towns of more than 2,500 inhabitants.

The first Manufactures Census was held in 1810, and it enumerated the activities of the year 1809. The Business Census started in 1929. The first Population Census was conducted in 1790, a century and a half ago.—*Weekly Bulletin, California Department of Public Health,* January 6, 1940.

* * *

How to Remove Quackery

Quackery is an important factor in syphilis control, Dr. Noka B. Hon, Passed Assistant Surgeon of the United States Public Health Service, said last night before a National Social Hygiene Day dinner meeting in Louisville, Kentucky.

Like a drowning man, Doctor Hon pointed out, syphilitic patients will grasp at the nearest straw, which too often is the quack or the drug clerk. Quackery is nourished by ignorance and superstition, and by certain pernicious economic conditions.

You cannot remove quackery by means of legislation alone. Its eradication calls for a united attack on three fronts: first, provide adequate facilities for the diagnosis and treatment of syphilis and gonorrhea, and make them freely available to all who need such services; second, educate the members of your community to take fullest advantage of the existing medical facilities, and to shun quackery which does not and can never "cure"; third, adopt suppressive legislation, and enforce it.

These three points call for the enlistment of the entire community, Doctor Hon said. The great majority of the druggists of the country have indicated their willingness to coöperate by referring patrons who seek treatment or advice to proper medical authorities. The physicians of the nation are doing their share by passing on to patients who are indigent or semi-indigent, the benefits of free drugs. The public itself must so coöperate—and so must all mediums of public opinion, the press and the radio.—Press Release: Federal Security Agency, United States Public Health Service, Washington, February 2.

* * *

School Lessons Over Radio Aid in Conserving Vision

New York City, February 10.—Broadcasting as a method of education of school children—particularly those with seriously defective vision—is advocated by Miss Olive S. Peck, Supervisor of Braille and Sight-Saving Classes in Cleveland, Ohio, in a report on "The Radio in Sight-Saving Classes" published by the National Society for the Prevention of Blindness.

The effectiveness of this method has been demonstrated, according to Miss Peck, by the successful use of radio lessons which are heard regularly by 65,000 children in the elementary schools of Cleveland. The greatest benefit of this plan, she believes, is the daily "eye rest period" which it affords.

"Education has been carrying on quite a bombardment of the visual sense for many years," Miss Peck comments. "The use of the auditory sense has been rather neglected as a gateway of learning in the regular classes. But educators are now interested in using radio, and the Cleveland public schools are among the pioneers in this field.

"Cleveland radio stations donated fifteen minutes of time each day for school lessons as far back as 1925. At first music appreciation lessons were broadcast, and then arithmetic lessons were started in 1929. The results of music and arithmetic lessons were so successful that art, English, science, health, safety, and social studies, were made subjects of experimentation.

"A grant from the General Education Board of the Rockefeller Foundation in 1938 enabled the Cleveland Board of Education to establish its own school radio station, WBOE—the first of its kind in the United States. One hundred and fifty radio sets have been installed in the school system, one for each school. Some of these are hooked up with public address systems already installed so that the children of any selected classrooms may listen.

"It has been found that radio teaching, to be effective, must have teacher and pupil participation in the classrooms which are receiving the broadcast. To induce this activity, radio lesson guides are prepared. The classroom teacher knows in advance what is expected of her and of her pupils during the broadcast. These lesson guides are quite elaborate. Every lesson is preceded by a set-up showing what the teacher has to write on the board and what the activities are. Visual material is used when necessary during the lesson.

"One fine development of the use of broadcasting is an increased interest in speech. Everybody is becoming more or less radio-conscious. Tests are showing that many speech defects are the result of auditory defects. Perhaps many of us who are in sight-saving class work have not paid enough attention to the auditory condition of our children."—Press Release.

* * *

Syphilis Control in Southern States

To consider problems connected with syphilis control in the southern states, where 65 per cent of all the syphilis in the United States is concentrated, the United States Public Health Service has called a special conference for Tuesday and Wednesday, February 13 and 14, in Atlanta, Georgia. Dr. Thomas Parran, Surgeon General of the Public Health Service, will preside.

Subjects to be discussed include diagnostic measures, control through treatment, control through prophylaxis, case-finding and case-holding, the relation of prostitution to venereal disease control, informative program among physicians, public health measures, administrative problems, qualifications of personnel, and record forms.

The states to be represented are Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, Oklahoma, North Carolina, South Carolina, Tennessee, Texas, Virginia, West Virginia, and the District of Columbia.

Surgeon General Parran will be assisted by Dr. R. A. Vonderlehr, Assistant Surgeon General, in charge of the Division of Venereal Diseases, United States Public Health Service, and state and regional leaders in venereal disease control work.—Press Release: Federal Security Agency, United States Public Health Service, Washington, February 12.

Red Plague Drops in Dixie States

Pellagra Deaths Are Down 65 Per Cent in Past Twelve Years

Washington.—Back in 1928, virtually at the peak of prosperity, health authorities of thirteen southern states reported that twenty-two persons out of every 100,000 were dying of pellagra—the merciless red plague of nutritional starvation. It was the highest recorded death rate since the disease had been discovered, and presented a challenge to social agencies.

Equally alarming, authorities found that for every human dying of it, there were thirty-five other pellagrins, suffering in varying degrees. A year before when the Mississippi River spilled over its banks and drove thousands of sick, pellagrous men, women and children from their small cabins, Red Cross workers saw the horrors of the disease. They immediately launched a campaign against it.

Dr. William DeKleine, who had been appointed temporary medical adviser of the Red Cross, was assigned to the work. After months of research, in coöperation with the United States Public Health Service, he announced that he knew of no other disease easier to prevent. He pointed out that it required no medicine, no serums, no medical treatment—only the right kind of food in adequate amounts.

Yet, the Red Cross was faced with this problem: as in other sections of the country, the disease prevailed where the economic level was very low. Thousands of families could not afford to purchase the right kind of foods in sufficient quantity. The solution came from Dr. Joseph Goldberger, of the United States Public Health Service.

His analysis of pellagra was a far cry from that which had prevailed in medical circles for years. In the early part of the century, two views were advanced as to its origin—one that it was infectious, the other that it was caused by eating deteriorated foods. Conclusions reached by Doctor Goldberger enabled Doctor DeKleine to strike at pellagra in two ways.

The first was to have Red Cross chapters distribute powdered yeast to pellagrins. The second approach was the distribution of garden seed to enable share croppers and other low-income bracket families to grow an abundance of fresh vegetables—at least for part of the year.

Since 1927, yeast has been given away by Red Cross chapters in the south at the rate of nearly 75,000 pounds annually. Four-pound packages of garden seed have been distributed at the rate of nearly 100,000 each year.

Results have been spectacular: The last reports reveal that pellagra fatalities have dropped 65 per cent since 1928. As compared with the twenty-two deaths per hundred thousand in 1928, less than eight persons in the same population group are dying today, according to Doctor DeKleine.

Yet the job is just beginning, Doctor DeKleine says. Yeast is but temporary relief from pellagra. It contains certain protective vitamins that keep potential pellagrins just above the danger line. The solution rests entirely on nutrition—adequate diet. And to meet this need, Red Cross chapters not only are distributing garden seed, but nutrition courses are being conducted in communities to teach family heads how a properly balanced meal can be planned to fit the family purse.—*Red Cross News Service.*

LETTERS

Subject: Essay Contest for High School Students: Under Sponsorship of the Committee on Public Health Education of the California Medical Association.*

COMMITTEE ON PUBLIC HEALTH EDUCATION

Frank R. Makinson, M. D., Chairman
426 Seventeenth Street,
Oakland
Karl L. Schaupp, M. D., Secretary,
490 Post Street,
San Francisco
Samuel Ayres, Jr., M. D.,
Los Angeles
Thomas A. Card, M. D.,
Riverside
Lowell S. Goin, M. D.,
Los Angeles
Junius B. Harris, M. D.,
Sacramento
Dewey R. Powell, M. D.,
Stockton
Charles A. Dukes, M. D.,
(ex officio)
Oakland

2007 Wilshire Boulevard,
Los Angeles, California,
March 25, 1940.

Dear Doctor Kress:

I am enclosing copy of a letter which I have just sent to Doctor Douglass of the State Board of Education, regarding the Essay Contest which is being sponsored by the Committee on Public Health Education.

I have received Chairman Makinson's O. K. to proceed with this matter, and you may use this letter for whatever publicity you care to in CALIFORNIA AND WESTERN MEDICINE.

The Subcommittee on Essay Contests consists of Samuel Ayres, Jr. (chairman), Los Angeles; Thomas A. Card, Riverside; Albert G. Bower, Glendale; Elmer Belt, Los Angeles; and E. Vincent Askey, Los Angeles.

I have given a copy to Mr. Ross Marshall for general publicity.

Very sincerely,

SAMUEL AYRES, JR., M. D.,
Member of Committee on Public Health Education.

* * *

(COPY)

2007 Wilshire Boulevard,
Los Angeles, California,
March 21, 1940.

Dr. Aubrey A. Douglass,
Chief of Division of Secondary Education,
State Department of Education,
Sacramento, California.

Dear Doctor Douglass:

According to your suggestion regarding publicizing the forthcoming Essay Contest, I am forwarding material for publication in the school bulletin, "California Schools," which I trust will reach you in time to be included in the April issue.

This Essay Contest is sponsored by the Committee on Public Health Education of the California Medical Association, and may be participated in by students in high schools and junior colleges in the tenth, eleventh, and twelfth grades as of the next fall term, inasmuch as the contest will not close until November 1. It was felt that it would be desirable to leave the contest open during the summer months.

The subject of this first essay is "The Rôle of the Doctor of Medicine in the Life and Health of the American Citizen." The following prizes will be awarded: First prize, $100; second prize, $50; third prize, $25; and five additional prizes of $5 each. Each of these awards will be accompanied by an appropriate certificate.

The essay should not exceed three thousand words in length. The essays should be typewritten if possible, with double spacing and ample margin, but this is not required, inasmuch as it was felt that it might exclude some students who might not have access to typewriters. As soon as the essays are finished, they may be mailed to the office of the California Medical Association, 450 Sutter Street, San Francisco, and plainly marked on the envelop, "Essay Contest." The details of judging the contest will be announced later.

Again I would like to emphasize that the students who will be eligible to participate are those who will be in the tenth, eleventh, and twelfth grades next fall, *i. e.*, who are now in the ninth, tenth, and eleventh grades. It should be emphasized that all essays must be original work, although it is expected that free use will be made of appropriate references.

In addition to this announcement, suitable general publicity will be announced about April 1, at the time of the opening of the contest.

Very sincerely,

SAMUEL AYRES, JR., M. D.,
Committee on Public Health Education.

---

* For editorial comment, see page 154.

Subject: A letter from a retired member of the California Medical Association, with enclosure of check for $45.

(COPY)

———, California,
March 25, 1940.

To the Editor:—I had intended to send a donation to the California Medical Association some time in the future, to recompense, at the usual rate, for the years I have received the JOURNAL since illness compelled me to retire permanently in 1925.

I had instructed my wife to do so if I died before sending it.

However, since your letter saying the future cost will be three dollars annually, I send in my contribution now, at that rate, for the past also.

Please do not publish my name.

Yours truly,

———

Subject: Packet Service, Library of the Medical School of the University of California.

(COPY)

UNIVERSITY OF CALIFORNIA
MEDICAL SCHOOL
THE MEDICAL CENTER
SAN FRANCISCO, CALIFORNIA

March 20, 1940.

To the Editor:—Your readers may be interested to know that the Regents of the University of California have authorized an increase in the budget of the University of California Medical Center Library in San Francisco for the purpose of maintaining a circulating periodical service of a special library service for the benefit of rural physicians throughout the State as was previously provided by the State Medical Library.

The volumes acquired by the State Medical Library during the period of its operation, 1932-1939, are on deposit at the University of California at Los Angeles and at the University of California Medical Center, San Francisco. Rural physicians throughout the State may obtain available volumes from the Medical Center Library in San Francisco and may receive regularly such specialty journals in which they may be interested. The costs of this service are merely mailing expenses.

Sincerely yours,
CHAUNCEY D. LEAKE.

Subject: Articles by Professor W. H. Manwaring in the Editorial Comment Department.

Berkeley, March 18, 1940.

To the Editor:—Permit me at this time to express my recurring pleasure in reading the articles by Professor W. H. Manwaring appearing from time to time in CALIFORNIA AND WESTERN MEDICINE. I have found them to have a thoughtful quality which is refreshing.

Very truly yours,
L. M. BOYERS, M. D.

Bank of America Building.

Subject: Official Call of Annual Session of the American Medical Association.

To the Officers, Fellows and Members of the
American Medical Association:

The ninety-first annual session of the American Medical Association will be held in New York, New York, from Monday, June 10, to Friday, June 14, 1940.

The House of Delegates will convene on Monday, June 10.

The Scientific Assembly of the Association will open with the general meeting held on Tuesday, June 11, at 8 p. m.

The various sections of the Scientific Assembly will meet Wednesday, June 12, at 9 a. m. and at 2 p. m., and subsequently according to their respective programs.

ROCK SLEYSTER,
President.
H. H. SHOULDERS,
Speaker, House of Delegates.

Attest:
OLIN WEST, *Secretary*,
Chicago, Illinois, March 25.

Subject: A Letter from a Retired Member.

San Fernando, March 18, 1940.

To the Editor:—Your letter of March 14 just received. I feel that I have been treated most generously, since I asked to be retired eight years ago. I am glad to enclose my check for $3 to cover the special subscription for CALIFORNIA AND WESTERN MEDICINE. This is a generous offer by the Association.

Doctor Shoemaker's operation on my lame feet gave me wonderful relief and after four months my patients continued to call on me and I have rendered some service almost every day. While I am in my eighty-second year and fifty-seventh year of practice, I am tempted to become a regular member again.

You are to be congratulated for the wonderful medical JOURNAL you are editing, and I wish you continued success.

With high personal regards,

Fraternally,
JOHN L. MCDANIEL, M. D.

212 Macneil Street.

Subject: Finnish Relief Fund.

Colfax, March 15, 1940.

To the Editor:—For the benefit of those who have been so kind as to contribute to the Medical Association Account of the Finnish Relief Fund, I wish to report the following condition of the account as of March 14, 1940:

Contributions received		$2,177.79
Expenses:		
Letterheads	$ 68.50	
Use of California Medical Association Addressograph	5.00	
Postage	181.00	254.50
Balance		$1,923.29

This balance of $1,923.29 will be used for Finnish relief. On behalf of Mr. Hoover, the National Chairman, and of our Medical Committee, I again express my thanks to the medical men who have made this splendid contribution possible.

Very sincerely,
ROBERT A. PEERS, M. D.

Subject: Deletion of "Lure of Medical History" Department from California and Western Medicine.

(COPY)

UNIVERSITY OF CALIFORNIA
MEDICAL SCHOOL
THE MEDICAL CENTER
SAN FRANCISCO, CALIFORNIA

March 20, 1940.

To the Editor:—For several decades CALIFORNIA AND WESTERN MEDICINE has been the leading state journal in this country. It now appears that that leadership is threatened by an economy campaign through which its size is to be curtailed by cutting the number of original articles accepted for publication, and by the elimination of the highly interesting and important "Lure of Medical History." Through its historical section published monthly in CALIFORNIA AND WESTERN MEDICINE, the California Medical Association is performing a unique service in preserving its own cultural heritage and in stimulating the interest of its members in the historical background of the profession.

Certainly it would seem that if economy is necessary in publication, wiser ways could be found than to destroy the very features for which the California Medical Association publication is significant and important. Let's maintain the prestige of CALIFORNIA AND WESTERN MEDICINE.

Sincerely yours,
CHAUNCEY D. LEAKE.

Subject: Regarding a Court Decision Concerning Sulfanilimide.

(COPY)

CHAMBERS OF
THE SUPERIOR COURT
CLEMENT L. SHINN, *Judge*

Los Angeles, March 13, 1940.

To the Editor:—In your February, 1940, issue, on page 99, there was published part of the oral opinion of the court at the conclusion of the trial of a malpractice action arising out of death resulting from treatment with sulfanilamide. The publication was with my knowledge and consent, but upon reflection it has occurred to me that it might not be out of place to call to the attention of your readers the significance, or perhaps want of significance, of a decision of this sort by a trial court.

It should be kept in mind that the facts of each case are decided upon the evidence and the record. The court considers nothing outside of the record except those matters which are of common knowledge. Ordinarily the decision of a malpractice case is in accordance with the weight of the opinion evidence. It is conceivable, therefore, that as to a given treatment the weight of the evidence in one case might compel a finding of negligence, while in another case the same treatment would be held to have been properly administered. No decision of a question of fact depending upon the opinions of experts can be accepted as a precedent.

The element of time is important also. New discoveries in medical science establish new standards. Treatments administered in one year which met the requirements of good practice at that time might be far behind the accepted standards of a year later.

The decision above referred to should not be hastily accepted as a precedent, since it is a decision upon a question of fact and not one of law.

Very truly yours,
CLEMENT L. SHINN.

Subject: Medical Corps, U.S.A.

WAR DEPARTMENT
OFFICE OF THE SURGEON GENERAL

Washington, March 7, 1940.

To the Editor:—There has been an increase in the strength and in the activity of the United States Army, with a corresponding increase in the responsibilities of its medical components. To augment the medical services necessitated thereby, officers of the Medical Corps Reserve are being placed on duty throughout the medical organization of the Army.

The number of inquiries reaching this office would seem to indicate that more information on the subject would be appreciated by the medical profession. With a view to disseminating such information, a brief résumé of the situation is inclosed. If you would publish in substance the accompanying item, you would be doing a favor for this office and for any interested physician.

JAMES E. BAYLIS, *Colonel,*
Medical Corps, Executive Officer.

* * *

(COPY)

ARMY EXPERIENCE FOR PHYSICIANS

An interesting medical corollary to the augmentation of the United States Army during 1940 and 1941 and to the planned large scale Army maneuvers during the spring and summer of 1940 is the broad medico-military experience which a great number of civilian physicians will receive. Medical Reserve officers are being used to augment the entire Army Medical Service, which includes everything from small unit installations to large station hospitals, general hospitals, and hospitals designed primarily for the treatment of specific types of cases.

Physicians under 35 years of age who are desirous of obtaining extended active duty with the Army but who do not hold Reserve commissions are being offered appointments in the Medical Corps Reserve in the grade of First Lieutenant, in order to permit them to be placed on such duty. Captains and Lieutenants are at present being offered excellent assignments throughout the continental United States, and it is hoped that authority will be granted to actually permit some officers to go to Hawaii and Panama. In addition to having a new and very busy experience in the practice of medicine, the average officer finds the pay and allowances attractive. The pay and allowances for a married First Lieutenant amount to approximately $263 a month; for a single First Lieutenant to approximately $225 a month; for a married Captain to approximately $316 a month; and for a single Captain to approximately $278 a month. In most cases the above pay and allowances would apply inasmuch as Government quarters are not usually available for officers on extended active duty. In the few instances where Government quarters are available, the amounts would be $40, $60, $60 and $80 less per month respectively. In addition, the officer is reimbursed for mileage traveled from his home to his station, and upon completion of his tour of duty is reimbursed similarly for the travel to his home.

Application for one year of active duty, or for appointment in the Medical Corps Reserve with a view to obtaining one year of active duty with the Army, should be requested at once by a letter addressed to the Commanding General of the Corps Area* wherein the physician permanently resides. In addition, the application should contain concise information regarding permanent address, temporary address, number of dependents, earliest date available for active duty, and that internship has been (or will be) completed; and it should be accompanied by a report of physical examination recorded on the Army Form W. D. A. G. O. 63, which may be obtained from any Army station. From the group of Reserve officers placed on extended active duty since August, 1939, over 25 per cent of those within the age requirements of 32 years or less for commission in the Regular Army Medical Corps found military service sufficiently to their liking to cause them to take entrance examinations for the Regular Army.

Subject: National Anti-Syphilis Committee of the American Social Hygiene Association.

March 15, 1940.

To the Editor:—Nineteen hundred and thirty-nine was an important year for the National Anti-Syphilis Campaign.

---

* Ninth Corps Area (Washington, Oregon, Idaho, Montana, Wyoming, Utah, Nevada, California), Presidio of San Francisco, San Francisco, California.

Recent figures obtained by the American Social Hygiene Association show that one in twenty people, taking the population as a whole, is infected with syphilis. The venereal diseases still far outnumber all other serious infectious diseases. The incidence of syphilis is 50 per cent greater than that of tuberculosis. Syphilis cases are thirteen times more numerous than diphtheria. Syphilis still attacks twenty-eight times as many as infantile paralysis.

In the light of these figures you may ask "What did the American Social Hygiene Association do during the past year to check the spread of syphilis and gonorrhea?"

The attached folder tells the story. "How Social Hygiene Reached Out to Millions in 1939" spotlights the activities and accomplishments of the association in the fight against syphilis during 1939.

I am taking this opportunity to suggest that you carry an account of the 1939 Social Hygiene activities in the next issue of the CALIFORNIA AND WESTERN MEDICINE.

Sincerely,
RAY LYMAN WILBUR, M. D.,
President.

* * *

Now, More Than Ever, the Health of the People of the United States Has Great Significance

Great though the gains against syphilis and gonorrhea have been during the past two years, the need not only for sustained but greater activity becomes more apparent. Now more than ever, the health of the people of the United States has great significance. Now more than ever, our people must be taught to "Guard Against Syphilis."

The American Social Hygiene Association and its National Anti-Syphilis Committee invoke your support of the "8-Point Program on 48 Fronts":

1. Tell the great masses of the people the truth about syphilis and gonorrhea—how these dangerous diseases may be avoided, how cured. Youth, the chief victim, needs more help, swiftly and directly.

2. Rally more citizens to fight syphilis and gonorrhea through group and community action. Strong voluntary organizations are needed in more than a thousand cities and towns.

3. Encourage good laws and emphasize their observance to protect the community and the family from venereal diseases and conditions favoring their spread. Although thirty states had, by June 1, 1939, outlawed syphilis in marriage and fourteen had provided serological testing of pregnant women to prevent congenital syphilis, a number of these laws need revision; and there are still many states which have no such protective measures at all.

4. Attack commercialized prostitution and quackery—two arch-accomplices of syphilis and gonorrhea.

5. Aid employers and employees to strike at syphilis and gonorrhea—roots of inefficiency and economic loss.

6. Answer thousands of questions asked in letters and interviews by victims of syphilis and gonorrhea in need of sympathetic and sound advice and assist them to find reliable aid.

7. Help parents, teachers and church leaders to provide sex education for children and youth and to offer practical preparation for marriage and parenthood.

8. Continue observations and informational service regarding official activities against syphilis and gonorrhea, weighing programs and costs with results achieved.

Syphilis and gonorrhea still are the most prevalent of the dangerous infectious diseases, far outnumbering the cases of tuberculosis, infantile paralysis, diphtheria, scarlet fever, smallpox, typhoid fever. Syphilis brings more deaths than traffic; its toll of misery and broken homes is huge; its cost to public and private purse is staggering.

Seeking your support for this "8-point program" in every state of the Union, the National Anti-Syphilis Committee draws your attention to the observation from Surgeon General Parran of the United States Public Health Service: "It is necessary to point out . . . that the money appropriated by federal, state and local governments plus the funds made available by various philanthropic and other agencies, does not yet approximate the estimates considered by medical and public health experts to be necessary for the most effective public health campaign against syphilis and gonorrhea."

The Surgeon General also stated in a coast-to-coast broadcast: "Action by governments is not sufficient to deal with problems such as this which affects the whole people. Increasingly there is needed a strong national voluntary agency through which citizen interest can make itself felt. We are fortunate in having such an agency in the American Social Hygiene Association and its National Anti-Syphilis Committee."

A fund of $500,000 is being completed for the "8-point program." Checks, inquiries, requests for literature, films, exhibits, should be addressed to American Social Hygiene Association, 50 West 50th Street, New York.

Subject: On use of title "Doctor," or its abbreviations.

STATE OF CALIFORNIA
DEPARTMENT OF
PROFESSIONAL AND VOCATIONAL STANDARDS
BOARD OF MEDICAL EXAMINERS

Sacramento, March 9, 1940.

To the Editor:—We thought perhaps readers of CALIFORNIA AND WESTERN MEDICINE might be interested in the enclosed copy of Attorney General's Opinion NS-2379, dated February 29, 1940.

Very truly yours,
C. B. PINKHAM, M. D.,
Secretary-Treasurer.

1020 N Street, Room 536.

* * *

(COPY)

STATE OF CALIFORNIA
LEGAL DEPARTMENT

San Francisco, February 29, 1940.

Charles B. Pinkham, M. D.,
Secretary-Treasurer,
Board of Medical Examiners,
1020 N Street, Sacramento, California.

Dear Sir:

In your communication of February 20, 1940, you refer to Section 2409 of the Business and Professions Code, which reads as follows:

> Unless a person licensed and authorized under this chapter or any preceding medical practice act to use the title "Doctor" or the letters or prefix "Dr.," holds a physician's and surgeon's certificate, the use of this title or these letters or prefix without further indicating the type of certificate he holds, constitutes unprofessional conduct within the meaning of this chapter.

You ask:

1. Whether the term "indicating the type of certificate he holds" means that a drugless practitioner who uses the prefix, "Dr.." must follow his name with the term "drugless practitioner"; and

2. Whether a licensed chiropodist who uses the prefix "Dr." must follow his name with the word "chiropodist."

In reply, please be advised that both of your questions are answered in the affirmative. These certificates issued to drugless practitioners and to chiropodists are defined in subdivisions (b) and (c) of Section 2135 of the Business and Professions Code as drugless practitioners' certificates and certificates to practice chiropody respectively, and if either character of licentiate uses the expression "doctor" or the prefix "Dr.," he is required to further indicate the type of certificate held by him.

Very truly yours,
EARL WARREN, *Attorney General.*
By LIONEL BROWNE, *Deputy.*

Subject: Some Verse?

Compton, March 2, 1940.

To the Editor:—I am in general critical of the attempts at humor that are characteristic of medical journals and am making no suggestions. Nevertheless, I think the following should see something of the light of day, if no more than through reading by yourself and June Harris, to whom I am sending a copy.

One of our medical staff, affectionately called "Dan'l Boone," has just been operated on for rectal fistula and abscess. G. Creswell Burns, M. D., of our medical staff, wrote him as follows:

(COPY)

Dear Dan:

I wouldn't know what kind of flowers to buy for you, so yesterday I acted on an inspiration and the following is the result. I had a little struggle with the words but finally whipped them into shape. If you don't like this, I'll send you some flowers!

THE BATTLE OF THE WEEK

"Fall in!" the Captain of the Blood Stream cried.
"Be quick! The bugs are ready for the blast;
They took him by surprise, the rats—they tried
To catch him unawares—'Come men, work fast.'"

"Where to?" the Sergeant of the Leucos yipped.
"The caudal front," the Captain blurped, and then
He muttered low, "Or is it rear?—Oh, skip it—
Perineum Highway Number 10."

So, millions of them rallied through the day.
No need for firm persuasion—"He's all right!
For Daniel's sake!" they sang and sailed away.
"Stamp out the germ invasion! Phagocyte!"

The fight was on, but Dan was not so sure
Which side was friendly to him—which was foe.
He wanted pretty much to find a cure,
For he was feeling like a so and so.

They struggled on. Great guns! And what a fuss!
Dan writhed and shouted, "Cut it out, you fools!"
He couldn't stand the germs, but then the pus
Was just as bad. "Help! Someone get the tools!"

So, cut it out they did and was Dan glad!
"He doesn't seem to like our help," the Leucos cried.
"Why, yes I do," Dan said so glum and sad,
"But listen, fellows, go away!" he sighed.

So all is calm now on the caudal front.
Dan rests in peace, all pain is gone at last.
The Army is retreating and the stunt
Put on for Dan's sweet benefit is past.

Leucocytically yours,
G. C. B.

Regards and best wishes,

Cordially,
GLENN MYERS, M. D.

Subject: Premarital Wassermann Work.

(COPY)

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
SACRAMENTO

San Francisco, March 15, 1940.

George H. Kress, M. D.,
California Medical Association,
450 Sutter Street, San Francisco, California.

Dear Doctor Kress:

I am returning the copies of papers and letters from Mr. M. Anderson Thomas, attorney at law, in reference to premarital Wassermann work.

I find that the private laboratories are now doing about 62 per cent of the tests, while the public health laboratories are doing the remainder.

Provision is made on the back of the blanks sent out for the physician to state whether the patient is indigent or not. Same is signed by the doctor, so we presume those we receive come from people who cannot afford to pay for Wassermann tests.

I have talked the matter over with Mr. Thomas and explained to him that this Department has no particular desire to do premarital Wassermanns. However, we feel it is our duty to take care of those referred to us by physicians for patients who have not the money to pay a private laboratory.

Cordially yours,
W. M. DICKIE, M. D.,
Director of Public Health.

313 State Building.

MEDICAL JURISPRUDENCE†

By HARTLEY F. PEART, ESQ.
San Francisco

Autopsies: Authorization by Next of Kin

The following questions sometimes arise in a physician's practice and in the management of hospitals:

1. Have the next of kin of a deceased person the authority to order or authorize an autopsy to be performed upon the body?

2. When difficulty is encountered in contacting the true next of kin, may such authorization be made by the next of kin within the state or vicinity?

3. Must consent always be obtained?

Although, in the United States of America, private autopsies are commonly performed at the instance of the next of kin, the writer has found no California law expressly granting to any private citizen the right to order an autopsy. In fact, taking the statutes upon their face, the law appears to give the coroner exclusive power to order autopsies, dissections, etc. To find legal provision for private authorization of autopsies, one must resort to the common law.

In England, the cradle of the modern common law, there was in legal contemplation, no ownership by anyone of the body of a deceased person. All matters pertaining to the burial of the dead from a very early date were handled by the ecclesiastical courts as distinguished from the common law courts, and, therefore, the only possible property right in the remains of a deceased person was that of the church. The repudiation of ecclesiastical law and courts by the American colonies left the temporal courts the sole protector of the dead and their living next of kin. The temporal courts of this country developed the logical rule that the right to the custody and burial of the remains of a deceased person is vested in the next of kin, and it is from this rule that authority to order private autopsies must be inferred, if such authority is to be found. Also, as the next of kin are the only ones entitled to the possession of the body, they are the only ones who can complain of an injury to the same and, therefore, it has been a general practice to proceed with the autopsy when all possible complaint from this source has been removed.

In California the statutes bearing upon the subject are as follows:

Section 7100 of the Health and Safety Code provides that unless other directions have been given by the decedent, the right to control the disposition of the remains vests in the following persons in the order named:

---

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions, and analyses of legal points and procedures of interest to the profession.

(*a*) The surviving spouse;

(*b*) The surviving child or children of the decedent;

(*c*) The surviving parent or parents of the decedent;

(*d*) The person or persons respectively in the next degree of kindred in the order named by the laws of California as entitled to succeed to the estate of the decedent.

Section 10400 of the same code provides that a medical certificate must be signed by the physician in attendance at the time of death with certain exceptions, one of which is where the attending physician is unable to state the cause of death.

Section 10425 of the same code in setting forth the duties of the coroner provides that he shall make out the death certificate in certain situations, one of which is where the attending physician is unable to state the cause of death.

Since by Section 7100, set forth above, California has designated the particular persons who are to be given the custody of the body, it may be inferred that those persons have a right to order autopsies. At least, they are the only persons who would have a legal right to complain should an autopsy be performed.

What should be done in case the next of kin in the order named in Section 7100 are out of the state or for some other reason not available? Although it might be argued that in some instances a semi-emergency would then exist, giving to the next available kin the right to order the autopsy, the code sections themselves point a safer course. Since Section 10425 provides that when the attending physician cannot state the cause of death, the coroner shall make out the death certificate, authorization should be sought from the coroner. It has been held in *Gray* vs. *Southern Pacific Company*, 21 Cal. App. (2d) 240, that a coroner, in order to enable him to ascertain the cause of death as required by Section 10425, has an implied authority to open the body.

The final question stated above, namely, "Must the consent of someone *always* be obtained?" is necessarily answered in the negative, in view of what has already been said.

It is the writer's opinion that no reliance should be placed upon the theory of emergency and that whenever possible authorization should be obtained from the coroner, even though the next of kin have consented.

Postponed Feedings After Pylorotomy.—Neither food nor water should be given to infants for about twenty-four hours after pylorotomy, an operation to correct an abnormally narrow opening of the stomach into the small intestine, Harold K. Faber, M. D., and Joseph H. Davis, M. D., San Francisco, recommend in *The Journal of the American Medical Association.*

When this principle is followed vomiting has been considerably lessened and no serious difficulties after operation have been encountered, they state.

From their investigations of ten infants the authors conclude that after pylorotomy as well as other abdominal operations the wave-like contractions (peristalsis) by which the stomach empties its contents into the intestine are inhibited for from twenty-four hours to three days. Hence the practice of giving no food or water during the first day after operation should apply to pylorotomy as well as to other abdominal operations.

They point out that today infants requiring pylorotomy rarely come to the surgeon in the state of extreme malnutrition and lack of water which was common a few years ago and which made the administration of food and fluid by mouth at the earliest possible moment seem exceptionally urgent.

DISPOSAL OF CREMATED HUMAN REMAINS

California Statutes in Regard Thereto

In compliance with a request for an opinion relative to the proper disposal of cremated human remains in California, in accordance with the provisions of the Health and Safety Code, Attorney-General Earl Warren has issued an opinion. The questions asked of the Attorney-General and his opinion covering the matter follow:

1. Is there now a limited time within which undertakers may store ashes in their own vaults?

2. Must ashes stored by undertakers in their own vaults before enactment of the Health and Safety Code be removed? If so, how soon?

3. Can cremated remains which have heretofore been removed to the private premises (home) of an individual for storage, be removed to another state or into another registration district without securing a burial or removal permit issued by local registrars of vital statistics? (Section 7055, Health and Safety Code.)

4. Can ashes (cremated) be scattered on the ocean or any other place outside the incorporated limits of a city or city and county?

5. Does Section 7054, Health and Safety Code, prohibit interment of human ashes except in a cemetery in a city or city and county?

In reply, Section 8341 of the Health and Safety Code requires the interment in a plot, of all cremated human remains not removed for interment or other disposition elsewhere within a reasonable time following cremation.

It is a codification of former Section 5 of the General Cemetery Act of 1931, which was prospective rather than retrospective in operation. Though it suggests that reduced remains of a body may only be removed for interment, which term is defined in Section 7009 of the Health and Safety Code as consisting of cremation, inurnment, entombment or burial in a cemetery (Section 7003), other provisions of the Health and Safety Code, which are in *pari materia* therewith, suggest that such a strict construction was never contemplated by the legislature.

Section 7017 of the Health and Safety Code is a codification of Section 24 of the General Cemetery Act of 1931, and defines a "temporary receiving vault" as a "vault used or intended to be used for the temporary placement of human remains." Such a vault is not required to be in a cemetery, nor does it come within the definition thereof. As this section is found in Division VII of the Health and Safety Code, which relates to "dead bodies," it indicates that the legislature recognized that cremated human remains might be temporarily placed in vaults following their reduction to ashes.

The Code does not indicate how long ashes may be stored or placed in vaults and you are therefore advised that, in lieu of any expressed limitation, persons lawfully in possession thereof, including undertakers, might keep cremated human remains for a reasonable time in contemplation of eventual disposition thereof. The questions as to what are reasonable and what are unreasonable periods of time are questions of fact which must be disposed of as they arise. It should be borne in mind that the statute can have no retrospective operation prior to 1931. What has just been stated is applicable to ashes stored after 1931 and before the enactment of the Health and Safety Code as well as to those ashes stored or kept since the effective date of said code. (September 19, 1939.)

These sections must be read together with Section 7500 of the Health and Safety Code.

The latter section permits the removal of cremated remains from a cemetery, which includes a columbarium, upon the written order of the health department having

(Continued in Back Advertising Section, Page 40)

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XIII, No. 4, April, 1915

From Some Editorial Notes:

June 21; A. M. A. Session, San Francisco; Exposition.—Remember the time—the third week in June; the week beginning Monday, June 21. On Monday the House of Delegates begins its work and on Tuesday the scientific sections begin their programs in the afternoon, the forenoon being given over to the general public session at which various addresses are made (the Governor and the Mayor have been invited to speak) and the President-Elect, who at that time becomes the President, makes his presidential address. This meeting will be held in the Columbia Theater, but all other meetings will be held in the Auditorium building at the Civic Center. For your own sake and the sake of your patients, do not, if you can possibly help it, fail to take advantage of the opportunity presented to you this year; it will never occur again. The sessions of the American Medical Association are always instructive and more than well worthwhile; you cannot fail to profit from them. And the Exposition in itself is a liberal education to anyone. . . .

* * *

Diphtheria Epidemic; Warning.—The epidemic of diphtheria in San Francisco brought forth some distinctly good things. It was made the subject of a discussion before the County Medical Society, and the School Directors, Health Board, etc., were invited to and did attend and participate. The school people wanted to know whether the medical people would advise the closing of the schools in which a number of cases had occurred, and were quite emphatically told "No"! The reasons for the "No" are well set forth in the paper read by Doctor Sawyer of the State Hygienic Laboratory, whose address is remarkable for the amount of valuable material contained in such small compass. . . .

* * *

The Cancer Problem.—A special committee of the Pennsylvania State Medical Society has been working for some time on the problem of the reduction of cancer mortality. They have hit upon a rather novel plan to secure more interest on the part of physicians and have made the suggestion that every medical journal in the country devote its July issue to the subject of cancer and to run large advertisements relating thereto. If some of our members will prepare articles on the subject of cancer, we will be glad to run them in the July issue and make further comment on the campaign to reduce the mortality from this cause. Their proposed advertisement is as follows, and we take pleasure in running it in advance—and in this place:

PHYSICIANS

Will You Help Reduce Cancer Mortality?

Seventy-five thousand people die from cancer in the United States every year.

The public is gradually becoming alive to the "Cancer Menace" and will soon demand more active efforts from us.

Are you doing all you can to diminish cancer mortality among your patients?

You can help by:

1. Always being on the watch to make an early diagnosis.
2. By insisting on proper treatment *without delay.*

(Continued in Front Advertising Section, Page 22)

---

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By Charles B. Pinkham, M. D.
Secretary-Treasurer

Board Proceedings

At a regular meeting of the Board of Medical Examiners held at Independent Foresters Hall, 1329 South Hope Street, Los Angeles, the following changes were made in the status of the various licentiates:

Boyd, Harry W., M. D. On February 26, 1940, Board's action of February 8, 1939, revoking the license of Harry W. Boyd, M. D., was annulled in accordance with a court order and certificate restored as of the date of revocation.

Camos, Eugene S., licensed Drugless Practitioner, was on February 28, 1940, placed on five years probation, during which time he shall refrain from using in any business card or newspaper advertising other than his full name, character of license which he holds, address and telephone number.

Farley, Charles W., M. D. Alleged illegal operation. License revoked February 29, 1940.

Gregg, Wendell O., M. D. On February 27, 1940, placed on probation for a term of five years, with a proviso that he cease practice on February 27, 1940, and shall not resume practice until January 1, 1941; also that he live up to and abide by the terms of the probation and all the laws of the State of California and of the United States and that he abstain entirely from the use of any alcoholic beverages during the period of this probation and that he shall not apply for or have a Federal narcotic permit nor have narcotics in his possession during the period of probation and that he report at each annual meeting of the Board in Los Angeles during the term of his probation.

Karaki, Yasuzo, M. D. Charged with conviction of a crime involving moral turpitude. License revoked February 29, 1940.

Nelson, Eugene Curry, M. D. Alleged illegal operation. February 29, 1940, license revoked.

Owens, William R., M. D. Aiding and abetting. Placed on probation February 28, 1940, for a period of five years, with the proviso that he cease practice in thirty days after the beginning of this probation for a period of six months thereafter and that he live up to and abide by all the laws of the State of California and of the United States and report at each annual meeting of the Board held in Los Angeles during the period of his probation.

Robinson, John Marshall, Jr., M. D. Alleged illegal operation. License revoked February 29, 1940.

Waitzfelder, Frederick, M. D. February 27, 1940, probation for five years, without narcotic privileges. To obey all laws and report at each Los Angeles meeting.

Weld, James C., M. D. On February 26, 1940, the Board's action of July 13, 1939, revoking the license of James C. Weld was annulled in accordance with a court order and certificate restored as of the date of revocation.

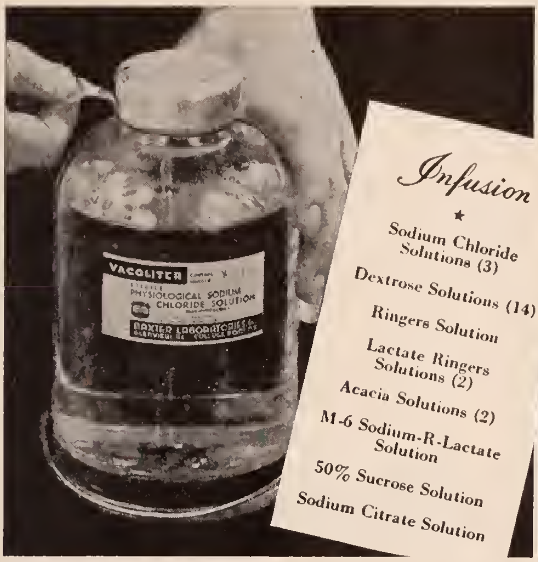
Wilson, Daniel Russell, M. D. License revoked February 29, 1940.

Zuberbier, Roxy L., M. D. Placed on probation on February 28, 1940, for a period of five years, with the proviso that she cease practice and close her office for a period of six months, beginning thirty days after the effective date of this probation, that she live up to and abide by all laws and report at each annual meeting of the Board in Los Angeles during the term of probation.

(Continued in Front Advertising Section, Page 25)

---

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6.



Infusion

★

Sodium Chloride Solutions (3)
Dextrose Solutions (14)
Ringers Solution
Lactate Ringers Solutions (2)
Acacia Solutions (2)
M-6 Sodium-R-Lactate Solution
50% Sucrose Solution
Sodium Citrate Solution

Transfusion

★

The Baxter Blood Transfusion Set

★

250, 500, 750 cc. TRANSFUSO-VACS with Sodium Citrate Solutions

★

The TRANSFUSO Donor Set

★

Needle Sets 8 and 9 with stainless steel Filterdrip

Maintaining A COMPLETE LINE

A RESPONSIBILITY OF LEADERSHIP

Concentrating in the field of Parenteral Solutions from its first pioneering days, Baxter has made available a range of dextrose and saline solutions which includes *types, percentages, and sizes* to meet every recognized professional requirement.

As new needs are indicated, Baxter promptly meets them with solutions of that chemical and commercial perfection to which its complete facilities have always been devoted.

To hospitals seeking greater efficiency, Baxter offers this wide range of Parenteral Solutions, beyond question as to quality, and available everywhere in a thoroughly satisfactory container — the exclusive VACOLITER with its positive index of vacuum.

Intimately related to Intravenous Infusion is Blood Transfusion, that new phase of Parenteral Therapy in which so many great advances are now being witnessed

In this field, Baxter pioneered with the original Baxter Blood Transfusion Set; and has continued to pioneer by developing the present widely accepted blood transfusion technique, utilizing the Baxter TRANSFUSO-VAC

With the Baxter TRANSFUSO-VAC and clot-proof Filterdrip, one operator can perform the entire sequence — Drawing, Citrating, Transporting, Storing, Filtering and Infusing — with continuous aseptic technique Professional bulletins on request.

On request, editorial bulletins describing . . . BAXTER'S Parenteral Solutions . . . the new Transfuso-Vac technique of blood transfusion.

DON BAXTER, INC.
RESEARCH AND PRODUCTION LABORATORIES
GLENDALE, CALIFORNIA

DISTRIBUTORS:

The C. A. Bischoff Surgical Co. . . . . *Oakland*
The Denver Fire Clay Co. . *Denver-Salt Lake City-El Paso*
Great Falls Drug Co. . . . . *Great Falls*
McKesson & Robbins . . . . *Billings*
Missoula Drug Company . . . . *Missoula*
Ohio Chemical & Manufacturing Co. . . . . *San Francisco*
Shaw Supply Co., Inc. . . . . *Tacoma-Seattle*
Shaw Surgical Co. . . . . *Portland*
Southwestern Surgical Supply Co. . . . . *Phoenix*
Spokane Surgical Supply Company . . . . *Spokane*

THE CALIFORNIA SANATORIUM

Fully equipped for the diagnosis and modern treatment of diseases of the chest, including tuberculosis and other respiratory diseases.

BELMONT, CALIFORNIA
Phone BElmont 100

San Francisco Office: 384 Post Street
Phone GArfield 4633
H. C. WARREN, M. D.
Medical Director

MAX ROTHSCHILD, M. D.
Founder

H. VAN HORNE, M. D.
G. F. FAIRBAIRN, M. D.
Resident Clinicians

BOYDING
VASCULAR EXERCISERS
AVAILABLE FOR RENTAL
FOR OFFICE • HOSPITAL • HOME
ANYWHERE IN THE WEST
REASONABLE RATES

Phone, Wire or Write—
BOYDING SCIENTIFIC COMPANY
1034 Ramona Avenue Berkeley, California
Phone ASHBERRY 8766

St. Luke's Hospital
SAN FRANCISCO
A Limited General Hospital of 200 Beds

▼

Executive Committee
HAROLD P. HILL, M.D., *Chairman*
ALANSON WEEKS, M.D.
W. G. MOORE, M.D.
GEORGE D. LYMAN, M.D.

HOWARD H. JOHNSON, M.D.
Medical Director

KENNETH MONTEAGLE, *President*

▼

Fully approved by the American College of Surgeons and the American Medical Association for Resident and Intern Training.

Limited Facilities for Part-Pay Treatment

BOARD OF MEDICAL EXAMINERS

(Continued from Front Advertising Section, Page 30)

word 'chiropodists'." (San Francisco *Chronicle*, March 2, 1940.)

"A survey made in 1938 and 1939, under the auspices of the United States Public Health Service by the American Social Hygiene Association involved the study of drug store practices in relation to venereal diseases in thirty-five cities, located in twenty-six different states. The investigator made contact with 1,151 drug stores, telling the story of the first symptoms of gonorrhea. . . . The story always was told as if it affected some third person. . . . Only 7 per cent of the druggists refused to make any attempt to diagnose a disease or to sell a remedy. . . . In residential areas 50 per cent of the managers of drug stores offered to diagnose the disease and sell remedies, and in slum areas 77 per cent were guilty of such practices. Thirty different preparations were recommended by the druggists—some of them recognized drugs. But in every instance the recognized drugs were powerful preparations capable of doing great harm when taken without the proper control of dosage. . . ." (Sacramento *Bee*, February 21, 1940.)

"The conviction of George H. Parchen of San Diego on charges of second degree murder was affirmed yesterday by the fourth district court of appeal at Fresno, the United Press reported. Parchen, a chiropractor, was convicted with his brother, Frank M. Parchen, after the death of Mrs. Martha Wilma Anderson, 16, May 5, 1939. . . ." (San Diego *Union*, February 8, 1940.) (Previous entries, De-

(Continued on Page 36)

●

VITAMIN B_6

A RECENTLY IDENTIFIED COMPONENT OF THE VITAMIN B COMPLEX

● During the past few years, brilliant research made possible the resolution of the vitamin B complex into various components, including thiamin, riboflavin and nicotinic acid (P-P factor). The essential characters of these factors in human nutrition are, of course, clearly recognized. Within the past two years another component of the complex, namely, vitamin B_6, has been identified. At the present time, it appears very probable that this vitamin is also necessary for the human.

Vitamin B_6 has been designated biologically as, "that part of the vitamin B complex which is responsible for the cure of a specific dermatitis developed by young rats on the vitamin-free diet supplemented with Vitamin B_1 and lactoflavin" (1). The isolation in crystalline form, chemical identification and synthesis of vitamin B_6 have already been accomplished (2, 3). Chemically, vitamin B_6 is 2-methyl, 3-hydroxy, 4,5-dihydroxymethyl pyridine. The free base melts at 160°C. and is apparently stable at elevated temperatures.

A recent medical report (4) suggests that vitamin B_6 may be an essential component of the human diet. In one small group of persons it was observed that certain neurological symptoms, which did not respond to treatment with nicotinic acid, riboflavin and thiamin, were distinctly alleviated by the administration of pure synthetic vitamin B_6. This observation is strongly indicative of the importance of vitamin B_6 in human nutrition, and further emphasizes the importance of a varied diet for supplying all nutrients required by the human being.

The distribution of vitamin B_6 in food products has not yet been extensively investigated. However, vitamin B_6 activity has been observed in a variety of natural food materials (5). Hence, it appears that we should continue to rely upon a varied diet to supply our requirements for all components of the vitamin B complex, vitamin B_6 included. The high heat stability of this new vitamin suggests that many foods which commercial canning makes readily available during all seasons of the year may prove to be valuable sources of vitamin B_6, whose essential character in human nutrition seems strongly indicated at this time.

AMERICAN CAN COMPANY

230 Park Avenue, New York, N. Y.

(1) 1939. The Vitamins, pages 127-140, American Medical Assn., Chicago.

(2) a. 1938. Proc. Soc. Exptl. Biol. Med. 38, 64.
b. 1938. J. Am. Chem. Soc. 60, 1267.
c. 1939. Ibid. 61, 1237.
d. 1939. Ibid. 61, 1242.

(3) 1939. J. Am. Chem. Soc. 61, 1245.

(4) 1939. Am. Med. Assoc. 112, 2414.

(5) a. 1936. Missouri Agric. Expt. Sta. Research Bull. No. 241.
b. 1938. Biochem. J. 32, 708.
c. 1938. Indian. J. Med. Res. 25, 879.

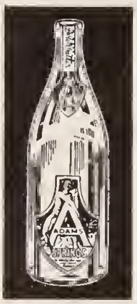
We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the fifty-eighth in a series, which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

Approved for . . .
PSYCHIATRIC ●
NEURASTHENIC
ADDICTION CASES
CALL MARKET 9024
HEMLOCK 6326
● KEVIN McGETTIGAN
MANAGER

PARK SANITARIUM 1500 PAGE ST.
SAN FRANCISCO.

For Acidity and Allied Conditions, we suggest ADAMS SPRINGS MINERAL WATER



● MANY physicians recommend the water in conjunction with the treatment of stomach, liver and kidney trouble.

ADAMS MINERAL SPRINGS is one of the seven known iron and maganese bi-carbonate springs in the world, and the only one in Western America.

It is not a cure-all, but it overcomes acid excesses in the body, and is a very mild but wonderfully effective eliminator. The bowels function without spasm, the kidney output is greatly increased, and there is *marked* drainage of bile from the gall bladder and liver.

There is also some constitutional upset for a few days, particularly in gall bladder cases. But this is soon over and your patient begins to show improvement and is now in condition to profit by any medication you may prescribe. If the case is an operative one, you have improved your patient and made of him a better risk.

We will be pleased to cooperate in any way whatever, and samples of water are yours for the asking.

A Natural Mineral Water
SHOWING MAIN CONSTITUENTS
By PROF. SYDNEY A. TIBBETTS, *Berkeley*

MANGANESE	1.3 parts per million
IRON	12.5 parts per million
CALCIUM	173.3 parts per million
MAGNESIA	339.3 parts per million
SODIUM	365.0 parts per million
SILICA	93.0 parts per million
CHLORINE	38.3 parts per million
SULPHATE	16.1 parts per million
NITRATE	0 parts per million
PHOSPHATE	.7 parts per million
CARBONATE	1551.4 parts per million
TOTAL	2591.4 parts per million

For further information write W. R. PRATHER, D. D. S.
ADAMS SPRINGS, LAKE COUNTY, CALIFORNIA

Steam heated hotel, open all year around.

3000 feet up in the Lake County Pines.

(Since 1870)

BOARD OF MEDICAL EXAMINERS

(Continued from Page 34)

cember, 1933; October, 1934; January and April, 1935; April, 1938; July, August and September, 1939.)

"Mrs. Inez Burns, wife of a former assemblyman, yesterday reversed her former stand and, before Federal Judge Harold Louderback, pleaded guilty to defrauding the Government of $10,000 income tax in 1934 or 1935. But still she coyly refused to tell how she got all that income. . . . So Mrs. Burns, who was arrested in 1938 under the name of Inez Brown, tried and dismissed on illegal operation charges, was referred by the judge to Probation Officer Charles H. Upton—not for probation, but to bring her record to light. . . ." (San Francisco *Examiner,* February 14, 1940.) (Previous entries, July, 1938; December, 1939.)

"F. E. Risdon, 7207 Seville Avenue, Huntington Park, Friday had been named in a complaint filed in the local justice court and had been charged with violation of the Business and Professions Code of California. Risdon was named along with the Los Angeles College of Massage and Physiotherapy, 300 North Harvard Boulevard, Los Angeles, in a complaint which alleged practicing a system of treating the sick without having a certificate from the Board of Medical Examiners." (Huntington Park *Signal,* February 16, 1940.)

"A writ of mandate ordering the State Board of Medical Examiners to reinstate Dr. John Henry Becker of Banning in full standing as a practicing physician and surgeon was issued on order of Superior Judge F. A. Leonard of San Bernardino County today. Judge Leonard, who heard the matter locally, has taken the matter under submission. The state board had revoked Doctor Becker's license to practice on allegations of unprofessional practice in relation to a case involving a woman patient. . . ." (Riverside *Enterprise,* February 22, 1940.) Appeal has been filed, according to information received from Deputy Attorney General Paul McCormick.

"Dr. Rutherford B. Irones, former San Diego mayor who last year was cleared on a charge of assault with a deadly weapon, was arrested Saturday night and booked at city jail on charges of assault and battery. He was released an hour later by court order. Thomas Hays, patrolman, said he was called to a hotel at 226 B Street by the proprietors, Mr. and Mrs. W. L. Jaynes. When he arrived at the hotel, Hays said, Jaynes told him Irones had struck him several

(Continued on Page 38)

A BARRY TRADITION

that continues to save time and money for customers

» » In this age of "production line" printing speed, we have never forgotten that the best basis for a business transaction is *personal interest* in your order. Sixty years ago the founders of our company understood how to serve well and they passed along their knowledge from generation to generation.

Though today you visit our large and streamlined plant—and see the last word in type specimen catalogs, type composition machines, modern presses, stock seasoners, folding and binding machines, and distribution facilities—though all is a brilliant reflection of modernity, you still cannot escape the warmth of personal interest that surrounds our efforts to give you satisfaction in printing.

Every job is the most important job to us. We earnestly solicit your printing business on that one best basis. We ask you to counsel with us on your future printing requirements and we pledge you that the Barry tradition of personal interest will protect your printing investment.

▼ ▼ ▼

The James H. Barry Company

1879-1940
SIXTY-ONE YEARS OF PRINTING PROGRESS

170 South Van Ness Avenue, San Francisco
Underhill 7780

Las Encinas Sanitarium . . . Pasadena, California
INTERNAL MEDICINE INCLUDING NERVOUS DISEASES
Board of Directors: GEORGE DOCK, M. D., *President;* W. JARVIS BARLOW, M. D.; SAMUEL D. INGHAM, M. D.
Address: STEPHEN SMITH, M. D., F. A. C. P.; CHARLES W. THOMPSON, M. D., F. A. C. P.
MEDICAL DIRECTORS, PASADENA. CALIFORNIA

Medical Placement Bureau
(AGENCY)
SPECIALIZING IN
Trained Medical Personnel
FOR HOSPITALS, LABORATORIES, MEDICAL AND DENTAL OFFICES
291 Geary Street *San Francisco* YUkon 2484

OUR FRIENDLY CHALLENGE

In your files are doubtless many Audiograms of patients who have not been able to obtain satisfaction from the application of a Hearing Aid—particularly persons with a severe nerve type of deafness. You are cordially invited to send these persons to us for a scientific fitting of the new

Crystalic (VACUUM TUBE) Acousticon

Consultation is private—and entails no charge or obligation. We will gladly prepare an Audiogram for any patient for whom you request such service—showing his hearing range WITHOUT and also the increased range WITH the CRYSTALIC ACOUSTICON.

ACOUSTICON
705 Foreman Bldg. LOS ANGELES
457 Powell Street SAN FRANCISCO
Acousticon is accepted by the Council on Physical Therapy of the American Medical Association.

BOARD OF MEDICAL EXAMINERS

(Continued from Page 38)

times after an argument and had threatened to strike his wife. Hays said Jaynes explained he expelled a young woman from the hotel earlier in the evening and that the woman was an employee of Dr. Irones. Hays said Jaynes told him the physician later went to the hotel, started an argument and struck him." (San Diego *Union,* February 26, 1940.) (Previous entries March and April, 1935; August and September, 1939.)

Report of our investigation department relates that the Orange County sheriff's office is in search of an individual named George Winfield Fair, who was reported a guest at Hotel Richelieu, San Francisco, the latter part of October, 1939, where he assertedly posed as a physician, as he assertedly did in Santa Ana and Long Beach, where reports indicate he was arrested in 1930.

Reports relate that an individual named Philip Joseph Steinman was on February 16, 1940, found guilty of furnishing incorrect information on narcotic prescriptions in the Oakland police court and on February 20 was sentenced to serve fifty days on each of the two counts, sentences to run consecutively. No such individual is licensed under jurisdiction of the Board of Medical Examiners. A sample case found in Steinman's possession at the time of his arrest was recently delivered to the owner, E. S. Miller, Los Angeles chemist.

Newspaper items indicate that Archibald E. Amsbaugh, M. D., who on June 29, 1938, was placed on five years probation by the Board of Medical Examiners, has recently been involved in a narcotic case at Redwood City.

The records show that on February 21, 1940, Julius A. Ronkin, operating the Phoenix Drug Store, 5800 Geary Street, San Francisco, was found guilty, following his arrest on a charge of counter prescribing for gonorrhea. On February 24, 1940, he was sentenced to six months in the county jail and to pay a fine of $100, being placed on probation for a period of two years. All but five days of the jail sentence was suspended because of defendant's age and $50 of the fine remitted, he having been ordered to pay the balance of $50 at the rate of $10 per month to the probation office.

The State Board of Pharmacy is coöperating with the State Department of Public Health, Department of Communicable Diseases, by issuing a gold certificate, which when signed by a druggist in this State asserts that the said individual is coöperating with the United States Public Health Service, the State Department of Public Health, the local health authorities and the State Board of Pharmacy, further relating: "This store will not sell medicines for the self-treatment of venereal diseases, except on an

PATRONIZE
YOUR
ADVERTISERS

GIVE THEM
PREFERENCE
IN PLACING
YOUR ORDERS

*Your Coöperation
Solicited*

**St. Mary's
Hospital**

2200 Hayes Street
SAN FRANCISCO, CALIFORNIA

▼

***Conducted by
Sisters of Mercy***

▼

Accredited by the American Medical Association and Approved by the American College of Surgeons. Open to all members of the California Medical Association. Accredited School of Nursing and Out-Patient Department.

order of a physician's prescription. This store will refer all patients to a physician or to a health clinic." Those who do not coöperate or abide by their pledges will lay themselves open for prosecution.

DISPOSAL OF CREMATED HUMAN REMAINS

(Continued from Text Page 201)

jurisdiction or of the superior court of the county in which the cemetery is situated. This section requires any person who removes any cremated remains from a cemetery to keep and maintain a true and correct record showing:

1. The date such remains were removed;

2. The name and age of the person removed, when these particulars can be conveniently obtained, and the place to which the remains were removed;

3. The cemetery and the plot therein in which such remains were *buried*.

The remainder of such section requires a record to be kept of any disposition of the cremated remains other than by interment. This latter requirement must be read as a qualification of the third provision above noted. That is to say, that if the cremated remains are not buried in a plot in a cemetery, the person otherwise disposing of the same must keep a record of the method, manner and place of disposition thereof. Such person, according to the same section, must deliver to the cemetery authority operating the cemetery from which the remains were removed, a true, full and complete copy of such record.

What has hereinbefore been stated disposes of the second question asked by you.

Your third question as to whether cremated remains may hereafter be removed from private premises into another state or registration district without securing a removal permit is answered in the negative. This requirement is statistical in character and has for its purpose the location or tracing of a body to its last resting place or ashes to the place of their final disposition. It has no bearing on the protection of the public or of public welfare, save as indicated.

Whether cremated ashes may be scattered on the ocean or in unincorporated areas presents a question to which we have given great consideration.

The subject of cremation was considered by the Supreme Court of this state in *Abbey Land and Improvement Co. et al.* vs. *The County of San Mateo et al.*, 167 Cal. 434. There Mr. Justice Shaw said:

"The practice of cremation has been revived in civilized communities in comparatively recent times, and it is advocated mainly on the ground that it is safer for the living, more sanitary, than ordinary burial in a cemetery. (7 Ency. Brit., 11 ed. 403, article on 'Cremation.') The practice has become general, and crematories are now so common in many of the larger cities of the United States that the courts may take judicial notice of the usual method of operation. The corpse is placed in a crucible, entirely closed except the necessary vents for the escape of gases, and there subjected to intense heat, whereby, in a few hours, at most, it is entirely consumed, or reduced to ashes. The resulting gases are necessarily free from disease germs. . . ."

"By means of cremation a human body is reduced in the space of an hour into harmless gases and a small amount of clear white ash." (Report of Cremation Society of England, 1909, page 7.)

"When all is over, nothing remains but a few fragments of calcined bones and delicate white ashes perfectly pure

(Continued on Next Page)

LIVERMORE SANITARIUM

• The Hydropathic Department devoted to the treatment of general diseases excluding surgical and acute infectious cases. Special attention given functional and organic nervous diseases. A well equipped clinical laboratory and modern X-ray Department are in use for diagnosis.

• The Cottage Department (for mental patients) has its own facilities for hydropathic and other treatments. It consists of small cottages with homelike surroundings, permitting the segregation of patients in accordance with the type of psychosis. Also bungalows for individual patients, offering the highest class of accommodation with privacy and comfort.

GENERAL FEATURES

1. Climatic advantages not excelled in United States. Beautiful grounds and attractive surrounding country.
2. Indoor and outdoor gymnastics under the charge of an athletic director. An excellent Occupational Department.
3. A resident medical staff. A large and well trained nursing staff so that each patient is given careful individual attention.

Information and circulars upon request

Address: CLIFFORD W. MACK, M. D.
Medical Director
LIVERMORE, CALIFORNIA
Telephone 313

CITY OFFICES:

SAN FRANCISCO
450 Sutter Street
DOuglas 3824

OAKLAND
1624 Franklin Street
GLencourt 5989

Telephone
MAYFAIR 321

ALUM ROCK SANATORIUM
FOR DISEASES OF THE CHEST
SAN JOSE, CALIFORNIA

A small select sanatorium for the treatment of Tuberculosis and other chest diseases.

Each patient receives individual study and care. The referring physician receives regular clinical reports.

Climate is ideal. Located at 1,000 ft. elevation, 6 miles east of San Jose, overlooking the Santa Clara Valley. A folder will be sent on request.

Resident Staff:
Buford H. Wardrip, M.D., San Jose
Supt. and Medical Director

Visiting Staff:
Philip King Brown, M.D., San Francisco
Harold Guyon Trimble, M.D., Oakland
Cabot Brown, M.D., San Francisco
J. Lloyd Eaton, M.D., Oakland

DISPOSAL OF CREMATED HUMAN REMAINS

(Continued from Preceding Page)

and odorless." (Augustus G. Cobb in Earth, Burial and Cremation, Putman, 1892, page 111.)

From the above it is evident that cremated human remains are no different from any other ashes or reduced remains, except in so far as the known presence thereof might be distasteful to and affect the peace of mind or tranquillity of living members of society.

There is no section of the Health and Safety Code which directly prohibits the deposit, disposal, or scattering of cremated human remains in unincorporated areas or in the sea.

Section 7054 of said code, however, reads as follows:

"Every person who deposits or disposes of human remains, in any place within the corporate limits of any city, or city and county, except in a cemetery, is guilty of a misdemeanor."

This section has its apparent counterpart in former Penal Code Section 297, which was enacted in 1874, and reads as follows:

"Every person who shall bury or inter, or cause to be buried or interred, the dead body of any human being, or any human remains, in any place within the corporate limits of any city or town in this state, or within the corporate limits of the city and county of San Francisco, except in a cemetery, or place of burial now existing under the laws of this state, and in which interments have been made, or that is now or may hereafter be established or organized by the board of supervisors of the county, or city and county, in which such city or town, or city and county is situate, shall be guilty of a misdemeanor."

SERVING EYE PHYSICIANS ℞

means more than accurate dispensing

It means: dealing in instruments of *all* manufacturers; pre-testing each new optical product of *every* manufacturer; operating a fundus photography service, an instrument design and repair shop; extending many little extra courtesies to your patients. On the basis of this conception of Service, we invite your referrals.

Jenkel - Davidson Optical Company

MAIN STORE: 366 POST STREET, SAN FRANCISCO

ALSO: SACRAMENTO · OAKLAND · BERKELEY · ALAMEDA
BURLINGAME · PALO ALTO · SAN JOSE

When enacted, it referred to dead bodies and not to ashes or cremated remains. It was only of recent years that cremation has been accorded secular countenance. (*Reg.* vs. *Price,* 12 O. B. 247, 8 Eng. Rul. Cas. 467; *Abbey Land Co.* vs. *San Mateo Co., supra*; Jackson, The Law of Cadavers (1936), p. 68.) In addition, we know of our own knowledge that cremation was not in general use in the year 1874 in California, and hence cannot be assumed to have been in the minds of the legislature at the time of the enactment of said section.

We would hence have no trouble construing the expression "human remains" as used in Section 7054 of the Health and Safety Code in the same way as the same expression would be construed in Section 297 of the Penal Code, were it not for the fact that Section 7001 of the codification provides that "human remains" include "cremated remains."

The Supreme Court has said the legislature is clothed with power in enacting laws to determine what measures are necessary for the promotion of the general welfare. We must, hence, conclude Section 7054 of the Health and Safety Code was deemed necessary by the latter body. The case entitled *Matter of Miller,* 162 Cal. 687, suggests a legislative determination must not be set aside or disregarded unless it is clearly and palpably wrong and the error appears beyond reasonable doubt from facts or evidence which cannot be controverted.

However, our construction must be consistent with other sections of the Code permitting the retention of human ashes in temporary receiving vaults and the disposition of ashes in the manner permitted by Sections 7055 and 7500 of the Health and Safety Code.

The latter sections impliedly permit the scattering of ashes.

Section 7054 does not prohibit the temporary keeping, within the corporate limits of a city and county, of ashes for eventual disposition, or scattering.

We do not think the legislature intended to grant a privilege in one breath and take it away in the next, nor do we believe such a temporary keeping constitutes that character of depositing or disposing which the legislature had in mind when it adopted Health and Safety Code Section 7054.

We must assume the legislature considered such things as the climatic conditions existent throughout this state and elsewhere at various seasons of the year and recognized the impracticability of requiring the immediate and permanent disposition of human ashes.

It is the duty and obligation of this office to adopt constructions which will harmonize enactments with the consti-

(Continued on Next Page)

Bequest Forms: Unto the California Medical Association*

FORM OF CLAUSE OF WILL PROVIDING FOR CASH BEQUEST

I hereby give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California, the sum of $——— to be known as the ——— Gift, to be used and expended by said corporation for scientific, educational, or hospital purposes.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR CASH BEQUEST

I give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California, the sum of $———, to be held as a fund, to be known as the [here insert name desired] Fund, the principal whereof shall from time to time be invested to the best advantage compatible with safety, and the income whereof shall be used and applied for scientific, educational, or hospital purposes.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR BEQUEST OF PERSONAL PROPERTY

I give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California [here describe the property], the same, or the proceeds thereof, to be held as a perpetual fund, to be known as the [here insert name desired] Fund, the income whereof shall be used and applied for scientific, educational, or hospital purposes. The said corporation shall have the power to sell said property and to invest and reinvest the proceeds arising from the sale thereof from time to time as it may deem advisable for the purpose of producing as large an income as may be compatible with safety.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR DEVISE OF REAL PROPERTY

I give and devise unto Trustees Of The California Medical Association, a nonprofit corporation of California, to aid and further its scientific, educational, and hospital purposes, and to be known as the ——— Gift, the following described real property situate in the County of ———, State of California, and more particularly described as follows, to wit:

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR DEVISE OF REAL PROPERTY

I give and devise unto Trustees Of The California Medical Association, a nonprofit corporation of California [here describe the property], the same, or the proceeds thereof, to be held as a perpetual fund, to be known as the [here insert name desired] Fund, the income whereof shall be used for and applied to the support and maintenance of scientific, educational, or hospital purposes. The said corporation shall have the power to sell said property and to invest and reinvest the proceeds arising from the sale thereof from time to time as it may deem advisable for the purpose of producing as large as income as may be compatible with safety.

---

* These Bequest Forms were discussed editorially in CALIFORNIA AND WESTERN MEDICINE, for March, 1936, p. 145, and June, 1936, p. 460.

RESULTS IN CHEMOTHERAPY

are proportional to the concentration of chemical in the blood.

SULFANILAMIDE
AND
SULFAPYRIDINE

Determinations in Blood and Urine

ZERA E. BOLIN, M.D.
Pathologist
490 POST STREET
EXbrook 7600 MOntrose 2105
SAN FRANCISCO

(Approved by San Francisco County Medical Society, California State Board of Health and American Medical Association)

24-HOUR SERVICE . . . . PHONE MARKET 2100

Easier for You

BANKING BY MAIL

For your own convenience, why don't you use our Bank-by-Mail Service? It's the simplest and easiest way to handle most banking details for your business and yourself. Overnight service to most points in California, and always as handy as the nearest mailbox. We invite you to open an account with us today, by mail.

CROCKER FIRST NATIONAL BANK
OF SAN FRANCISCO
California's Oldest National Bank
Member Federal Deposit Insurance Corporation

DISPOSAL OF CREMATED HUMAN REMAINS

(Continued from Preceding Page)

tutional limitations upon legislative power (*Wines* vs. *Garrison,* 190 Cal. 650), and will not result in either absurdities or inconsistencies. (*Carpy* vs. *Dowdell,* 129 Cal. 244).

So construed, you are advised that ashes or cremated human remains may be obtained by those entitled thereto and temporarily kept for permitted eventual disposition—even though so kept in an incorporated city or city and county.

Your fifth query is one that should properly be referred to the courts rather than be the subject of an opinion by this office. There is a serious question as to whether the permanent deposit of human ashes may be permitted in a crematorium, columbarium or cemetery located within the corporate limits of a city and prohibited elsewhere in the said city. We are informed certain recognized religious groups practice as part of their faith the deposit of their ashes after death in churches, temples, and tabernacles. Also, that the denial of such privilege is repellent to their religious views.

It is recommended that a court decision be secured by any interested parties on the last discussed question.

Drug Store "Back Counter Prescribing."*—Venereal disease quackery is on the increase and today constitutes one of the major obstacles to the public health control of syphilis and gonorrhea, officers of the U. S. Public Health Service stated recently in a nation-wide NBC broadcast.

Drug store "back counter prescribing" has increased substantially during the past several years. Many different "patent remedies"—produced both locally and on a national scale—are on the market and sold in large volume. There is indication that the sales curve has been rising during the past six or eight years.

Large numbers of unethical practitioners—"men's specialists," herbalists, mail order experts — are active, although quack advertising has apparently decreased in volume.

More persons evidently are going to drug stores and quacks for diagnosis and treatment of venereal disease than are going to reputable physicians. Exploitation of persons who are—or think they are—sick with gonorrhea or syphilis runs into tens of millions of dollars annually.

These trends were reported today in a survey conducted by the American Social Hygiene Association in cooperation with the United States Public Health Service ("Illegal and Unethical Practices in the Diagnosis and Treatment of Syphilis and Gonorrhea," by Mary S. Edwards, Statistician, and Paul M. Kinsie, Chief of Field Study of the American Social Hygiene Association; published in the January, 1940, issue of *Venereal Disease Information* of the Public Health Service).

Personal interviews by trained investigators posing as "friends" of presumably infected persons were carried on in 1,151 drug stores in thirty-five cities in twenty-six states. Sixty-two per cent of the drug stores visited diagnosed the diseases and offered to sell remedies for alleged syphilis or gonorrhea, especially the latter. Thirty-one per cent did not attempt to diagnose, but stocked and were willing to sell bottled remedies, especially when asked for them by name. About half of those who sold remedies urged the inquirer to see a doctor. Only 7 per cent of the entire number refused to diagnose or sell remedies.

---

* Press release from the Federal Security Agency, U. S. Public Health Service, Washington.

SAINT FRANCIS HOSPITAL

A General Hospital With Accommodations for Three Hundred Patients

And Operating THE MEDICAL BUILDING, 909 Hyde Street

Tenancy Restricted to the Medical and Dental Professions

DIRECTORS

T. H. O'CONNOR, M. D.
W. B. COFFEY, M. D.
THOS. E. SHUMATE, M. D.
C. R. BRICCA, M. D.
CARL L. HOAG, M. D.
R. H. KISTLER, M. D.
Superintendent, V. W. OLNEY
JAMES H. O'CONNOR, M. D.
C. A. WALKER, M. D.
C. P. THOMPSON, M. D.
GEORGE W. PIERCE, M. D.

Address Communications

SAINT FRANCIS HOSPITAL

Bush and Hyde Streets *Telephone* PROSPECT 4321 San Francisco

The Alexander Sanatorium, Inc.

BELMONT, CALIFORNIA

Ideal climate, only 45 minutes from San Francisco, nestled in the beautiful hills of Belmont. Modern buildings surrounded by gorgeous gardens. Homelike accommodations. Every essential for the treatment of patients requiring rest provided.

Specializing in the treatment of nervous, mental, and debilitating states. Specially equipped for metrazol and insulin therapy.

MRS. ANNETTE ALEXANDER, *President* *Telephone* Belmont 40

About thirty different preparations were found to be generally available as remedies throughout the nation. Only three or four were recognized drugs, the remainder consisting of completely worthless mixtures as far as any effect on syphilis or gonorrhea was concerned. Mixtures made from such ingredients as boric acid, berberin, glycerin, etc., of only a few cents value are sold at prices ranging from $1 to $3 a bottle.

A similar survey of counter prescribing was made in 1933, and comparison of data indicates a rise in illegal practices. In 1933, 51 per cent of drug-store clerks interviewed were counter-prescribing; in 1939, 62 per cent. In 1933, 17.5 per cent did not diagnose but would sell remedies on request; in 1939, 31 per cent fell in this group. In 1933, 32 per cent refused to diagnose or sell remedies; in 1939, only 7 per cent.

"Since quackery, like bootlegging, is an undercover racket, it is difficult to measure in volume," the authors point out. They report, however, extensive advertising by quack doctors in local dailies, the foreign language and Negro press, and in pulp periodicals. Advertising, however, seems to be less extensive than ten years ago.

In eighteen cities no advertising specialists were found in the time allotted to study. In seventeen of the thirty-five cities, forty-four advertising "men's specialists" were found, and forty-eight herbalists. All of the former and thirty six of the latter were personally visited by investigators posing as patients.

"It was the opinion of these observers," the survey states, "that people today are not as gullible as in former years in regard to the extravagant claims of street guides and handbills. In their actual ignorance, however, they are in great numbers attracted into pretentious looking offices equipped with all sorts of electrical devices in which a dignified staff offers free consultation service and x-ray diagnosis for $1 and $2.

"The patient's ailment, real or imaginary, seems of secondary importance. The substance of the first question is generally, 'How much can you pay?' however guarded the language. Discreet inquiries are made relative to the patient's earnings, and tentatively a monthly fee is mentioned.

"One quack in a western city said bluntly: 'If I told you I'd cure you for $300, could you pay it? Have you got that much? Could you raise it? Well, why ask a foolish question? You say you make $100 a month. You pay me $30 each month and I'll tell you when I think you are cured.' "

Inquiries were made of 1,156 "men on the street" for advice about what to do for a genereal disease. "Treat yourself" or "Go to the drug store," was the advice of 65 per cent. Only 31 per cent suggested going to a physician or clinic, and 3 per cent didn't know what to do. A comparable study in 1933 of 2,175 individuals revealed less "bad advice"; 57 per cent, more good advice; almost 40 per cent, about the same ignorance.

"Obviously," the authors conclude, "a huge educational task yet remains to teach the general public not only the facts about syphilis and gonorrhea, but also the necessity of seeking qualified medical care."

Advertising "specialists" and herbalists were not only visited personally, but letters were written to them by an investigator posing as a patient with symptoms suggestive of syphilis or gonorrhea. In every case a prompt reply offered a remedy at prices ranging from $1.00 to $15, or a "course" of treatment, usually for a higher figure.

The 1933 survey queried 5,300 druggists to determine how many persons applied for venereal disease remedies.

(Continued on Next Page)

Colfax School for the Tuberculous

COLFAX, CALIFORNIA

There are two units, The Colfax Hospital and the Bushnell Sanatorium, for the treatment of Pulmonary Tuberculosis.

The Colfax School for the Tuberculous is located in the pine clad Sierra Nevada foothills, at an elevation of 2,400 feet; an elevation free from the fogs of the valleys and free from extremes of heat or cold.

This Institution supplies, among other advantages:

1. Individual care and supervision under skilled physicians.
2. Education as to the essentials of recovery from, and the prevention of the spread of, disease.
3. Complete laboratory and x-ray equipment.
4. Every proved method of treatment, including pneumothorax and phrenic nerve interruption. (Major thoracic surgery referred to skilled thoracic surgeons.)
5. An absence of institutional atmosphere.
6. Reasonable rates.

For further information write

ROBERT A. PEERS, M. D.
Medical Director
COLFAX, CALIFORNIA

F. LYNN SMITH, M.D.
Associate Medical Director

R. C. ATKINSON, M.D.
Consultant, General Surgery

EMILE HOLMAN, M.D.
(Stanford Hospital), Consultant, Thoracic Surgery

COMPTON SANITARIUM
(For Mental Illness)
LAS CAMPANAS HOSPITAL
(A General Hospital)
COMPTON, CALIF.
1052 West 6th Street Los Angeles
Telephone MIchigan 3454
GLENN MYERS, M.D. • PHILIP J. CUNNANE, M.D.
Medical Directors
RESIDENT MEDICAL STAFF
G. Creswell Burns, M. D. Russell Johnson, M. D.
Helen Rislow Burns, M. D. Robert M. Newhouse, M. D.
Byron L. Stewart, M. D.
APPROVED BY AMERICAN COLLEGE OF SURGEONS

(Continued from Preceding Page)

On the basis of this sample, it was estimated that 700,000 persons believing themselves to have syphilis, and 4,200,000 with possible gonorrhea, inquired at drug stores. This compares with estimates showing that about one million persons with old and new cases of syphilis go to doctors for treatment each year for the first time, and about 1,600,000 persons with gonorrhea seek treatment for the first time each year.

"If five million infected persons," the report points out, "apply at drug stores annually, if nearly every city supports a number of quacks and charlatans with business prosperous enough to pay for a tremendous volume of advertising in newspapers and magazines, if despite court judgments against them manufacturers can still make and sell over long periods of years a multitude of bottled "remedies," these indications alone point to a huge bill paid by the sick public for a cruel and dangerous racket. That this figure must amount to tens of millions of dollars is certain."

Three lines of remedial action are suggested:

1. Suppression of the quack druggist and continued information for all druggists, through schools of pharmacy, pharmaceutical associations, and trade and professional journals.

2. Eradication of quackery—both the unethical practitioner who directly dispenses so-called treatment and the mail order medical man.

3. Education of the public.

States and cities surveyed in the study were: Alabama, Mobile and Montgomery; California, Los Angeles and San Francisco; Colorado, Denver; Connecticut, New London; Florida, Pensacola; Georgia, Atlanta; Indiana, Gary and Indianapolis; Louisiana, New Orleans; Maryland, Baltimore; Maine, Portland; Massachusetts, Springfield; Minnesota, Minneapolis, St. Paul and Duluth; Mississippi, Gulfport; Missouri, St. Louis and Kansas City; Nebraska, Omaha; Ohio, Cleveland; Oklahoma, Oklahoma City; Oregon, Portland; Pennsylvania, Erie, Pittsburgh and Philadelphia; Rhode Island, Providence; Tennessee, Memphis; Texas, El Paso and Houston; Utah, Salt Lake City; Virginia, Norfolk; Washington, Seattle; Wisconsin, Milwaukee.

Rabies Can be Eliminated.—Rabies, or hydrophobia, can be eliminated from the United States as it has been from other countries if citizens will coöperate with the authorities in rigid control of dogs and in prompt attention to dog bites, which are usually responsible for this disease in human beings, Dr. W. E. Aughinbaugh of New York declares in the March issue of *Hygeia,* the health magazine.

For the Stay-at-Home

★ ★ **Petrolagar**

★
Available at all Pharmacies in 5 Types

Shut in — No exercise — Appetite off — Sluggish bowel, all suggest the use of Petrolagar to assist Bowel Habit Time.

Petrolagar Plain adds unabsorbable fluid to the bowel content to encourage regular, comfortable elimination by purely mechanical means, free of habit-forming tendencies.

Children and adults alike enjoy the delightful flavor of Petrolagar. It is easy to take, either from a spoon or in water, as desired.

Petrolagar . . . Liquid petrolatum 65 cc. emulsified with 0.4 Gm. agar in a menstruum to make 100 cc.

Petrolagar Laboratories, Inc. • 8134 McCormick Boulevard • Chicago, Illinois

Hay fever therapy is a cinch

Patients are rare for whom you cannot produce a satisfactory result

There is no hocus-pocus about testing and treating with Cutter pollen extracts. Test sets contain the actual pollen offenders in your region, and treatment sets, which contain *adequate* amounts of the extract required, are made up according to the patient's exact need. The physician is neither involved in non-essentials — nor, on the other hand, in over-simplified, questionable short-cuts such as group testing and predetermined, spoonfed dosage.

1 **TESTING** with Cutter's regional pollen test sets requires but a single sitting lasting little longer than your average office visit.

2 **REACTIONS ARE READ** within 10 to 20 minutes and the exact pollen offenders are known, as the tests are for individual pollens, not "pollen groups."

3 **RECORD OF REACTIONS** is made on the test slip itself by sketching a "picture" of your patient's reactions alongside each of the offending pollens listed.

4 **THE TEST SLIP** is usually mailed to the Cutter allergy staff, who compare it against their compiled case histories from your locality.

5 **EACH TREATMENT SET** is individually made up from the offending pollens, in varying proportions, according to local case histories (in our files) and your patient's reactions.

6 **EACH TREATMENT CONTAINS** more than 150,000 pollen units, adequate for your patient requiring co-seasonal treatment, as well as pre-seasonal. The combination of proper testing, proper selection of pollens and adequate treatment makes the "batting average" of physicians using Cutter Pollen Extracts exceptionally high.

Regional pollen test sets, $1.50. Treatment sets (single pollen), $9.00. Each additional pollen in specially prepared treatment sets, 50¢.

CUTTER *Laboratories* • BERKELEY, CALIFORNIA

NEXT ANNUAL SESSION
American Medical Association, New York, June 10–14, 1940

CALIFORNIA AND WESTERN MEDICINE

THE N.Y. ACADEMY OF MEDICINE
MAY 15 1940
LIBRARY.

Official Journal of the California Medical Association
FOUR FIFTY SUTTER, ROOM 2004, SAN FRANCISCO

VOLUME 52
NUMBER 5

MAY · 1940

50 CENTS A COPY
$5.00 A YEAR

CONTENTS AND SUBJECT INDEX

EDITORIALS:

Sixty-Ninth Annual Session: Coronado, May 6–9 203
Medical Service Legislation 204
An Historical Retrospect: Bubonic Plague in 1901 205
Another Historical Item: On Medical Specialties 207

EDITORIAL COMMENT:

Ruptured Intervertebral Disc: An Unfinished Problem. By Lewis Cozen, Los Angeles 208
Lactation Immunity. By W. H. Manwaring, Stanford University 208

ORIGINAL ARTICLES:

Syphilis: Its Treatment in the Tuberculous Patient. By Walter Beckh, San Francisco 209
Arthritis: Its Treatment with Undenatured Bacterial Antigens. By Dorothy Walsh Schallig, Sacramento 212
Eighth Nerve and Conduction Deafness. By Grant Selfridge, San Francisco 214
Chronic Salpingitis: Hysterosalpingectomy in Its Operative Treatment. By John C. McDermott, Los Angeles 217
Laboratory Methods for Differentiation of Various Neurotropic Viruses. By Beatrice F. Howitt, San Francisco 219
Tinea Capitis on the Pacific Coast. By Edward A. Levin, San Francisco 221
Anent Pronunciation of Medical Words. By Maxwell Thebaut, Oakland 222
Fermentation: A Retrospect. By Carl L. A. Schmidt, San Francisco 224
Diverticulitis of the Colon. By Clarence J. Berne, Los Angeles, and A. C. Pattison, Pasadena 225

CLINICAL NOTES AND CASE REPORTS:

Epidemic Diarrhea of the Newly Born. By Ben B. Johnson, Huntington Park, and Phillip E. Rothman, Los Angeles 229
Occlusion of Biliary Sinus by Balloon Catheter. By Dell Theodore Lundquist, Palo Alto 230
Hippocrates' Aphorisms. By M. Scholtz, Arcadia 231

STATE MEDICAL ASSOCIATION:

California Medical Association 232
Committee on Public Health Education 232
C. M. A. Department of Public Relations 232
Committee on Postgraduate Activities 233
California Physicians' Service 234
County Societies 234
Woman's Auxiliary 237

MISCELLANY:

News 239
Letters 244
Medical Jurisprudence 247
Twenty-Five Years Ago 248
Board of Medical Examiners of the State of California 248
California Medical Directories ..... Adv. pages 2, 4, 6
Book Reviews ..... Adv. page 15

ADVERTISEMENTS: (Index) ..... Adv. page 8

Owned and Published Monthly by the California Medical Association
Copyright, 1940, by the California Medical Association
"Entered as second-class matter at the post office at San Francisco, under the Act of March 3, 1879." Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 10, 1918.

Staff

OPHTHALMOLOGY

AARON S. GREEN, M. D.
MARTIN I. GREEN, M. D.
EINAR V. BLAK, M. D.
VINKO V. SUGLIAN, M. D.
DAVID KADESKY, M. D.
WILLIAM R. JEPSON, M.D.

•

OTOLARYNGOLOGY

JOHN H. CHILDREY, M.D.
ERNST WOLFES, M. D.

Completely equipped for the surgical and medical care of all cases pertaining to ophthalmology and otolaryngology.

ADDRESS ALL COMMUNICATIONS TO THE SUPERINTENDENT

GREENS' EYE HOSPITAL

BUSH STREET AT OCTAVIA • SAN FRANCISCO • TELEPHONE WEst 4300

VEGEX
for
B VITAMINS

Autolyzed Brewers' Yeast Extract with salt, added iron salt and pure vegetable flavoring. A level teaspoonful supplies 3 calories. Vegex is free of starch and sugar.

VEGEX ANALYSIS

	Per Cent
Protein (N × 6.25)	32.6
Fat	0.8
Calories per ounce	40
Sodium Chloride	11.1
Phosphorus as P	2.62
Potassium as K	2.18
Calcium as Ca	0.098
Iron as Fe	0.048
Magnesium as Mg	0.13
Copper	0.00275
Manganese	Distinct Traces

B VITAMINS TESTS

Average per gram, 45 Sherman B_1 and B_2 (G) units; 800 plus International B_1 units per ounce. 3½% in a B complex free ration gives good growth, reproduction and successful rearing.

A PROVEN SOURCE
of the
VITAMIN B COMPLEX
—Easily Administered

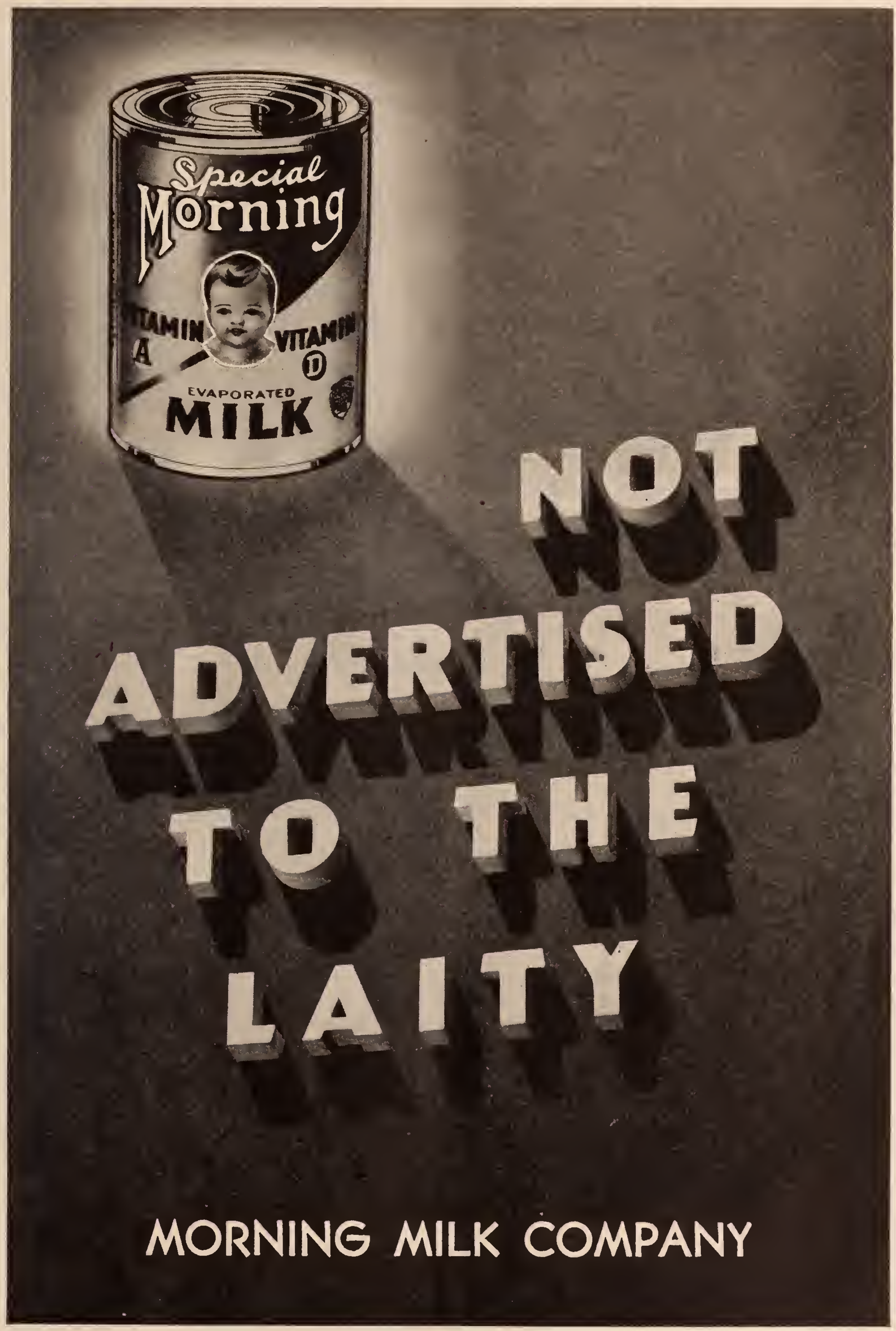
• A wealth of medical literature contributes evidence that adequate nutrition requires the whole of the vitamin B complex and that Vegex supplies it in a dependable, easily administered form. Vegex is a natural source of the whole vitamin B complex. It is separated and condensed from the cells of grain-grown brewer's yeast. Vegex has proved its efficacy both in clinical tests and in the physicians' daily practice.

Your patients will like the simple way it can be added to their diets—in hot milk, soups or broth. Vegex is easily borne, aids appetite and lactation.

Five per cent of Vegex in dried whole milk maintains a normal red blood cell count, and a normal Hemoglobin percentage.

Send for clinical or professional samples.

VITAMIN FOOD COMPANY, INCORPORATED
122 Hudson Street, New York, N. Y.
Please send me a professional sample of VEGEX.
DR...
ADDRESS.......................................


Special
Morning
VITAMIN A
VITAMIN D
EVAPORATED
MILK
NOT
ADVERTISED
TO THE
LAITY
MORNING MILK COMPANY

Officers of the California Medical Association

General Officers

President—Charles A. Dukes, 601 Wakefield Building, 426 Seventeenth Street, Oakland.

President-Elect—Harry H. Wilson, 1919 Wilshire Boulevard, Los Angeles.

Speaker of House of Delegates—Lowell S. Goin, 414 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

Vice-Speaker of House of Delegates—Dewey R. Powell, 501 Medico-Dental Building, 242 North Sutter Street, Stockton.

Chairman of Council—Karl L. Schaupp, 490 Post Street, San Francisco.

Vice-Chairman—Charles A. Dukes, 601 Wakefield Building, 426 Seventeenth Street, Oakland.

Chairman of Executive Committee—Philip K. Gilman, 2000 Van Ness Avenue, San Francisco.

Chairman of the Committee on Public Relations—George G. Reinle, 532 Fifteenth Street, Oakland.

Past-President—William W. Roblee, 202 Mission Inn Rotunda, Riverside.

Secretary-Treasurer—George H. Kress, 450 Sutter Street, Room 2004, San Francisco. Telephone DOuglas 0062.

Editor—George H. Kress, 450 Sutter Street, Room 2004, San Francisco.

General Counsel—Hartley F. Peart, Room 1800, 111 Sutter Street, San Francisco.

Associate General Counsel—Hubert T. Morrow, Van Nuys Building, 210 West Seventh Street, Los Angeles.

Councilors

(In addition to the elected district and at-large Councilors, the Council has as ex officio members, the general officers and the Chairman of the Committee on Public Relations. Chairman of Council, Karl L. Schaupp; Secretary, George H. Kress.)

District Councilors

First District—Imperial, Orange, Riverside, San Bernardino and San Diego Counties, Calvert L. Emmons (1941), 206 Emmons Building, Ontario.

Second District—Los Angeles, Inyo and Mono Counties, George D. Maner (1942), 657 South Westlake Avenue, Los Angeles.

Third District—Kern, San Luis Obispo, Santa Barbara and Ventura Counties, Louis A. Packard (1940), 563 Haberfelde Building, Bakersfield.

Fourth District—Calaveras, Fresno, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare and Tuolumne Counties, Axcel E. Anderson (1941), Medical Group Building, 1759 Fulton Street, Fresno.

Fifth District—Monterey, San Benito, San Mateo, Santa Clara and Santa Cruz Counties, C. Kelly Canelo (1942), 505 Medico-Dental Building, San Jose.

Sixth District—San Francisco County, Karl L. Schaupp (1940), 530 Medico-Dental Building, 490 Post Street, San Francisco.

Seventh District—Alameda and Contra Costa Counties, Oliver D. Hamlin (1941), 389 Thirtieth Street, Oakland.

Eighth District—Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Sutter, Tehama, Yolo and Yuba Counties, Frank A. MacDonald (1942), 822 Medico-Dental Building, 1127 Eleventh Street, Sacramento.

Ninth District—Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma and Trinity Counties, Henry S. Rogers (1940), 200 Fourth Street, Petaluma.

Councilors-at-Large

C. O. Tanner (1942), 3255 Fourth Street, San Diego.

William H. Kiger (1940), 911 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

Philip K. Gilman (1941), 2000 Van Ness Avenue, San Francisco.

E. Earl Moody (1941), 829 South Alvarado Street, Los Angeles.

Elbridge J. Best (1942), 384 Post Street, San Francisco.

Frederick N. Scatena (1940), Medico-Dental Building, 1127 Eleventh Street, Sacramento.

Standing Committees

Executive Committee

The President, the President-elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Chairman of the Committee on Public Relations, the Past President, the Secretary-Treasurer, and the Editor. (Philip K. Gilman, chairman; George H. Kress, secretary.)

Auditing Committee

Philip K. Gilman (Chairman)	San Francisco	1940
O. D. Hamlin	Oakland	1940
Elbridge J. Best	San Francisco	1940

Members of the Auditing Committee are appointed each year by the Chairman of the Council.

Committee on Associated Societies and Technical Groups

John V. Barrow (Chairman)	Los Angeles	1940
Edwin L. Bruck	San Francisco	1941
Willard H. Newman	San Diego	1942

Committee on Health and Public Instruction

Benjamin W. Black	Oakland	1940
Roy E. Thomas (Chairman)	Los Angeles	1941
William Dock	San Francisco	1942

Committee on History and Obituaries

A. Elmer Belt	Los Angeles	1940
Frank R. Makinson (Chairman)	Oakland	1941
J. Marion Read	San Francisco	1942

Secretary ex officio
Editor ex officio

Committee on Hospitals, Dispensaries and Clinics

Karl L. Schaupp	San Francisco	1940
George I. Dawson	Napa	1941
J. Norman O'Neill (Chairman)	Los Angeles	1942

Committee on Industrial Practice

Harry E. Zaiser	Orange	1940
Morton R. Gibbons	San Francisco	1941
Donald Cass (Chairman)	Los Angeles	1942

Committee on Medical Defense

John P. Nuttall	Santa Monica	1940
George G. Reinle (Chairman)	Oakland	1941
William J. Van Den Berg	Sacramento	1942

Committee on Medical Economics

Edward M. Pallette, Sr.	Los Angeles	1940
John H. Graves (Chairman)	San Francisco	1941
L. W. Hines	Santa Rosa	1942

Committee on Medical Education and Medical Institutions

John B. Doyle	Los Angeles	1940
B. O. Raulston	Los Angeles	1941
L. R. Chandler (Chairman)	San Francisco	1942

Committee on Membership and Organization

G. Dan Delprat	San Francisco	1940
George D. Maner (Chairman)	Los Angeles	1941
Dewey R. Powell	Stockton	1942

Committee on Postgraduate Activities

Dwight L. Wilbur (Chairman)	San Francisco	1940
F. E. Clough	San Bernardino	1941
H. E. Henderson	Santa Barbara	1942

Secretary ex officio

Committee on Publications

Ralph B. Eusden (Chairman)	Long Beach	1940
Ruggles A. Cushman	Talmage	1941
Francis E. Toomey	San Diego	1942

Secretary ex officio
Editor ex officio

Committee on Public Policy and Legislation

E. T. Remmen	Glendale	1940
Junius B. Harris (Chairman)	Sacramento	1941
T. Henshaw Kelly	San Francisco	1942

President ex officio
President-Elect ex officio

Committee on Scientific Work

Lemuel P. Adams	Oakland	1940
J. Homer Woolsey	Woodland	1941
Howard F. West	Los Angeles	1942

Russell V. Lee, Secretary of Section on General Medicine, ex officio
Frederick S. Foote, Secretary of Section on General Surgery, ex officio
George H. Kress, Secretary of California Medical Association, (Chairman) ex officio

Committee on Public Relations

The Committee on Public Relations consists of the chairmen of the following standing committees and of certain general officers of the Association, all serving ex officio. The chairman of the committee is George G. Reinle, the secretary is George H. Kress. The director of the Department of Public Relations is George H. Kress. The chairman of the Committee on Public Relations is ex officio a member of the Council.

Roy E. Thomas	Chair., Com. on Health and Public Instruction
J. Norman O'Neill	Chair., Com. on Hospitals, Dispensaries, Clinics
Donald Cass	Chair., Com. on Industrial Practice
George G. Reinle	Chair., Com. on Medical Defense
George D. Maner	Chair., Com. on Membership and Organization
John H. Graves	Chair., Com. on Medical Economics
Junius B. Harris	Chair., Com. on Public Policy and Legislation
Alson R. Kilgore	Chair., Cancer Commission
Dwight L. Wilbur	Chair., Com. on Postgraduate Activities
Charles A. Dukes	President of California Medical Association
Harry H. Wilson	President-elect
George H. Kress	Secretary-Treasurer

Communications for the Public Relations Department should be addressed to the Director, George H. Kress, M. D., Room 2004, 450 Sutter Street, San Francisco.

Cancer Commission

Charles A. Dukes	Oakland	1940
Lyell C. Kinney (Vice-Chairman)	San Diego	1940
Otto H. Pflueger (Secretary)	San Francisco	1940
Orville N. Meland (Sec. for Southern Section)	Los Angeles	1941
A. Herman Zeiler	Los Angeles	1941
Gertrude Moore	Oakland	1941
Clarence J. Berne	Los Angeles	1942
Alson R. Kilgore (Chairman)	San Francisco	1942
Henry J. Ullmann	Santa Barbara	1942

Communications for the Cancer Commission should be addressed to the Secretary, Otto H. Pflueger, M. D., Room 2004, 450 Sutter Street, San Francisco.

(Roster lists of officers of scientific sections, component county societies, Woman's Auxiliary, A. M. A. delegates, special committees, etc., are continued on advertising pages 4 and 6.)

"Ee-ny, Mee-ny, Mi-ny, Mo!"

"I'll take this one"

Is that the way you choose your CREDIT and COLLECTION AGENCY? You don't really have to GUESS or GAMBLE.

BE WISE and BUREAU-IZE!

Spreckels Building
TRinity 1252
LOS ANGELES

Times Building
LONG BEACH

The DOCTORS BUSINESS BUREAU
Established 1916

153 Kearny Street
GArfield 0460
SAN FRANCISCO

Latham Square Building
OAKLAND

California Physicians' Service

Headquarters Office of California Physicians' Service is located at 333 Pine Street, San Francisco. Los Angeles Office address: 1151 South Broadway.

Board of Trustees

Dr. Ray Lyman Wilbur — President
C. Kelly Canelo, M. D. — Vice-President
Alson R. Kilgore, M. D. — Secretary-Treasurer
T. Henshaw Kelly, M. D. — Assistant Secretary-Treasurer
Samuel Ayres, Jr., M. D.
Glenn Myers, M. D.
Rt. Rev. Thomas J. O'Dwyer
Dewey R. Powell, M. D.

Administrative Members

A. E. Anderson, M. D.
Samuel Ayres, Jr., M. D.
William L. Bender, M. D.
E. Manchester Boddy
Lewis P. Bolander, M. D.
James B. Bullitt, M. D.
Rev. Ernest Caldecott
C. Kelly Canelo, M. D.
John S. Chain, M. D.
Clinton D. Collins, M. D.
C. Glenn Curtis, M. D.
L. P. Davlin, M. D.
J. F. Doughty, M. D.
N. T. Enloe, M. D.
Carl R. Erickson
Harry G. Ford, M. D.
John Anson Ford
Hugh F. Freidell, M. D.
Wm. Gibbs, M. D.
P. A. Gray, M. D.
John W. Green, M. D.
Carlos G. Hilliard, M. D.
Greg Hoskins, M. D.
Carl R. Howson, M. D.
George D. Huff, M. D.
Louis E. Jones, M. D.
T. Henshaw Kelly, M. D.
Alson R. Kilgore, M. D.
Lyell C. Kinney, M. D.
Dr. Tully C. Knoles
Daniel Koshland
John Lawler
George S. Martin, M. D.
Mrs. A. C. Mattei
J. B. McCarthy, M. D.
S. J. McClendon, M. D.
W. B. McKnight, M. D.
Carl Moore, M. D.
Wm. H. Moore, M. D.
Glenn Myers, M. D.
Rt. Rev. Thomas J. O'Dwyer
Wendall G. Olson, M. D.
Alfred L. Phillips, M. D.
Dewey R. Powell, M. D.
Dexter N. Richards, M. D.
J. G. Roberts, M. D.
Henry S. Rogers, M. D.
John C. Ruddock, M. D.
Frederick N. Scatena, M. D.
Dwight C. Sigworth, M. D.
Ernest Sloman, D. D. S.
John J. Smith, M. D.
W. K. Templeton, M. D.
Donald E. Thompson, M. D.
B. L. Trelstad, M. D.
Dr. Ray Lyman Wilbur
J. S. Woolford, M. D.
John H. Woolsey, M. D.

California Packet Library Services

In connection with postgraduate and other studies, the packet library facilities of the larger medical libraries of California may be mentioned. Letters regarding literature, etc., may be addressed to the librarians of the following institutions:

(Continued on Page 5)

ISOPHRIN

TRADE MARK REG. CALIF.

A non-irritating Neo-Synephrin Solution used as a nasal spray or drops

ISOPHRIN is ¼% levo-meta-methylamino-ethanolphenol hydrochloride, $C_9H_{13}O_2N.HCl$ in a special isotonic solution prepared only by Broemmel's.

A synthetic substance of epinephrine-like action, but possesses the advantage that it is more stable, its effects are prolonged and it does not irritate the nasal mucosa or cause sneezing.

Prolonged contact with certain metals may cause discoloration, therefore use spray bottles with only glass or hard rubber fittings.

Supplied in original bottles of 1 oz.

●

BROEMMEL'S PHARMACEUTICALS
FITZHUGH BUILDING, SAN FRANCISCO, CAL.
GArfield 4417 GArfield 4418

ROSTER OF COUNTY MEDICAL SOCIETIES, CALIFORNIA MEDICAL ASSOCIATION

(County society secretaries are requested to promptly notify "California and Western Medicine" when changes are indicated in their roster information.)

Alameda County Medical Association

2404 Broadway, Oakland

President, A. A. Alexander, 1904 Franklin Street, Oakland.
Secretary, Gertrude Moore, 2404 Broadway, Oakland.
Meeting, *Third Monday, 8:15 p. m., Hunter Hall, Oakland.*

Butte County Medical Society

President, William W. Carey, 103 Hazel Street, Gridley.
Secretary, J. O. Chiapella, 131 Broadway, Chico.
Meeting, *Second Thursday.*

Contra Costa County Medical Society

President, Kaho Daily, 314 Tenth Street, Richmond.
Secretary, Clifford E. Dietderich, 1306 Pomona Avenue, Crockett.
Meeting, *Second Tuesday, 8:00 p. m.*

Fresno County Medical Society

President, Ray R. Dearborn, First National Bank Building, Madera.
Secretary, J. E. Young, 405 Rowell Building, Fresno.
Meeting, *First Tuesday, University-Sequoia Club, Fresno.*

Humboldt County Medical Society

President, John N. Chain, Fourth and E Streets, Eureka.
Secretary, Joseph S. Woolford, 350 E Street, Eureka.
Meeting, *First Thursday.*

Imperial County Medical Society

President, William A. Clarke, Holtville.
Secretary, Claude F. Peters, 722 Main Street, Brawley.
Meeting, *Third Tuesday, 7:00 p. m., Barbara Worth Hotel, El Centro.*

Inyo-Mono County Medical Society

President, Lloyd S. Bambauer, 705 Home Street, Bishop.
Secretary, Clarence L. Scott, 609 Elm Street, Bishop.
Meeting, *Fourth Wednesday, Methodist Church, Bishop, except December, January, February.*

Kern County Medical Society

President, C. S. Compton, 428 C Street, Bakersfield.
Secretary, Eric F. Colby, Hopkins Building, Bakersfield.
Meeting, *Third Thursday, 8:00 p. m.*

Kings County Medical Society

President, P. K. Edmunds, Corcoran.
Secretary, William A. Johnstone, Hanford.
Meeting, *Second Monday, 8:00 p. m., Legion Hall, Hanford.*

Lassen-Plumas-Modoc County Medical Society

President, W. B. McKnight, Portola.
Secretary, Bernard S. Holm, Quincy.
Meeting, *On Call.*

Los Angeles County Medical Association

1925 Wilshire Boulevard, Los Angeles

President, Roy E. Thomas, 1136 W. Sixth Street, Los Angeles.
Secretary, L. A. Alesen, 1925 Wilshire Boulevard, Los Angeles.
Meetings, *First and Third Thursdays, 1925 Wilshire Boulevard, Los Angeles.*

Marin County Medical Society

President, Harry N. Hensler, Home Market Building, San Anselmo.
Secretary, Carl W. Clark, 510 B Street, San Rafael.
Meeting, *Fourth Thursday, 7:00 p. m., Marin Golf and Country Club.*

Mendocino-Lake County Medical Society

President, Dallas L. Wagner, 615 Main Street, Fort Bragg.
Secretary, Royal Scudder, Fort Bragg.
Meeting, *On Call.*

Merced County Medical Society

President, William E. Fountain, 557 Seventeenth Street, Merced.
Secretary, James A. Parker, Bank of America Building, Merced.
Meeting, *Third Thursday, Hotel Tioga, Merced.*

Monterey County Medical Society

President, Mast Wolfson, 215 Franklin Street, Monterey.
Secretary, Arnold Manor, 215 Franklin Street, Monterey.
Meeting, *First Thursday.*

Napa County Medical Society

President, Frank X. McGreane, Silverado Sanatorium, Calistoga.
Secretary, M. M. Booth, Bruck Building, St. Helena.
Meeting, *First Wednesday.*

Orange County Medical Society

President, John A. Wood, 605 No. Los Angeles Street, Anaheim.
Secretary, Glenn Curtis, 323 North Pomona Street, Brea.
Meeting, *First Tuesday, 8:00 p. m., Chapel of the Orange County Hospital, Orange.*

Placer County Medical Society

President, William M. Miller, Auburn.
Secretary, Robert A. Peers, Colfax.
Meeting, *At Call of President.*

Riverside County Medical Society

President, Thomas A. Card, 3616 Main Street, Riverside.
Secretary, W. Philip Corr, 3616 Main Street, Riverside.
Meeting, *Second Monday, 8:00 p. m., Library, Riverside Community Hospital.*

Sacramento Society for Medical Improvement

President, Norris R. Jones, M. D., 1127 Eleventh Street, Sacramento.
Secretary, Glenn E. Millar, 321 Physicians Building, Sacramento.
Meeting, *Third Tuesday, 8:30 p. m., Auditorium, Sacramento.*

San Benito County Medical Society

President, J. M. O'Donnell, Hollister.
Secretary, L. E. Smith, Hollister.
Meeting, *At Call of President.*

San Bernardino County Medical Society

President, Walter S. Cherry, Rialto.
Secretary, A. E. Varden, Medico-Dental Building, San Bernardino.
Meeting, *First Tuesday, 8:00 p. m., San Bernardino County Charity Hospital.*

San Diego County Medical Society

1410 Medico-Dental Building, 233 A Street, San Diego

President, Joseph Weinberger, Medico-Dental Building, 233 A Street, San Diego.
Secretary, C. V. Bernardini, 1410 Medico-Dental Building, 233 A Street, San Diego.
Meeting, *Second Tuesday, University Club.*

San Francisco County Medical Society

2180 Washington Street, San Francisco

President, William Reilly, 490 Post Street, San Francisco.
Secretary, L. Henry Garland, 2180 Washington Street, San Francisco.
Meetings, *Every Tuesday, 8:15 p. m., 2180 Washington Street, San Francisco.*

San Joaquin County Medical Society

President, Hugh J. Bolinger, Farmers and Merchants Bank Building, Lodi.
Secretary, George H. Rohrbacher, 1005 Medico-Dental Building, Stockton.
Meetings, *First Thursday, 8:15 p. m., Medico-Dental Club Rooms, Stockton.*

San Luis Obispo County Medical Society

President, F. W. Yocom, 732 Thirteenth Street, Paso Robles.
Secretary, E. M. Bingham, County Health Department, San Luis Obispo.
Meeting, *Third Saturday, 6:30 p. m., Gold Dragon Cafe, San Luis Obispo.*

San Mateo County Medical Society

President, Carl D. Benninghoven, Mills Memorial Hospital, San Mateo.
Secretary, Robert F. Monteith, 18 California Street, Redwood City.
Meeting, *Fourth Wednesday, Benjamin Franklin Hotel, San Mateo.*

Santa Barbara County Medical Society

President, Henry J. Profant, 1421 State Street, Santa Barbara.
Secretary, D. H. McNamara, 317 W. Pueblo Street, Santa Barbara.
Meeting, *Second Monday, Cottage Hospital.*

Santa Clara County Medical Society

President, Merlin T.-R. Maynard, 241 East Santa Clara Street, San Jose.
Secretary, Leslie B. Magoon, 652 East Santa Clara Street, San Jose.
Meeting, *Third Wednesday, 8:00 p. m., Medico-Dental Building, San Jose.*

Santa Cruz County Medical Society

President, A. F. Giberson, Watsonville.
Secretary, Samuel B. Randall, 84 Walnut Avenue, Santa Cruz.
Meeting, *First Tuesday of each month (except June, July and August), 7:30 p. m., Club Rio del Mar, Aptos.*

Shasta County Medical Society

President, Clarence C. Gerrard, Redding.
Secretary, Bertram L. Trelstad, 1536 Market Street, Redding.
Meeting, *Second Monday.*

Siskiyou County Medical Society

President, Charles Pius, Yreka.
Secretary, Victor W. Hart, 113 No. Oregon Street, Yreka.
Meeting, *Sunday on call.*

Solano County Medical Society

President, H. Randall Madeley, 727 Sonoma Street, Vallejo.
Secretary, John W. Green, Box 539, Vallejo.
Meeting, *Second Tuesday, 8:00 p. m., Casa de Vallejo Hotel, Vallejo.*

Sonoma County Medical Society

President, S. Z. Peoples, 159 Kentucky Street, Petaluma.
Secretary, T. E. Albers, 600 B Street, Santa Rosa.
Meeting, *Second Thursday.*

Stanislaus County Medical Society

President, Richard D. Husband, P. O. Box 709, Modesto.
Secretary, Hoyt R. Gant, 403 Beaty Building, Modesto.
Meeting, *Second Friday, 7:30 p. m., Hotel Hughson.*

Tehama County Medical Society

President, H. H. Beck, Corning.
Secretary, F. J. Bailey, Red Bluff.
Meeting, *At Call of President.*

Tulare County Medical Society

President, Ray E. Cronemiller, 160 South E Street, Exeter.
Secretary, Forrest G. Powell, 222 W. Willow Street, Visalia.
Meeting, *Sunday Evening once a month.*

Ventura County Medical Society

President, Harry E. Barker, 1484 East Main Street, Ventura.
Secretary, A. A. Morrison, 625 Main Street, Santa Paula.
Meeting, *Second Tuesday, Ventura County Country Club.*

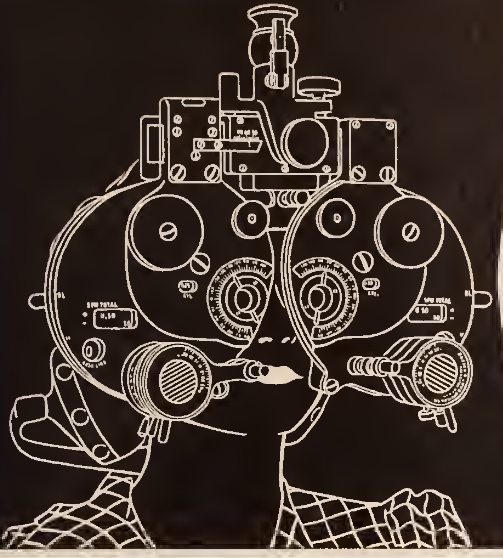
Yolo-Colusa-Glenn County Medical Society

President, Charles F. Keith, Williams.
Secretary, W. J. Blevins, Jr., Woodland.
Meeting, *First Tuesday.*

Yuba-Sutter County Medical Society

President, Ben F. Miller, Yuba City.
Secretary, Leon M. Swift, I. O. O. F. Building, Marysville.
Meeting, *First Tuesday.*

(Roster lists continued on advertising page 6)



NO WASTE MOTION—

"Speeds up refractions 50%," "Most accurate refractions that can be made with any equipment," "Saves reëxaminations." So run some of the enthusiastic comments of hundreds of Green's Refractor users. Your Riggs representative will be pleased to arrange a demonstration of this timesaving, accuracy-increasing, prestige-building instrument.

RIGGS OPTICAL COMPANY

Distributors of BAUSCH & LOMB *Products*

ESTABLISHED IN 85 WESTERN CITIES

(Continued from Page 3)

University of California Medical Library, Medical Center, San Francisco.

Lane Medical Library (Stanford), 2398 Sacramento Street, San Francisco.

Barlow Medical Library (Los Angeles County Medical Association), 634 South Westlake, Los Angeles.

Nonprofit Hospitalization Corporations

In California, the three nonprofit hospitalization corporations named below are in operation:

Associated Hospital Service of Southern California, 1151 South Broadway, Los Angeles.

Insurance Association of Approved Hospitals, 369 Pine Street, San Francisco; 675 East Santa Clara, San Jose; Easton Building, Oakland.

Intercoast Hospitalization Insurance Association, 1127 "J" Street, Sacramento.

Gall-Bladder in Heart Disease.—Disease of the gall-bladder is definitely associated with disease of the arteries of the muscles of the heart and contributes to death from the latter ailment, Herbert S. Breyfogle, M. D., Kansas City, Mo., reports in *The Journal of the American Medical Association.*

Its coexistence and the part it plays in causing death of patients with the heart disease was determined by the Missouri physician by analyzing 1,493 consecutive autopsy records. In these records he found 162 cases in which the primary cause of death was considered to be in the heart disease, but on further study seventy-nine of these cases were found to have associated gall-bladder disease (gallstones and other disorders of this organ).

In the 1,493 autopsy records gall-bladder disease was mentioned in 363 cases, including the seventy-nine with the heart disease. Gall-bladder disease was associated with the heart disease in 42.4 per cent of the 162 cases and the heart ailment was present in about 20 per cent of the 363 cases of disease of the gall-bladder.

R

Accuracy
Quality
Reliability

The Owl Drug Co

130 STORES ON THE PACIFIC COAST

OFFICERS OF SCIENTIFIC SECTIONS, CALIFORNIA MEDICAL ASSOCIATION

Request is made that any member who desires to submit papers before an annual session section, write in regard thereto, to respective section secretary, as soon as convenient after the close of an annual session.

Anesthesiology

Chairman, Adena C. Dutton, 2400 Pacific Avenue, San Francisco.
Secretary, Charles F. McCuskey, 1561 Pueblo Drive, Glendale.

Dermatology and Syphilology

Chairman, Nelson Paul Anderson, 2007 Wilshire Boulevard, Los Angeles.
Vice-Chairman, Frederick G. Novy, Jr., 411 Thirtieth Street, Oakland.
Secretary, Julius R. Scholtz, 1930 Wilshire Boulevard, Los Angeles.

Eye, Ear, Nose and Throat

Chairman, Dewey R. Powell, 242 No. Sutter Street, Stockton.
Vice-Chairman, Warren D. Horner, Medico-Dental Bldg., 490 Post St., San Francisco.
Secretary, Harry J. Wiley, 2701 Florence Street, Huntington Park.

General Medicine

Chairman, William H. Barrow, 1400 Medico-Dental Building, San Diego.
Secretary, Russell V. Lee, 300 Hamilton Avenue, Palo Alto.

General Surgery

Chairman, Clarence E. Rees, 2001 Fourth Avenue, San Diego.
Secretary, Frederick S. Foote, 490 Post Street, San Francisco.
Assistant Secretary, Frank J. Breslin, 2007 Wilshire Boulevard, Los Angeles.

Industrial Medicine and Surgery

Chairman, George H. Sanderson, 242 North Sutter Street, Stockton.
Vice-Chairman, John S. Stephens, 1136 W. Sixth Street, Los Angeles.
Secretary, Wilbur J. Cox, 450 Sutter Street, San Francisco.

Neuropsychiatry

Chairman, George S. Johnson, Stanford University Hospital, San Francisco.
Secretary, R. B. Raney, 727 West Seventh Street, Los Angeles.

Obstetrics and Gynecology

Chairman, John N. Ewer, 411 Thirtieth Street, Oakland.
Vice-Chairman, William Benbow Thompson, 1930 Wilshire Boulevard, Los Angeles.
Secretary, C. F. Fluhmann, Stanford University Hospital, San Francisco.

Pathology and Bacteriology

Chairman, Paul H. Guttman, 1127 Eleventh Street, Sacramento.
Secretary, Roy W. Hammack, 657 South Westlake Boulevard, Los Angeles.
Assistant Secretary, John W. Budd, 2131 West Third Street, Los Angeles.

Pediatrics

Chairman, Hartzell H. Ray, 23 Second Avenue, San Mateo.
Secretary, W. W. Belford, 601 Medico-Dental Building, San Diego.
Assistant Secretary, John J. Miller, 2000 Van Ness Avenue, San Francisco.

Radiology

Chairman, Robert R. Newell, Stanford University Hospital, San Francisco.
Secretary, Carl D. Benninghoven, Mills Memorial Hospital, San Mateo.
Assistant Secretary, Ray A. Carter, Los Angeles County General Hospital, Los Angeles.

Urology

Chairman, John A. Dougherty, 3115 Webster Street, Oakland.
Secretary, Lyle G. Craig, 65 North Madison Avenue, Pasadena.

California Medical Association Delegates and Alternates to the American Medical Association

DELEGATES		ALTERNATES
George G. Reinle, Oakland	(1939-1940)	Frank R. Makinson, Oakland
Edward M. Pallette, Sr., Los Angeles	(1939-1940)	William H. Kiger, Los Angeles
Robert A. Peers, Colfax	(1939-1940)	F. F. Gundrum, Sacramento
William R. Molony, Sr., Los Angeles	(1939-1940)	John C. Ruddock, Los Angeles
Elhridge J. Best, San Francisco	(1940-1941)	Robert S. Stone, San Francisco
Lyell C. Kinney, San Diego	(1940-1941)	Bon. O. Adams, Riverside
Lowell S. Goin, Los Angeles	(1940-1941)	Roy E. Thomas, Los Angeles

Special Committees

Committee on Public Health Education

Frank R. Makinson, Chairman	Oakland
Karl L. Schaupp, Secretary	San Francisco
Samuel Ayres, Jr.	Los Angeles
Thomas A. Card	Riverside
Lowell S. Goin	Los Angeles
Junius B. Harris	Sacramento
Dewey R. Powell	Stockton
Charles A. Dukes (ex officio)	Oakland

Public Relations Counsel to C. P. H. E.

Mr. Ross Marshall, 408 South Spring Street, Los Angeles (telephone TUcker 2312); and 244 Kearny Street, San Francisco (telephone YUkon 2212).

Committee on Syphilis

Howard Morrow, Chairman	San Francisco
Charles W. Barnett	San Francisco
William H. Goeckerman	Los Angeles

Committee on Life Membership Plan

Robert A. Peers, Chairman	Colfax
A. Bennett Cooke	Los Angeles
G. W. Walker	Fresno

Committee on Needy Members

Axcel E. Anderson, Chairman	Fresno
Elizabeth M. Hohl	Los Angeles
Robert A. Peers	Colfax

Woman's Auxiliary to the California Medical Association

State Auxiliary Officers

President, Mrs. Frederick N. Scatena, 1453 Forty-fifth Street, Sacramento.
President-Elect, Mrs. A. E. Anderson, 1035 Cambridge Street, Fresno.
First Vice-President, Mrs. Harry O. Hund, 1304 Grand Avenue, San Rafael.
Second Vice-President, Mrs. Frank Baxter, 33 Bowling Drive, Oakland.
Recording Secretary, Mrs. G. Wendell Olsen, 219 Buena Vista Drive, Fullerton.
Corresponding Secretary, Mrs. G. A. Spencer, 1915 Twenty-first Street, Sacramento.
Treasurer, Mrs. C. G. Stadfield, 1314 N. Highland Avenue, Los Angeles.

Officers of County Auxiliaries

Alameda County—President, Mrs. George Calvin, 406 Bellevue Avenue, Oakland.
Butte County—President, Mrs. N. T. Enloe, 488 East Third Street, Chico.
Contra Costa County—President, Mrs. Kaho Daily, 2367 Carquinez Avenue, Richmond.
Fresno County—President, Mrs. Kenneth J. Staniford, 437 Olive Avenue, Fresno.
Humholdt County—President, Mrs. John W. Chain, Eureka.
Kern County—President, Mrs. J. J. McCarthy, 2026 C Street, Bakersfield.
Kings County—President, Mrs. C. T. Rosson, Jr., N. Redington Street, Hanford.
Lassen-Plumas-Modoc County—Pres., Mrs. G. R. Fortson, 912 Lassen St., Susanville.
Los Angeles County—President, Mrs. E. Eric Larson, 126 Fremont Place, Los Angeles.
Marin County—President, Mrs. C. A. DeLancey, 1 Culloden Park Road, San Rafael.
Merced County—President, Mrs. C. E. Fitz Gihhon, 650 Twenty-sixth Street, Merced.
Monterey County—President, Mrs. Raymond V. Rukke, 135 Franklin Street, Monterey.
Orange County—President, Mrs. Edward Lee Russell, 1439 Louise Street, Santa Ana.
Riverside County—President, Mrs. W. W. Roblee, 3177 Orange Avenue, Riverside.
Sacramento County—President, Mrs. Norris R. Jones, 2725 Coleman Way, Sacramento.
San Diego County—President, Mrs. William C. Cooke, 2770 Sixth Avenue, San Diego.
San Francisco County—President, Mrs. E. J. Morrissey, 2540 Filhert St., San Francisco.
San Joaquin County—President, Mrs. Hudson Smythe, 1605 N. Hunter St., Stockton.
San Luis Ohispo County—Pres., Mrs. G. D. Kelker, 1305 Marsh St., San Luis Obispo.
San Mateo County—President, Mrs. George Sevenman, 225 Catalpa Avenue, San Mateo.
Santa Barhara County—President, Mrs. E. L. Markthaler, 2304 State St., Santa Barhara.
Santa Clara County—President, Mrs. Phillip L. Wise, 199 S. Sixteenth Street, San Jose.
Santa Cruz County—President, Mrs. F. P. Shenk, 450 Escalona Drive, Santa Cruz.
Solano County—President, Mrs. H. Randall Madeley, 711 Georgia Street, Vallejo.
Sonoma County—President, Mrs. E. Dwight Barnett, Proctor Heights, Santa Rosa.
Stanislaus County — President, Mrs. Hans Hartman, 715 Magnolia Avenue, Modesto.
Tulare County—President, Mrs. J. C. McClure, Box 36, Lindsay.
Ventura County — President, Mrs. A. J. Strong, Santa Paula.

Nevada State Medical Association

President, C. W. West, Reno.
President-Elect, H. A. Paradis, Sparks.
Sec.-Treas., Horace J. Brown, Box 698, Reno.

Miscellaneous California Medical Organizations

Department of Public Health of the State of California

San Francisco—State Office Building, McAllister and Larkin streets, UNderhill 8700.

Sacramento—State Office Building, Tenth and L streets, CApital 2800.

Los Angeles—State Office Building, 217 West First Street, MAdison 1281.

President, Howard Morrow, San Francisco.

Director, Walter M. Dickie, State Building, San Francisco.

California Northern District Medical Society

President—John H. White, Chico.

Secretary—J. Homer Woolsey, Woodland Clinic, Woodland.

Board of Medical Examiners of the State of California

San Francisco, Rm. 214, 515 Van Ness Ave.

Los Angeles, 906 State Building.

Sacramento, Business and Professional Bldg., 1020 N Street.

President, William R. Molony, Sr., Los Angeles.

Secretary, C. B. Pinkham, Room 214, 515 Van Ness Avenue, San Francisco.

Southern California Medical Association

President, John C. Ruddock, 1930 Wilshire Boulevard, Los Angeles.

Secretary, John B. Doyle, 501 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

The Public Health League of California

Executive Secretary, Ben H. Read, San Francisco office, 244 Kearny Street, phone SUtter 8470. Los Angeles office, Room 563, 1151 South Broadway, phone PRospect 5711.

California State Department of Employment

Headquarters Office: 1025 P Street, Sacramento; telephone Capitol 2800.
Los Angeles Office: 1123 South Hill Street, telephone RIchmond 4181.
San Francisco Office: 154 Sansome Street, telephone EXhrook 5656.
Competent personnel available through these offices. If in need of an office assistant, registered nurse, or office nurse, call the nearest office of the California Department of Employment.

SILVER PICRATE

Wyeth

HAS SHOWN A CONVINCING RECORD* OF EFFECTIVENESS IN ACUTE ANTERIOR URETHRITIS

due to Neisseria gonorrheae • Trichomonas vaginalis
Monilia albicans

Silver Picrate is a crystalline compound of silver in definite chemical combination with picric acid. Dosage form for use in anterior urethritis: Wyeth's Silver Picrate Crystals in an aqueous solution of 0.5 percent.

Supplied at all pharmacies in vials of 2 grams

Complete literature on Silver Picrate as used in genitourinary and gynecological practice will be mailed on request.

*"Treatment of Acute Anterior Urethritis with Silver Picrate," Knight and Shelanski, AMERICAN JOURNAL OF SYPHILIS, GONORRHEA AND VENEREAL DISEASES, Vol. 23, No. 2, pages 201-206, March, 1939.

JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA, PA.

Science and Sal Hepatica.—"If you listen to Fred Allen on Wednesday nights—and apparently a good many people do—you will hear his announcer make some comments about the scientific research conducted by leading medical magazines which indicate that a high percentage of doctors always prescribe a saline laxative when treating a common cold," *The Journal of the American Medical Association* says in an editorial.

"Of course the names of the leading medical magazines are not given; yet it would not be hard to guess the name of the commercial publication that conducted this survey for the Bristol-Myers Company.

"Part of the scientific story is the claim that Sal Hepatica is the 'mineral salt laxative that does two things, not just one; it rids the body of waste and it also combats acidity.' The history of Sal Hepatica is a strange commentary on the kind of science that used to be sold to credulous Americans. In 1911 Sal Hepatica was advertised as a uric acid solvent, said to be indicated in stomach, liver and kidney disorders, and especially beneficial in rheumatism and gout. In 1916 it was promoted because it was said to be useful in the treatment of pyorrhea. By 1929 it was called the American equivalent of European spas, and listeners were told that it was good also for headaches, colds, rheumatism and autointoxication. Actually there is nothing to Sal Hepatica according to recent analyses except Glauber's salt, baking soda and tartaric acid, common salt, sodium phosphate, a trace of lithium phosphate and water. Any doctor knows what that is good for and also a wide variety of conditions which it is not good for.

"Quite recently Sal Hepatica has gone exceedingly high hat. In an advertisement in *Drug Topics* the druggists are told that 'scientific research on Sal Hepatica never relaxes; research men continually put it through its laboratory and

(Continued on Page 9)

TO THE PHYSICIAN

START TO KEEP GOOD RECORDS NOW. Use our new Financial Record Book, Record Cards and Case History Sheets. . . . *Which will help make it easy for your patients to pay their bills,* and save yourself income tax worries in 1941.

IT PAYS TO DEAL WITH A
RELIABLE ORGANIZATION

National Professional Bureau, Ltd.
(Established 1928)
Suite 315 450 Sutter Street
TELEPHONE DOUGLAS 4571

ALPHABETICAL LIST OF ADVERTISERS

Members of the California Medical Association can aid their Journal and the firms who advertise therein, by coöperation as indicated in the footnote on this page

PAGE

Acousticon 38
Adams Mineral Springs 36
Alexander Sanatorium, Inc., The 48
Alum Rock Sanatorium 40
American Can Company 35
Arrowhead Springs Hotel and Spa 20
Barry Co., The James H. 37
Baxter, Inc., Don 33
Biolac 43
Bolin, M.D., Zera E., Pathological Service 46
Borden Company, The 43
Broemmel's Laboratories 3
Butler Building 25
California Sanatorium 34
Calso Water Company 25
Camp & Company, H. S. 29
Canyon Sanatorium 22
Children's Hospital—Physical Therapy Course 9
Ciba Pharmaceutical Products, Inc. 39
Classified Advertisements 12
Coca-Cola 26
Colfax School for the Tuberculous 50
Compton Sanitarium and Las Campanas Hospital 50
Cook County Graduate School of Medicine 9
Corn Products Sales Co. 49
Crocker First National Bank 42
Cutter Laboratory 4 Cover
Doctors' Business Bureau 3
Four Fifty Sutter 46
French Hospital 30

PAGE

Greens' Eye Hospital 2 Cover
Hospital Ambulance Service 48
Hospitals and Sanatoriums 10
Hotel Sir Francis Drake 10
Hynson, Westcott & Dunning, Inc. 28
Ingram Laboratories 28
Jenkel-Davidson Optical Co. 15
Karo 49
King Ambulance Company 44
La Loma Feliz 12
Las Encinas Sanitarium 38
Lederle Laboratories, Inc. 23
Lilly & Co., Inc., Eli 32
Livermore Sanitarium 40
Los Angeles Tumor Institute 26
Luzier's 44
M. & R. Dietetic Laboratories, Inc. 14
Mead Johnson & Co. 31
Medical Placement Bureau 38
Medical Protective Co., The 20
Morning Milk Co. 1
Morris & Co., Ltd., Inc., Philip 48
National Professional Bureau, Ltd. 7
New York Polyclinic Medical School and Hospital 9
Noble Placement Agency 12
Officers of the California Medical Association 2, 4, 6
Officers of Miscellaneous Medical Associations 6
Owl Drug Co., The 5
Park Sanitarium 36
Parke, Davis & Co. 19

PAGE

Petrolagar 45
Philip Morris & Co., Ltd., Inc. 47
Physicians' Casualty Association and Physicians' Health Association 22
Postgraduate Instruction 9
Pottenger Sanatorium 44
Richardson Mineral Springs 34
Riggs Optical Company 5
Saint Francis Hospital 48
Sandoz Chemical Works, Inc. 11
Sharp & Dohme 13
Similac 14
S. M. A. Corporation 21
Smith-Dorsey Co., The 11
Smith, Kline & French Laboratories 41
Soiland, Costolow, and Meland, Doctors 26
Squibb & Sons, E. R. 3 Cover
Stacey, J. W., Medical Books 15
St. Luke's Hospital 34
St. Mary's Hospital 39
Stuart Oxygen Company 18
Summit Medical Building 15
Twin Pines 10
University of California Medical School 9
Upjohn Company, The 27
Vegex 2 Cover
Vitamin Food Co. 2 Cover
Warner & Co., Inc., William 16–17
Westinghouse X-Ray Co. 24
Wyeth & Brothers, Inc., John 7
Yates Reporting Service 12

COÖPERATE WITH YOUR ADVERTISERS

California and Western Medicine, the official publication of your Association, is made possible in part by reason of the coöperation of business firms and institutions who use advertising space. Their purpose is to direct attention to their products and services to present and future patrons.

Members and readers are urged to give preference to and to patronize these advertisers. When ordering goods, mention California and Western Medicine.

This coöperation will please the advertiser, increase advertising income, and enable your Association to increase the value of this Journal to members and readers.

A SERVICE AGENCY—FOR READERS

The Journal of the California State Medical Association and the Coöperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital, or we will refer your request to the proper department of the A. M. A. for reply.

We invite and urge you to use this Service. It is absolutely *free* to every member of the California Medical Association. The Coöperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in California and Western Medicine, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This A. M. A. Service Bureau will give you the information. Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to write direct to the Coöperative Medical Advertising Bureau, 535 N. Dearborn Street, Chicago, Illinois. California and Western Medicine and the A. M. A. Service Bureau desire to serve *you*.

THE NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL
(Organized 1881)
(The Pioneer Post-Graduate Medical Institution in America)

For the General Surgeon
A combined surgical course comprising general surgery, traumatic surgery, abdominal surgery, gastro-enterology, proctology, gynecological surgery, urological surgery. Attendance at lectures, witnessing operations, examination of patients pre-operatively and post-operatively, and follow-up in the wards post-operatively. Pathology, roentgenology, physical therapy. Cadaver demonstrations in surgical anatomy, thoracic surgery, regional anesthesia. Operative surgery and operative gynecology on the cadaver.

PLASTIC REPARATIVE SURGERY
The course comprises examination of patients; tests, models, and photographs; diagnosis and selection of method of correction; the properties of various orders of skin grafts and variance in their application; bone, cartilage and nerve grafts; readjustments and replacements; fresh wound treatment; pre-operative care; anesthesia; operative procedures; wound closing and minimum scar; follow-up and infection problems; keloids. The course covers the field of correction of disfigurements and replacement of traumatic loss and congenital deficiency. Exposition of cases, lectures and cadaver demonstrations.

For Information Address: MEDICAL EXECUTIVE OFFICER, 345 West 50th Street, New York City

UNIVERSITY OF CALIFORNIA
MEDICAL SCHOOL

Course for General Practitioners

VARIOUS ASPECTS OF CHRONIC DISEASES

June 3 to 6, 1940

▼

For complete information, write to

DEAN'S OFFICE
University of California
Medical School
SAN FRANCISCO, CALIFORNIA

CHILDREN'S HOSPITAL
4614 Sunset Boulevard • Los Angeles, Calif.

Physical Therapy Course. Fifteen months. Tuition $150.00. Given for graduates of accredited Schools of Nursing and Physical Education.

The School maintains a placement bureau for therapists fulfilling requirements of the American Medical Association.

Apply MISS LILY H. GRAHAM, Director,
School of Physical Therapy

**Cook County
Graduate School of Medicine**
(IN AFFILIATION WITH COOK COUNTY HOSPITAL)
Incorporated not for profit

Announces Continuous Courses

SURGERY—Two Weeks Intensive Course in Surgical Technique with practice on living tissue every two weeks. General Courses One, Two, Three, and Six Months; Clinical Courses; Special Courses.
MEDICINE—Two Weeks Intensive Course starting June 3. Two Weeks Gastro-Enterology starting June 17. One Month Course Electrocardiography and Heart Disease every month. Two Weeks Intensive Course Electrocardiography and Heart Disease starting August 5. Four Weeks Intensive Course in Cardio-Vascular-Renal Diseases, Nervous Diseases, Diseases of Lung, Pluera, Pericardium and Gastro-Intestinal Tract starting August 5.
FRACTURES AND TRAUMATIC SURGERY—Ten Day Intensive Course starting June 17. Informal Course every week.
GYNECOLOGY—Two Weeks Intensive Course starting June 17. Two Weeks Personal Intensive Course starting June 3. Four Weeks Personal Course starting August 26.
OBSTETRICS—Two Weeks Intensive Course starting June 3. Informal Course every week.
OTOLARYNGOLOGY—Two Weeks Intensive Course starting September 9. Informal and Personal Courses every week.
OPHTHALMOLOGY—Two Weeks Intensive Course starting September 23. Informal Course every week.
ROENTGENOLOGY—Special Courses X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

General, Intensive, and Special Courses in all branches of Medicine, Surgery and the Specialties.

●

TEACHING FACULTY—ATTENDING STAFF OF COOK COUNTY HOSPITAL
Address: Registrar, 427 South Honore Street, Chicago, Ill.

(Continued from Page 7)

clinical paces. New findings are brought to the attention of practically every physician, dentist, nurse, and osteopath in the country.' Here obviously is a product which is prescribed, according to its promoters, not only by physicians but by dentists, nurses and osteopaths.

"Among the advertisements which the company offers to the kind of professional publications that will carry them is one dealing with the high incidence of a condition called 'fetor ex ore,' in relation to which it is said that 'clinical studies have shown that the waste-laden colon may readily be the causative factor in offensive breath.' Whose clinical studies?

"Somehow the whole set-up, including the questionnaire to the doctors conducted by the 'leading medical magazine,' the scientific research and the advertisements, seems to be

(Continued on Next Page)

HOSPITALS AND SANATORIUMS

The Institutions here listed have announcements in this issue of California and Western Medicine. For Index, see advertising page 8.

ALEXANDER SANITARIUM
Nervous and Mental Diseases
Belmont, California

ALUM ROCK SANATORIUM
For Treatment of Diseases of the Chest
San Jose, California

CALIFORNIA SANITARIUM
For Treatment of Tuberculosis
Belmont, California

CANYON SANATORIUM
For Treatment of Tuberculosis
Redwood City, California

COLFAX SCHOOL FOR THE TUBERCULOUS
For the Treatment of Tuberculosis
Colfax, California

COMPTON SANATORIUM AND LAS CAMPANAS HOSPITAL
Neuropsychiatric and General
Compton, California

FRANKLIN HOSPITAL
Limited General Hospital
Fourteenth and Noe Streets, San Francisco

FRENCH HOSPITAL
General Hospital
Geary at Fifth Avenue, San Francisco

GREENS' EYE HOSPITAL
Consultation, Diagnosis and Treatment of Diseases of the Eye
Bush and Octavia Streets, San Francisco

LAS ENCINAS SANITARIUM
Nervous and General Diseases
Las Encinas, Pasadena, California

LIVERMORE SANITARIUM
Nervous and General Diseases
Livermore, California

POTTENGER SANATORIUM AND CLINIC
For the Treatment of Tuberculosis
Monrovia, California

PARK SANITARIUM
Mental and Nervous Alcoholic and Drug Addictions
1500 Page Street, San Francisco, California

SAINT FRANCIS HOSPITAL
Limited General Hospital
Bush and Hyde Streets, San Francisco

ST. LUKE'S HOSPITAL
Limited General Hospital
27th and Valencia Streets, San Francisco

ST. MARY'S HOSPITAL
General Hospital
2200 Hayes Street, San Francisco

TWIN PINES
Convalescent and Neuropsychiatric
Belmont, California

BELMONT *Twin Pines* **CALIFORNIA**

Fatigue states, neuroses, and selected mental cases.

Allen Williams, M. D.
Internal Medicine

Telephone Belmont 111

Will Rebec, M. D.
Psychiatry

SAN FRANCISCO'S Newest and Most Modern Downtown Hotel
"Home of the Persian Room"
Hotel Sir Francis
DRAKE
DON B. BURGER, Mgr.
HILTON MANAGEMENT

(Continued from Preceding Page)

best described in the word that the company features in its latest advertisement. Bristol-Myers found a word for it, and that word is 'fetor.' "

Sulfanilamide Should Be Administered with Caution During Pregnancy.—It is concluded from studies made at Johns Hopkins Hospital that until the effects of sulfanilamide on the human fetus or unborn child are better known the drug should be administered with extreme caution during pregnancy, *The Journal of the American Medical Association* warns.

"The necessary observations in human beings should include a careful study of intra-uterine (inside the womb) development, birth weight and postnatal (following birth) growth in the infants born to mothers receiving extended sulfanilamide treatment during pregnancy," *The Journal* says.

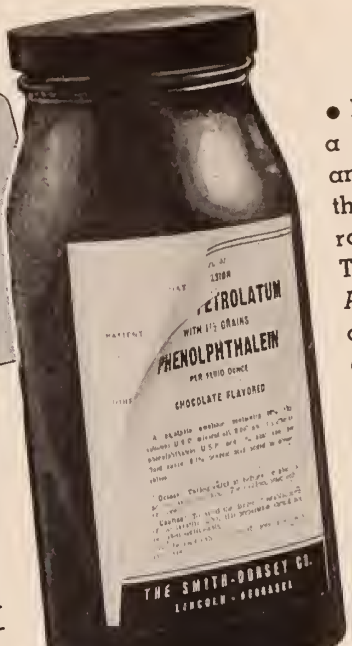
"Using rats in carefully controlled experiments, Harold Speert has recently reported observations on the placental transmission (from the mother to the unborn child) of sulfanilamide. He found that administration of this drug to rats throughout gestation (pregnancy) results in the appearance of sulfanilamide in approximately equal concentrations in the blood streams of both mother and fetus. Prolonged administration of sulfanilamide to pregnant rats produces deleterious effects in the offspring, including increased intra-uterine and postnatal (after birth) mortality, decreased litter size, diminished birth weight and selective stunting of growth."

Health is so necessary to all the duties as well as pleasures of life, that the crime of squandering it is equally to the folly.—Johnson.

New!

Announcing

A CHOCOLATE FLAVORED EMULSION OF LIQUID PETROLATUM



Council Accepted

• Emulsion of Liquid Petrolatum Chocolate Flavored is Council accepted. A PRESCRIPTION PRODUCT DESIGNED ESPECIALLY FOR THE PHYSICIAN (note prescription label on the bottle). And it may be obtained without phenolphthalein—or with 5 grains or 1½ grains to the fluid ounce.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Council Accepted

• For patients required to take a mineral oil emulsion over any length of time—prescribe this Emulsion of Liquid Petrolatum Chocolate Flavored. There is no oily after-taste! And it has the inviting appearance and flavor of a delicious chocolate dessert. Your patients do not rebel against it! This product contains 60% Liquid Petrolatum U.S.P. and 1% agar agar.

Mail Coupon for Sample

The SMITH-DORSEY CO.
Lincoln, Nebraska.

Gentlemen: Please send me a sample of Emulsion Liquid Petrolatum Chocolate Flavored.

☐ With Phenolphthalein
☐ Plain

Dr. ....

Address ....

City .... State ....

MIGRAINE

is promptly relieved by

GYNERGEN

brand of ergotamine tartrate

SANDOZ

"But fortunately, within the past few years, ergotamine tartrate (Gynergen)—Sandoz Company, New York—has been placed on the market and gives striking results in a large number of cases of migraine." (Hays, Harold: Med. Times, December, 1939.)

DOSAGE: 0.5 cc. intramuscularly as early as possible. In resistant cases, the dosage may be increased up to 1 cc. In mild attacks 2 to 6 tablets often prove effective.

Ampules, 0.5 cc.: Boxes of 6, 50, 100.
Ampules, 1 cc.: Boxes of 6, 12, 50, 100.
Tablets: Bottles of 15, 100, 500.
Solution: Bottles of 15 cc. and 100 cc.

Literature and samples furnished upon request

SANDOZ CHEMICAL WORKS, INC.

450 SUTTER STREET SAN FRANCISCO, CALIFORNIA

CLASSIFIED ADVERTISEMENTS

Rates for these insertions are $4 for fifty words or less; additional words 5 cents each.

Copy for classified advertisements should be received not later than the fifteenth of the month preceding issue.

COACHING FOR STATE BOARDS — MEDICAL AND Dental. Arthur H. White, M. D., Suite 1005, Flood Building, San Francisco.

DERMATOLOGIST DESIRES PARTNERSHIP, ASSISTantship or association with established dermatologist. Will consider any ethical group connection or locum tenens; three years' excellent full-time course training in dermatology. Also well trained in general allergy, fungus diseases of the skin, endocrinology and working with psychoneurotics. Has California license. Fellow of American Academy of Dermatology and Syphilology. American Medical Association, and of New England Psychiatric Society. Address Box 520, California and Western Medicine, 450 Sutter Street, San Francisco.

FOR SALE—IN CENTRAL CALIFORNIA COMMUNITY of approximately 20,000—complete Eye, Ear, Nose and Throat practice, including modern equipment. To be sold immediately for invoice price of equipment only. No price set on good will or established location. Terms may be arranged. One of finest openings in State. Illness reason for immediate disposal. Address, Box 530, care of California and Western Medicine, 450 Sutter Street, San Francisco.

ESTABLISHED EYE, EAR, NOSE AND THROAT PRACtice available. Northern California. Suitably equipped. Unusual opportunity. Replies from commercial agencies or agents will be ignored. Address, Box 540, California and Western Medicine, 450 Sutter Street, San Francisco.

LABORATORY TECHNICIAN AND DOCTOR'S ASSISTant—office experience—salary open. Frances Heinzelmann, 1485 Pine Street, San Francisco, phone ORdway 3234.

Yates Reporting Service

Specialists in

REPORTING CONVENTIONS, LECTURES, MEETINGS AND CONFERENCES

Complete public stenographic and mimeographing service available.

431 Sutter Street
SAN FRANCISCO, CALIFORNIA
EXbrook 5053

No Royal Road Exists to Management of Arthritis, Physicians Declare.—"There is no royal road to the successful management of arthritis," H. M. Margolis, M. D., and V. W. Eisenstein, M. D., Pittsburgh, declare in an evaluation of the use of several so-called "specific" treatments, published in *The Journal of the American Medical Association.*

An analysis of the replies to a questionnaire, made by ninety-two physicians from all parts of the United States who are particularly interested in rheumatic disease, led the authors to conclude that a broad and comprehensive program of treatment is still the foundation for successful management of this condition.

At present the use of gold salts appears to be the most promising addition to the treatment. However, the possibility of dangerous reactions warrants extreme care in the use of this drug.

"Sulfur treatment is both without rationale and without effect," the authors state. "Vaccines are apparently losing hold. Although their employment results in 'benefit' in a proportion of cases, such results are attributable not to any specific effect of the vaccine but apparently to the psychologic effect of the injection.

"Results from fever treatment are only transitory, and even these are obtained in such a small proportion of cases treated that this form of treatment cannot assume any place of importance. The risks involved, as well as the technical difficulties entailed, far outweigh any modicum of benefit that might be expected. The use of sulfanilamide is unanimously condemned.

"These measures have in the main been difficult to evaluate. One reason for this difficulty is the lack of control studies by those initiating a new form of treatment in arthritis. The fact that rheumatoid arthritis may be a self-limited disease, certainly one subject to spontaneous remissions, further complicates any individual physician's efforts to achieve balanced judgment with regard to the use of new drugs."

Coronary thrombosis is that rather common accident in which a clot has shut off the blood supply to the heart.

NOBLE PLACEMENT AGENCY

TRAINED MEDICAL, DENTAL AND COMMERCIAL PERSONNEL

681 Market Street • San Francisco

GArfield 4278

LYDIA NOBLE, Director

La Loma Feliz

SANTA BARBARA • CALIFORNIA

Residential school, Kindergarten through College Preparatory, for boys and girls handicapped by heart disease, asthma, and kindred ailments.

INA M. RICHTER, M. D., *Medical Director*

JOHN A. ROBINSON, *Senior Master*

For Prophylaxis: The contents of one syringe of 'Ivyol' is administered intramuscularly or deep subcutaneously each week for four weeks.

For Treatment: In cases of average susceptibility, the contents of one syringe of 'Ivyol' is administered every 24 hours, to be repeated until the symptoms are relieved. Four doses are usually necessary.

With the onset of warm weather, the physician finds satisfaction in the knowledge that there are available the reliable 'Ivyol' preparations, for prophylactic and therapeutic measures in combating the dermatitis caused by poison ivy or poison oak.

'Ivyol' is supplied in two forms—'Ivyol' (Poison Ivy Extract) and 'Ivyol' (Poison Oak Extract). They are solutions of the active principles derived from poison ivy and poison oak respectively, in sterile olive-oil with 2% camphor as a preservative. Because of its olive-oil base, the administration of 'Ivyol' by deep subcutaneous or intramuscular injection is comparatively free from pain.

'Ivyol' is available in packages of one and four miniature syringes. Each syringe represents a single dose.

"FOR THE CONSERVATION OF LIFE"
Mulford Biological Laboratories
Sharp & Dohme
PHILADELPHIA

"...Casein Modified"

Made from fresh skim milk (casein modified) with added lactose, salts, milk fat, and vegetable and codliver oils.

In human milk 2/3 of the protein is in true solution, while in cow's milk only 1/6 of the protein is soluble. During the process employed in preparing Similac the soluble proteins in cow's milk are increased to a point approximating the soluble proteins in human milk. How greatly this improves the digestibility is indicated by a comparison of the curd (insoluble calcium paracaseinate) formed by cow's milk, with the soft flocculent curd of Similac. The softer the curd the shorter the digestive period.* Similac, like breast milk, has a consistently zero curd tension.

* Espe & Dye — "Effect of Curd Tension on the Digestibility of milk" — Amer. Journal Diseases of Children — 1932, Vol. 43, p. 62.

SIMILAC } SIMILAR TO BREAST MILK

M & R DIETETIC LABORATORIES, INC. • COLUMBUS, OHIO

BOOK REVIEWS

BOOKS RECEIVED

Compendium of Regional Diagnosis in Lesions of the Brain and Spinal Cord. A Concise Introduction to the Principles of Localization of Diseases and Injuries of the Nervous System. By Robert Bing, Professor of Neurology, University of Basel, Switzerland. Translated and Edited by Webb Haymaker, Assistant Clinical Professor of Neurology and Lecturer in Neuro-Anatomy, University of California. Eleventh Edition. Cloth. Pp. 292, with 125 illustrations, 27 in color, and 7 plates. Price, $5. St. Louis: The C. V. Mosby Company, 1940.

A Textbook of Physiology. By William D. Zoethout, Ph. D,. Professor of Physiology in the Chicago College of Dental Surgery (Loyola University), and W. W. Tuttle, Ph. D., Professor of Physiology, College of Medicine, State University of Iowa. Seventh Edition. Cloth. Pp. 743, with 302 illustrations. Price, $4.50. St. Louis: The C. V. Mosby Company, 1940.

Elmer and Rose Physical Diagnosis. Revised by Harry Walker, M.D., F.A.C.P., Associate Professor of Medicine, Medical College of Virginia, Richmond, Virginia. Eighth Edition. Cloth. Pp. 792, with 295 illustrations. Price, $8.75. St. Louis: The C. V. Mosby Company, 1940.

Clinical Roentgenology of the Alimentary Tract. By Jacob Buckstein, M. D., Visiting Roentgenologist (Alimentary Tract Division), Bellevue Hospital, New York City; Consultant in Gastro-Enterology, Central Islip Hospital. Cloth. Pp. 652, with 525 original illustrations. Price, $10. Philadelphia: W. B. Saunders Company, 1940.

Annual Report of the President of Stanford University. For the Forty-Eighth Academic Year Ending August 31, 1939. This Being the Thirty-Sixth Report Submitted, to which are Appended Annual Reports of the Comptroller, Departments, Committees, and Publications of the Faculty. Paper. Pp. 513. Stanford University: Stanford University Press, 1939.

Fetal and Neonatal Death. A Survey of the Incidence, Etiology, and Anatomic Manifestations of the Conditions Producing Death of the Fetus in Utero and Infant in the Early Days of Life. By Edith L. Potter, M. D., Ph. D., Instructor in the Department of Obstetrics and Gynecology, The University of Chicago, Pathologist at The Chicago Lying-In Hospital, and Fred L. Adair, M. D., Professor and Chairman of the Department of Obstetrics and Gynecology, The University of Chicago, and The Chicago Lying-In Hospital. Cloth. Pp. 207. Price, $1.50. Chicago: The University of Chicago Press, 1940.

The Pathology of Internal Diseases. By William Boyd, M.D., LL.D.,M.R.C.P., Ed., F.R.C.P., Lond., Dipl., Psych. F.R.S.C., Professor of Pathology and Bacteriology in the University of Toronto, Toronto; Formerly Professor of Pathology in the University of Manitoba, Winnipeg, Canada. Third Edition, Thoroughly Revised. Cloth. Pp. 874, illustrated with 353 engravings and 4 colored plates. Price, $10. Philadelphia: Lea & Febiger, 1940.

Obstetrics and Gynecology. By the Departmental Staff of the University of Chicago and Other Contributors. Edited by Fred L. Adair, M.A., M.D., F.A.C.S., Mary Campau Ryerson, Professor and Chairman of the Department of Obstetrics and Gynecology, in the University of Chicago; Chief of Service, The Chicago Lying-In Hospital, Chicago, Illinois. Two octavo volumes totaling 2,031 pages, illustrated with 663 engravings and 25 plates, mostly in color. Cloth. Price, $20 net. Philadelphia: Lea & Febiger, 1940.

The Newer Nutrition in Pediatric Practice. By I. Newton Kugelmass, B.S., M.A., M.D, Ph.D., Sc.D., Attending

(Continued on Page 18)

GIVE YOUR PRACTICE THE ADVANTAGES
of a DISTINCTIVE and
PERMANENT ADDRESS
plus accessibility—easy parking—quiet—unobstructed light and a delightful view.

SUMMIT MEDICAL BUILDING

A few suites
still available at
moderate
rentals

TEMPLEBAR 4060 · 400 29th STREET, OAKLAND

NEW MEDICAL BOOKS

Adair: Obstetrics and Gynecology, 2 Vols.	$20.00
Boyd: Pathology of Internal Disease (3rd Ed.)	10.00
Cope: Early Diagnosis of the Acute Abdomen (8th Ed.)	3.75
Joachim: Practical Bedside Diagnosis and Treatment	7.50
Kugelmass: Newer Nutrition in Pediatric Practice	10.00
Scudder: Shock	5.50

Gladly Sent on Approval

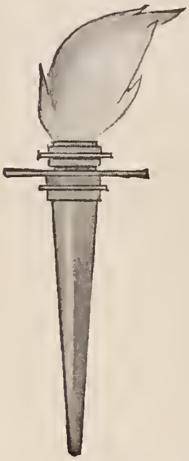
J. W. STACEY, INC.
MEDICAL AND SCIENTIFIC BOOKS
236-238 Flood Building San Francisco

EYE PHYSICIANS: ℞
our allegiance is to you

Jenkel-Davidson is controlled by no optical manufacturer. In our several stores you will find the optical products of *every* competent manufacturer; these we dispense in an ethical manner, aiming solely to satisfy the exacting needs of eye physicians and their patients.

Jenkel-Davidson Optical Company
MAIN STORE: 366 POST STREET, SAN FRANCISCO
ALSO: SACRAMENTO · OAKLAND · BERKELEY · ALAMEDA
BURLINGAME · PALO ALTO · SAN JOSE

Among the various types of laboratory animals, the frog is of no little importance in the standardization of drugs, especially when effect upon circulation needs to be observed and studied.



THE FLAME *of* SCIENTIFIC

Chemotherapy is still in its infancy. The secrets sealed in the endocrines and biological substances challenge the scientist to uncover them. The synthesis of drugs is an ever tempting invitation to search for perfection.

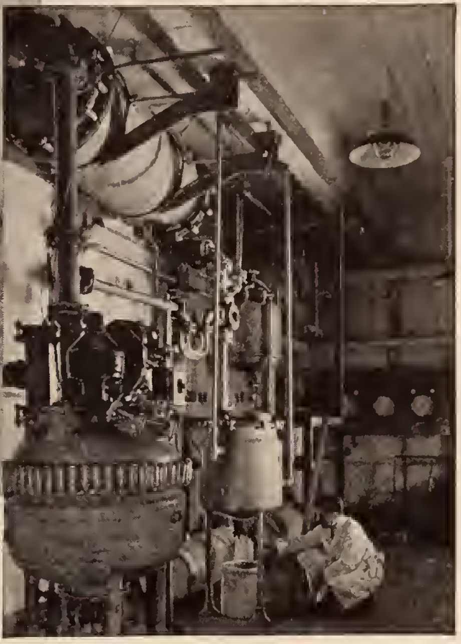
Without a foundation resting on research, medicine cannot build. Without new knowledge for guidance, medicine cannot advance. In the Warner Institute for Therapeutic Research, men and women, versed in science and trained in research, are concentrating to discover better ways, safer drugs for the alleviation of human ills.

OMNIS ORBIS
WARNER
ESTABLISHED 1856

113 West 18th Street, New York, N. Y.

WILLIAM R. WARNER

A tissue section, one ten-thousandth of an inch in thickness, without distortion of the minute cellular structures, is cut by the razor-sharp knife of the microtome. This allows microscopic study of changes in animal tissues.



A miniature manufacturing plant in one room, the "Pilot Plant," translates the findings of research into production. In this plant, small quantities are made for testing purposes.

RESEARCH

Aided by modern precision equipment, often specially devised and constructed, these men and women work, unhampered by commercial considerations, to aid medicine in its altruistic purpose, by improving existing therapeutic substances, by discovering new ones, and by enlarging our knowledge of them.

It is the privilege of William R. Warner & Co., Inc. to foster the Warner Institute for Therapeutic Research and to make available the fruit of its labors to physicians and pharmacists and, through them, to the public.

404 South 4th Street, St. Louis, Mo.

& COMPANY, INC.

A world-wide organization with laboratories and agencies in 75 foreign countries.

24-Hour Service at the End of Your Telephone

Stuart service is at the end of your telephone twenty-four hours of every day. Call the nearest of our four plants—we'll rush the most approved type of tent or catheter, with oxygen to use in it, and a trained man to attend to installation. As the largest independent producer of oxygen in California, you can depend on us for fast, competent service in giving your patients the benefits of oxygen therapy *in time.*

Stuart Oxygen Co.

SAN FRANCISCO · OAKLAND · FRESNO · LOS ANGELES

Manufacturers of a Complete Line of Medical Gases

BOOKS RECEIVED

(Continued from Page 15)

Pediatrician, Broad Street Hospital and Heckscher Institute, New York: Consulting Pediatrician, Lynn Memorial Hospital, Monmouth Memorial Hospital and Muhlenberg Hospital, New Jersey. Cloth. Pp. 1154, with 183 illustrations. Price, $10. Philadelphia: J. B. Lippincott Company.

Surgical Technique and Principles of Operative Surgery. By A. V. Partipilo, M.D., F.A.C.S., Associate Professor and Director of the Division of Operative Surgery and Surgical Anatomy, Loyola University School of Medicine. Senior Attending Surgeon, St. Mary's Hospital. Attending Surgeon, Mercy Hospital. Foreword by Alton Ochsner, M. D., William Henderson, Professor and Director of the Department of Surgery, The Tulane University School of Medicine, New Orleans, Louisiana. Original Illustrations by W. C. Shepard. Third Edition. Cloth. Pp. 567. Chicago: Chicago Postgraduate School of Surgery, 1938.

Artificial Pneumothorax. Its Practical Application in the Treatment of Pulmonary Tuberculosis. Contributions by Saranac Lake Physicians to the Studies of the Trudeau Foundation. Editorial Committee, Edward N. Packard, M. D., John N. Hayes, M. D., and Sidney F. Blanchet, M. D. Foreword by E. R. Baldwin, M.D. Cloth. Pp. 300, illustrated with 85 engravings. Price, $4. Philadelphia: Lea & Febiger, 1940.

Proceedings of the Thirty-Third Annual Convention of the Association of Life Insurance Presidents. Held in the Waldorf-Astoria, New York, N. Y., December 14 and 15, 1939. Paper. Pp. 282.

Introduction to Medicine. By Don C. Sutton, M.S., M.D., Associate Professor of Medicine, Northwestern University School of Medicine; Attending Physician, Medical Division of the Cook County Hospital; Chief of the Cardiac Clinic, Cook County Hospital, Chicago; Attending Physician, Evanston Hospital. With introduction by Ada Bell McCleery, R. N., Superintendent, Evanston Hospital, Evanston, Illinois. Cloth. Pp. 642, with 144 text illustrations and 14 color plates. St. Louis: The C. V. Mosby Company, 1940.

Synopsis of Obstetrics. By Jennings C. Litzenberg, M.D., F.A.C.S., Professor Emeritus of Obstetrics and Gynecology, University of Minnesota Medical School, Minneapolis. Cloth. Pp. 394, with 157 illustrations, including five in color. Price, $4.50. St. Louis: The C. V. Mosby Company, 1940.

Essentials of the Diagnostic Examination. By John B. Youmans, B. A., M. S., M. D., Associate Professor of Medicine and Director of Postgraduate Instruction, Vanderbilt University Medical School. Cloth. Pp. 417. Price, $3. New York: The Commonwealth Fund, 1940.

Arthritis and Allied Conditions. By Bernard I. Comroe, A.B., M.D., F.A.C.P., Instructor in Medicine, University of Pennsylvania; Ward Physician Hospital of the University of Pennsylvania. Cloth. Pp. 752, illustrated with 200 engravings. Price, $8.50. Philadelphia: Lea & Febiger, 1940.

Diagnosis and Treatment of Diseases of the Hair. By Lee McCarthy, M. D., Member of the American Dermatological Society; Membre Correspondant Etranger de la Société Française de Dermatologie et de Syphiligraphie; Formerly Clinical Professor of Dermatology, Georgetown University Medical School; Attending Dermatologist to

(Continued on Page 20)

Research Laboratories—Parke, Davis & Company

You can't start building half-way up

Productive research is like building with brick—one fact or one experience is laid on top of another. The soundness of research accomplishment depends on the foundation underneath. You can't start building half-way up.

Parke-Davis contributions to modern medicine are familiar—among them are Adrenalin, Pituitrin, Pitocin and Pitressin, Mapharsen, Meningococcus Antitoxin. Each represents a single research project. Yet all are mortared together in a broad foundation of scientific understanding and experience. Every future Parke-Davis development will stand soundly on this structure.

PARKE, DAVIS & COMPANY

PIONEERS IN RESEARCH ON MEDICINAL PRODUCTS

PROFESSIONAL PROTECTION

SINCE 1899
SPECIALIZED
SERVICE

A DOCTOR SAYS:

"I was able to sleep better and take care of my practice much more efficiently during the past several months because I felt reassured that I had the Medical Protective Company's backing."

THE
MEDICAL PROTECTIVE COMPANY
OF FORT WAYNE, INDIANA
WHEATON, ILLINOIS

Dr. Hugh Cabot in *American Magazine* says:
"GIVE THE PATIENT A BREAK"

And he is right. . . . Why not suggest

ARROWHEAD Springs
HOTEL and SPA
OPEN YEAR 'ROUND

to your patients. Your instructions to our medical staff will be followed in detail.

The Hot Waters, Mineral Steam Caves and Mud Baths are the equal of the best spas in the world. A cordial invitation to be our guest is extended to subscribers of this magazine and members of the California Medical Association. Complimentary rooms and baths will be available on request.

Write for illustrated booklet.

Harry S. Ward, Manager
ARROWHEAD SPRINGS, CALIFORNIA

BOOKS RECEIVED

(Continued from Page 18)

Garfield Memorial Hospital; Consulting Dermatologist to the U. S. Naval Hospital, to the Hospital for Tuberculosis, etc. Cloth. Pp. 671, with 291 illustrations, including seven in color. Price, $9.50. St. Louis: The C. V. Mosby Company, 1940.

Cancer in Childhood and a Discussion of Certain Benign Tumors. Edited by Harold W. Dargeon, M. D., F. A. A. P., Attending Pediatrician, Memorial Hospital for Cancer and Allied Diseases, New York; Associate Pediatrician, St. Luke's Hospital, New York; Associate Pediatrician, New York Foundling Hospital; Instructor in Pediatrics, College of Physicians and Surgeons, Columbia University. Cloth. Pp. 114, illustrated. Price, $3. St. Louis: The C. V. Mosby Company, 1940.

BOOK REVIEWS

Directory of Medical Specialists Certified by American Boards, 1939. By Paul Titus, M. D., Directing Editor. Cloth. Pp. 1573. New York: Columbia University Press, 1940.

This, the only official directory of its kind, lists approximately 14,400 diplomates certified by the twelve special American boards and one of the two affiliate boards.

A separate section is devoted to each American board, with both a geographic and a biographic listing of its diplomates. In addition, there is a complete alphabetic list of all the 14,400 diplomates. In this list there are addresses and indications of specialty certification, while in the geographic sections complete biographic information is given. The organization and examination requirements of each of the American boards are explained in full.

All these features make the Directory unique and invaluable to doctors (specialists or general practitioners), hospitals, social agencies, libraries, medical societies, business organizations, etc. It will help hospital officials pass on the ability of candidates for staff positions. It will provide medical society officers with authoritative lists. Family physicians can form an accurate judgment of the qualifications and ability of specialists in any branch of medicine for the benefit of patients. In short, it has so many practical uses that it is certain to be an indispensable reference tool for thousands of individuals and organizations.

Principles of Chemistry. An Introductory Textbook of Inorganic and Physiological Chemistry for Nurses and Students of Home Economics and Applied Chemistry. With Laboratory Experiments. By Joseph H. Roe, Ph. D., Professor of Biochemistry, School of Medicine, George Washington University. Fifth Edition. Cloth. Pp. 503, illustrated. Price, $3. St. Louis: The C. V. Mosby Company, 1939.

This is an interesting and well-presented textbook on the subject of chemistry, put out primarily for nurses. It is easy to read and gives late information on the matter of vitamins and endocrines, in addition to the fundamentals of inorganic and biochemistry. The experiments are well conceived to familiarize the student with the simpler chemical facts and laws.—Philip Corr.

The American Illustrated Medical Dictionary. A complete Dictionary of the terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Nursing, Veterinary Science, Biology, Medical Biography, etc. By W. A. Newman Dorland, A. M., M. D., F. A. C. S., Lieutenant-Colonel, M. R. C., United States Army; Member of the Committee on Nomenclature and Classification of Diseases of the American Medical Association; Editor of the "American Pocket Medical Dictionary." With the collaboration of E. C. L. Miller, M. D., Medical College of Virginia. Eighteenth edition, revised and enlarged. 1607 pages, wth 942 illustrations, including 283 portraits. Flexible and stiff binding. Philadelphia and London: W. B. Saunders Company, 1938. Plain, $7 net. Thumb Indexed, $7.50 net.

Among distinctive features to which attention may be called are the anatomical tables; the chemical formulas; tables of dosage; and the exanthemata and other phases

(Continued on Page 22)

CALORIE COMPUTATIONS

Moving Day—Who Packed Sonny's Cod Liver Oil?

No need to worry about cod liver oil when the feeding is S.M.A. Vitamins A, B_1 and D are provided in S.M.A., in adequate amounts to meet the nutritional needs of normal, full-term infants.

Diluted, ready to feed, each quart of S.M.A. provides 7500 U.S.P. units vitamin A, 400 U.S.P. units vitamin D and 200 U.S.P. units vitamin B_1.

S. M. A. IS ECONOMICAL TO FEED. INFANTS RELISH IT, DIGEST IT EASILY AND THRIVE ON IT.

S. M. A. is a food for infants—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

S. M. A. CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILLINOIS

86c out of each $1.00 gross income used for members benefit

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

HOSPITAL
ACCIDENT
SICKNESS
INSURANCE

For ethical practitioners exclusively

(50,000 POLICIES IN FORCE)

Liberal Hospital Expense Coverage for $10.00 per Year

$5,000.00 ACCIDENTAL DEATH $25.00 weekly indemnity, accident and sickness	For $33.00 per year
$10,000.00 ACCIDENTAL DEATH $50.00 weekly indemnity, accident and sickness	For $66.00 per year
$15,000.00 ACCIDENTAL DEATH $75.00 weekly indemnity, accident and sickness	For $99.00 per year

38 years under the same management

$1,850,000 INVESTED ASSETS
$9,000,000 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability.

Send for applications, Doctor, to

400 FIRST NATIONAL BANK BUILDING • OMAHA, NEBRASKA

CANYON SANATORIUM
REDWOOD CITY, CALIFORNIA

◆

For the Treatment of Diseases of the Chest

◆

"The summers are not too hot nor the winters too cold. Climatically, Canyon Sanatorium is an ideal location."

PHILIP H. PIERSON, M.D. *Medical Director*	EDWARD S. SCHULZE, M. D. *Resident Physician*
LEO ELOESSER, M. D. *Surgical Consultant*	MR. ARNOLD W. SCHEIER *Business Manager*

Rates and Booklets on Request

Redwood City, Calif. **Redwood 1600**	**San Francisco Office** **490 Post St., Suite 1228, GA 2127**

BOOK REVIEWS

(Continued from Page 20)

of medicine, concerning which physicians have interest. There are many illustrations. All in all, this last edition of the American Illustrated Dictionary measures up to the best standard of books of this type, while the repeated editions are an evidence of the popularity of this dictionary.

Anesthesia: Narcosis, Local, Regional, Spinal. By A. M. Dogliotti, M. D., Professor of Surgery, University of Modeno. Authorized English Translation by Carlo S. Scuderi, M.S., M.D., F.A.C.S., Associate in Surgery, University of Illinois, College of Medicine. Cloth. Pp. 680, with 17 tables and 236 illustrations partly in colors. Price, $7.50. Chicago: S. B. Debour, Publishers, 1939.

This is a book for the specialist or for the surgeon with a good basic knowledge of the subject. It is packed with good hints, and is well worth a careful perusal. However, the book is also full of misinformation, such as this statement regarding humidity control: "It is much more simple to humidify the anesthetic apparatus. This is easily done by having the gas go through a flask containing water or a chamber which contains a humid sponge or, easier still, by adding a little water to the respiratory bag."

The chapters on the history of anesthesia, on the physiology of pain and the physiopathology of narcosis show the influence of the Rome-Berlin axis, credit for ideas and discoveries being given to Italian or German workers wherever there is the slightest excuse.

There is an interesting and useful chapter on accidents and complications of narcosis. The sections on nitrous oxid, ethylene, and cyclopropane are very sketchy, more space being given for the discussion of avertin anesthesia than for ethylene and cyclopropane combined.

Over half the book is devoted to the discussion of peripheral anesthesia, and it is this part which bears the marks of being based on the author's own deep thought and experimentation. The section covering epidural anesthesia is particularly valuable, since the author himself is largely responsible for the widespread interest in, and the increased use of this form of anesthesia in recent years.

All in all, the book should be bought and read by every anesthetist, and by others having special interest in the subject. It cannot be recommended, however, to the student or interne, containing as it does too much chaff along with the good grain.—W. L. Garth.

Medicolegal Phases of Occupational Diseases. An Outline of Theory and Practice. By C. O. Sappington, A. B., M. D., Dr. P. H., Consultant, Occupational Diseases and Industrial Hygiene. Formerly Director of Industrial Health, National Safety Council; also Special Lecturer on Industrial Hygiene and Occupational Diseases, University of California, Stanford Medical School, University of Michigan, University of Illinois Medical School, and Rush Medical School. Cloth. Pp. 405. Chicago: Industrial Health Book Company, 1939.

A monograph of the medicolegal problems of occupational disease, including the measurement and evaluation of industrial exposure; interpretation and application of information relating to physical examinations, diagnosis, clinical laboratory work, and x-ray findings; the correlation of industrial and medical information in terms of cause-and-effect relationship; occupational disease legislation by States; and review of cases with decisions.

A valuable working outline for anyone dealing with occupational diseases, and an excellent reference book for the individual who has an occasional actual or questionable case of occupational disease. A cover to-cover reading of this book should enable the average physician to handle cases of occupational diseases along the lines of the expert.— Joseph J. O'Hara.

John Howard. (1726-1790.) Hospital and Prison Reformer: A Bibliography. By Leone Baumgartner, M.D., Ph.D., with introduction by Arnold M. Muirhead, M.A., Oxon. Board, Pp. 79. Price, $1. Baltimore: The Johns Hopkins Press, 1939.

For those who are keenly interested in studying the very beginnings of the prison and hospital reform movement, this volume will be of prime interest and value. Doctor

(Continued on Page 25)

Fulfilling the essentials
of effective liver therapy—

1cc. CONCENTRATED SOLUTION LIVER EXTRACT
(PARENTERAL)

Lederle

SINCE INDIVIDUAL PATIENTS with Pernicious Anemia vary one from another and from time to time in the amount of liver extract needed, no dogmatic statements can be made as to dosage. Every patient should receive at least enough of the material to maintain a normal blood picture. "Lederle's 1 cc." extract usually meets such requirements when injected at intervals of 7 to 15 or more days.

For the successful treatment of severe neurologic involvement much more extract is indicated than is required for the maintenance of normal blood. An excess of liver is useful to the extent that it may be stored in the body reservoirs and drawn upon as needed.

Neurological complications and relapse need not develop once the patient's cooperation is gained. Lederle's 1 cc. concentrated solution liver extract, containing 15 USP units, aids in gaining this cooperation by

—fewer injections;
—less discomfort;
—less inconvenience.

OBTAINABLE IN PACKAGES OF THREE 1 CC. VIALS.

Literature on Request

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA NEW YORK, N.Y.
San Francisco: 450 Sutter St. Los Angeles: 714 W. Olympic Blvd.
Lederle Laboratories Depot, 1216 S. W. Stark St., Portland, Oregon

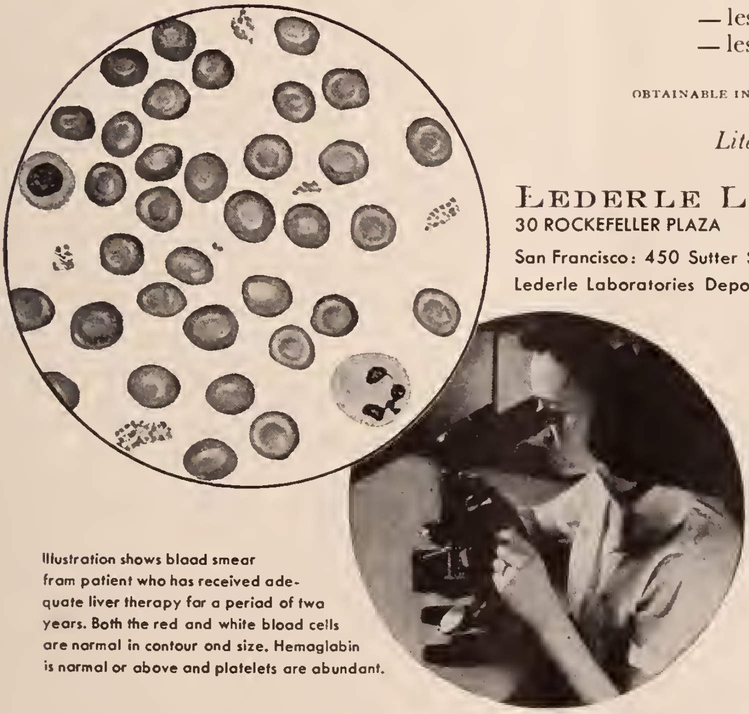
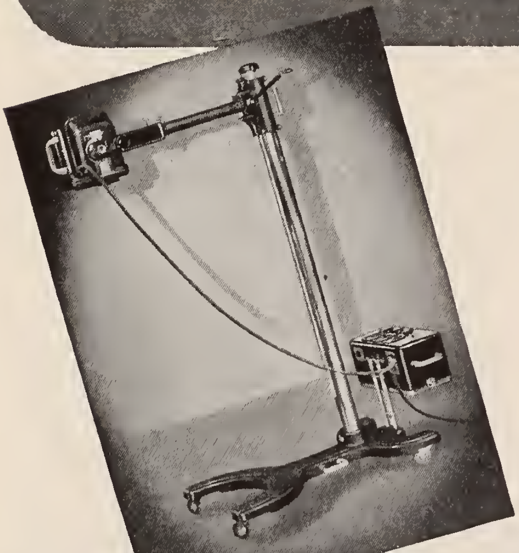


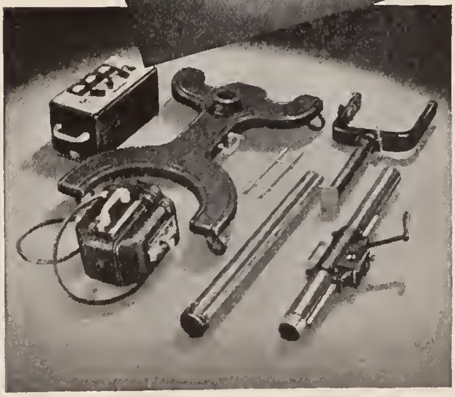
Illustration shows blood smear from patient who has received adequate liver therapy for a period of two years. Both the red and white blood cells are normal in contour and size. Hemoglobin is normal or above and platelets are abundant.

what d'you mean—portable!

FEATHERWEIGHT— no! A good portable x-ray unit is still quite a way off from the size and weight of a little camera. Dependable performance calls for plenty of power and solid strength.

HEAVYWEIGHT— no! Excess poundage and a bewildering confusion of parts are definitely a thing of the past. A real portable shouldn't need a truck or a trailer, or a structural engineer to put it together and take it apart.





What we really have in mind is the *Westinghouse Portable D.* Mechanically it is amply sturdy for easy, accurate positioning without getting the jitters. Electrically it is so powerful that it competes with many a stationary diagnostic apparatus. Yet it weighs little enough that it can be carried about with comfort—and of course it is compact to fit very nicely into your car.

Certainly, we'd like to demonstrate it to you. If you'll mail the coupon your Westinghouse representative will be more than glad to arrange for it, at your convenience and without obligation.

Westinghouse X-Ray Co.

Long Island City, N. Y.

Westinghouse X-Ray Company
21-16 43rd Avenue
Long Island City, New York

Please tell your representative to check with me for a convenient time to demonstrate your new Portable D diagnostic X-Ray unit.

Dr...

....

BUTLER BUILDING

GEARY AND STOCKTON STREETS • AT UNION SQUARE

"Greatest May Day in history, I suppose, was the day Admiral Dewey and his fleet won the Battle of Manila Bay. That shaft in Union Square is in honor of that victory. Greatest May Day in my own history was this last one when I moved into the Butler Building. My offices are perfect for my needs. And I had no idea how much time it would save me and my patients to be in a convenient location."

Why not investigate the offices, single or in suite, in the Butler Building? See how well-equipped they are to meet your needs.

Call at the building . . . or
Telephone DOuglas 5686

Buckbee Thorne & Co.

Agents

151 SUTTER STREET • SAN FRANCISCO

BOOK REVIEWS

(Continued from Page 22)

Baumgartner has succeeded in tracing all the available works and writings of John Howard, the great hospital and prison reformer of England, and presents them herewith for the student in one complete bibliography. The first part of the book is taken up with a short summary of John Howard's life by Arnold Muirhead.

The death of his wealthy father left Howard with funds which were sufficient to enable him to travel. Captured by a French privateer, he was made a prisoner, and thus obtained first-hand knowledge of the treatment of those in chains. No doubt this personal experience gave him the interest he later exhibited for the study of prison conditions and their reform. His opportunity came in 1773 when he was appointed High Sheriff of Bedfordshire. He found that prisoners acquitted at the Assizes were brought back to jail for failure to pay their jailers for their custodial care. He tried to abolish the fee system for paying jailers, and give them a salary; and to find a precedent for this novel request, he traveled, visiting practically all the prisons in England. He made seven tours abroad on the Continent, going into all countries and jails. As he traveled, he observed and wrote. By 1784 he had covered 40,000 miles in search of facts.

Howard constantly risked his life, so zealous was he to get to the truth. He visited the chief lazarettos in Europe, and took passage on ships with a "foul bill" to learn quarantine regulations. Everywhere he found lack of sanitation, drinking and gambling in prisons encouraged by keepers, no medical care for inmates, lack of segregation of cases, and decayed prison buildings.

He spent a considerable amount of money pursuing his researches, going back to prisons he had previously examined to note any changes, and published his results. His writings stirred public opinion and stimulated others to carry on this work of reform. As a result, Parliament passed laws for the betterment of prisoners. His influence founded the Howard Society for Prison Reform, which has a long record of achievement to its name, and he was given the thanks of the House of Commons in a public appearance. His works were translated into other languages, and

(Continued on Next Page)

THE CALSO COMPANY

To the Medical Profession

May we suggest **CALSO WATER** as a vehicle for supplying your alkalinity when **administering Sulfanilamide to your patients.**

CALSO is not a laxative and contains no sulphate.

SPARKLING PALATABLE

25 Years Ethical

CALSO WATER CO.

524 Gough St. • San Francisco

PAUSE...AT THE FAMILIAR RED COOLER
DRINK Coca-Cola
DRINK Coca-Cola
ICE COLD
Drink Coca-Cola Delicious and Refreshing

COPYRIGHT 1939, THE COCA-COLA COMPANY

LOS ANGELES TUMOR INSTITUTE
1407 South Hope St. • Los Angeles, Calif.

Hours 9 to 5
Saturday afternoons and Sundays excepted
Telephone PRospect 1418

An institution owned and operated by Drs. Soiland, Costolow and Meland, dedicated to the study and treatment of cancer, neoplastic pathology and allied disease.

The Institute is provided with adequate facilities for the surgical and radiological treatment of such lesions by approved standardized methods.

STAFF

Albert Soiland, M.D.	**Harry F. Mershon, M.D.**
William E. Costolow, M.D.	**Roy W. Johnson, M.D.**
Orville N. Meland, M.D.	**John W. Budd, M.D.**

A. H. Warner, Ph.D.
R. B. Neil, A.B.
—Physicists

BOOK REVIEWS

(Continued from Preceding Page)

thereby his influence in the cause of sanitation and hospital and prison administration was an important link in the modern public-health movement.—Reuben L. Kaufman.

The Art of Anesthesia. By Paluel J. Flagg, M. D., Visiting Anesthetist to Manhattan Eye and Ear Hospital; Consulting Anesthetist to St. Vincent's Hospital, New York; Consulting Anesthetist to the Woman's Hospital, Sea View Hospital, Jamaica Hospital, Mount Vernon Hospital, Flushing Hospital, Mary Immaculate Hospital, and St. Mary's Hospital, Far Rockaway, New York; Nassau Hospital, Long Island; Director of Pneumatology, World's Fair, New York City, and Chairman of Committee on Asphyxia of the American Medical Association. Sixth edition, revised. Cloth. Pp. 491, with 161 illustrations. Philadelphia: J. B. Lippincott Company, 1939.

Doctor Flagg has made many additions in this edition, and the volume is presented by the author as a groundwork in acquiring more comprehensive knowledge of the art of anesthesia. A brief historical background is given. Before specific agents are discussed, he deals with "Complete General Anesthesia," considering induction, maintenance, recovery, position on table, and signs of anesthesia. Each agent is taken up separately and fully. Local and regional techniques are given consideration.

The new material describes cyclopropane anesthesia and CO_2 absorption, use of helium and methods of resuscitation, as well as newer drugs, used as premedication and basal anesthetic agents and technique.

Intubation and difficulties in attaining skill in the art are fully outlined. A chapter on causes of death in anesthesia and resuscitation of the new-born is included.

Doctor Flagg suggests a department of pneumatology which would include the field of anesthesia and gas therapy.

A very useful reference for the experienced anesthetist, and extremely valuable as a guide to the novice.—Harry J. Smith.

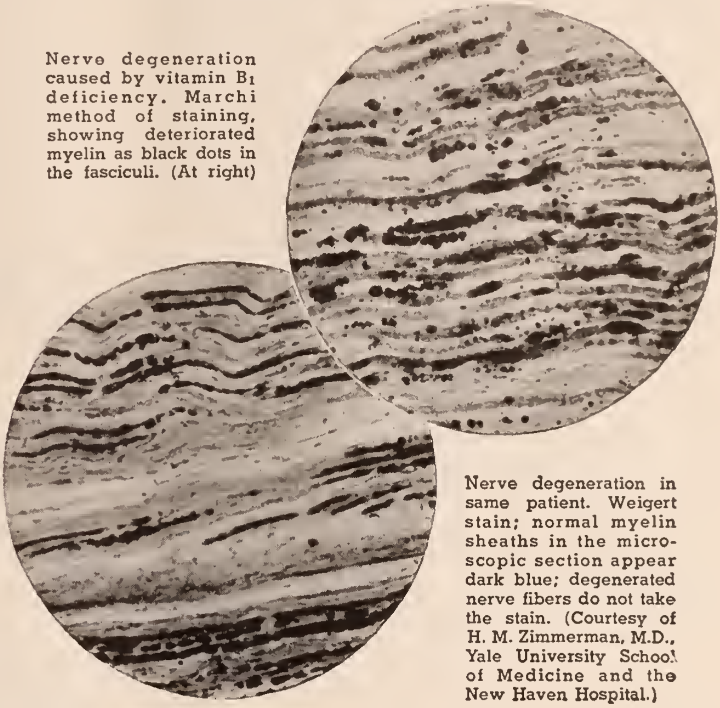
(Continued on Page 28)

STUDIES IN THE AVITAMINOSES

This page is the fifth of a series on vitamin deficiencies presented by the research division of The Upjohn Company because of the profession's widespread interest in the subject. A full color, two-page insert on the same subject appears in the April 27 issue of The Journal of the American Medical Association.

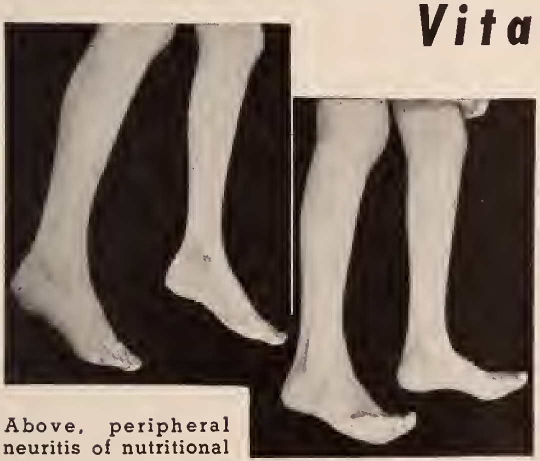
ONE of the specific lesions resulting from thiamin deprivation consists of degenerative changes in the myelin sheaths of nerve fibers. In peripheral nerves, the myelin breaks down into small globules and finally disappears, and the axis-cylinder undergoes atrophy and fragmentation. Degeneration has been described also in the spinal cord, especially in the posterior columns and anterior and posterior nerve roots, and in the posterior spinal ganglions and the anterior horn cells.

Nerve degeneration caused by vitamin B_1 deficiency. Marchi method of staining, showing deteriorated myelin as black dots in the fasciculi. (At right)



Nerve degeneration in same patient. Weigert stain; normal myelin sheaths in the microscopic section appear dark blue; degenerated nerve fibers do not take the stain. (Courtesy of H. M. Zimmerman, M.D., Yale University School of Medicine and the New Haven Hospital.)

The Neurologic Manifestations of Vitamin B_1 Deficiency



Above, peripheral neuritis of nutritional etiology; note limited dorsiflexion. At right, improvement in dorsiflexion after two and one-half weeks of thiamin chloride therapy. (Courtesy of Henry Field, Jr., M.D., University of Michigan.)

THE early manifestations of vitamin B_1 deficiency affecting peripheral nerves are pain and burning along the involved sensory neurons and impairment of motor nerve function. If the deficiency remains uncorrected, fragmentation of the axis-cylinders of motor nerves follows, leading to further loss of function and atrophy of the innervated muscles. Administration of thiamin chloride over a prolonged period slowly produces regeneration of the involved neurons. If complete degeneration of cells and axis-cylinders in the central nervous system has occurred, regeneration cannot take place.

UPJOHN

'AMPULOIDS'

GLYCINE

(INGRAM)

Glycine solutions, when used as a solvent for the Arsphenamines, have been shown to notably diminish the toxic reactions in individuals hypersensitive to these arsenicals. (Ref.: A. Versari, La Riforma Medica, No. 41, October 9, 1937.)

Supplied in ten (10) c.c. AMPULOIDS, each containing Glycine (amino-acetic acid) 0.4 grams.

For Parenteral Medication:
SPECIFY 'AMPULOIDS'

INGRAM LABORATORIES, Inc.
278 POST STREET, SAN FRANCISCO
DOuglas 1700

Behind
MERCUROCHROME
(dibrom-oxymercuri-fluorescein-sodium)
H.W.&D. *is a background of*

Precise manufacturing methods insuring uniformity

Controlled laboratory investigation

Chemical and biological control of each lot produced

Extensive clinical application

Thirteen years' acceptance by the Council of Pharmacy and Chemistry of the American Medical Association

ACCEPTED AMERICAN MEDICAL ASSN.

A booklet summarizing the important reports on Mercurochrome and describing its various uses will be sent to physicians on request.

Hynson, Westcott & Dunning, Inc.
BALTIMORE, MARYLAND

BOOK REVIEWS

(Continued from Page 26)

Forensic Medicine. By Sydney Smith, M. D. (Edinburgh), F.R.C.P. (Edinburgh), D.P.H., Regius Professor of Forensic Medicine, University of Edinburgh; Formerly Principal Medicolegal Expert and Director of Medicolegal Section, Egyption Government Service, and Professor of Forensic Medicine, University of Egypt; Formerly Medical Officer of Health, Department of Public Health, New Zealand, and Examiner in Public Health to the University of New Zealand. Including a section on American Medicolegal Procedure by Alan P. Moritz, B. Sc., M. A., M. D., Professor of Legal Medicine, Harvard University School of Medicine. Sixth edition. Cloth. Pp. 654, with 169 illustrations. Price, $7. Boston: Little, Brown & Company, 1939.

This is an American edition of a British work, and reflects, in the main, English and Scotch law; but there is included a very practical section of American medicolegal procedures. The book stresses physical findings and macroscopic pathology, but there is a short, practical classification of insanity, in which one finds a modern consideration of the part played by alcohol in traffic accidents. In the section devoted to toxicology, the symptoms and postmortem findings are set down in a very practical way; but the portion devoted to chemical procedures is very brief, and the book, therefore, is not a practical reference for those doing toxicology. The book can be recommended, however, for all desiring to familiarize themselves with the general principles of forensic medicine, rather than as a reference for workers in any of the special fields.

The Early Symptoms of Renal Tuberculois are not appreciated, and genito-urinary tuberculosis is regarded as a disease by itself and not as a manifestation of a generalized tuberculosis condition. As a result, adequate convalescence and expert after-care are not insisted upon. Sanatorium treatment and continued supervision after operation or local treatment will favorably influence the general prognosis.—J. Carver, M. D., *Tubercle*, April, 1939.

TWENTY-FIVE YEARS AGO

(Continued from Text Page 248)

cants to the office of the State Society for investigation and report. Membership in county units is becoming more and more valuable and important; as the medical law is broken down, from legislature to legislature, membership in a recognized medical organization of high standing will become more necessary and more valuable. . . .

* * *

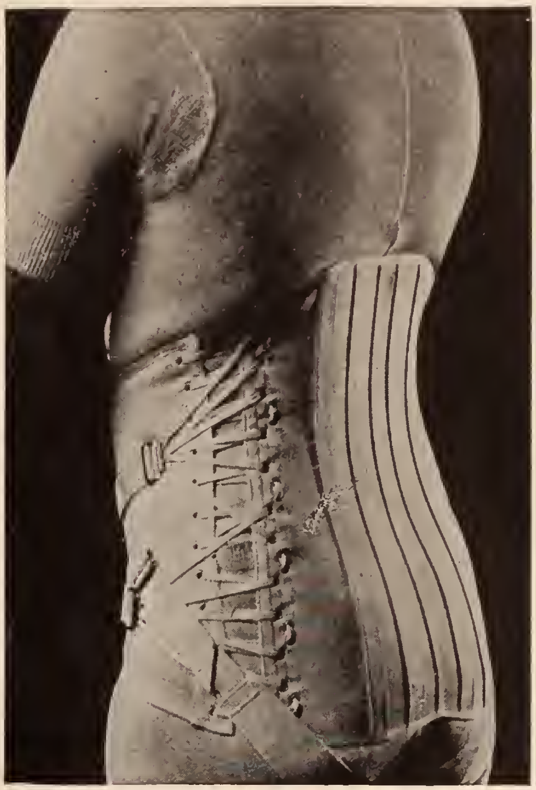
Importance of Case Records.—This brings up the whole matter of case records and their vital importance. Too many physicians are very, very careless in the matter of keeping case records of their patients. Memory is a jade and an utterly unreliable one. . . . Whenever possible, every surgical procedure should be a matter of consultation, and a record should be kept of that fact. You can never tell when the most unlikely appearing patient may turn around and sue you. . . . By all means think of your records; keep them sufficiently full; do not be careless and slovenly about this, and so run the chance of being put to a good deal of trouble and expense; for if you are sued it will take a good deal of your time, and that is an expense to you, to say nothing about placing an added burden on all the members of the society just through your own fault. Keep your case records carefully.

From an Original Article on "General Paresis and Its Relation to Syphilis, with a Report of the Pathologist of Napa State Hospital," by A. W. Hoisholt, M. D., Napa.—General paresis, general paralysis of the insane or softening of the brain was first spoken of by Willis in 1672, but was not recognized and described as a disease entity until 1822,

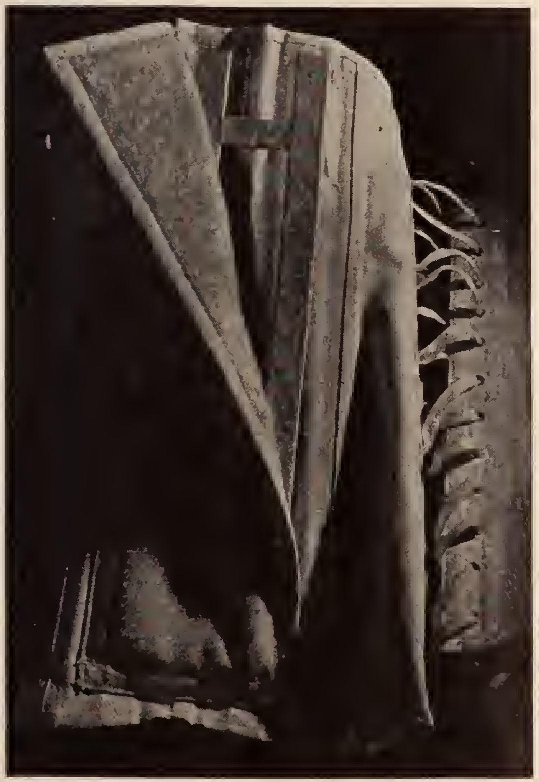
(Continued on Page 30)

SUPPORT WITH BRACE FOR THE LOW BACK

Commenting on the increased likelihood of patients with spondylolisthesis lesions to suffer from industrial low back injury and on the pathology and symptoms of such injuries, an orthopedic surgeon* in a recent article continues, as follows: ". . . one begins by putting the patient to bed for anywhere from a few days to two weeks. Physiotherapy is used to give relief from pain and to strengthen the muscles of the back. Sometimes it is well to assure rest to the injured back by immobilization in a plaster jacket. When the patient gets out of bed one must provide him with a low back belt if the symptoms have been mild, or with a spinal brace if rigid support is needed. If, in spite of prolonged conservative treatment, the pain and weakness in the back and the disability continue, one must realize that permanent internal fixation is required."



CAMP LUMBOSACRAL SUPPORT



CAMP SPINAL BRACE

The Camp spinal brace (illustrated) is made of spring steel and comes in varying lengths; twelve, fourteen, sixteen and eighteen inch lengths.

According to the surgeon's preference, the brace may be used to extend over the curved lumbar spine in a straight manner or may be fashioned to fit the curve of the spine.

The brace may be incorporated in any of the Camp side-lacing, orthopedic supports.

*Samuel Kleinberg, M.D.
New York State Journal of Medicine
Volume 39, September 15, 1939

CAMP
TRADE MARK
Supports

S. H. CAMP & COMPANY
JACKSON, MICHIGAN
Offices in: New York; Chicago; Windsor, Ont.; London, Eng.
World's largest manufacturers of surgical supports

FRENCH HOSPITAL • Geary Boulevard and Fifth Avenue
SAN FRANCISCO, CALIFORNIA

HENRY J. BAZERQUE, *President*
LAURENT LALANNE, *Secretary*
V. LABRUCHERIE, *Superintendent*
GRACE GREY, R.N., *Superintendent of Nurses*
A. H. McNULTY, M.D., *Chairman of the Staff*
COLEMAN A. BLOCK, M.D., *Secretary of Staff*
W. L. ROGERS, M.D., *Chief of Staff*

A general hospital of 225 beds operating an accredited school of nursing, admitting all classes of patients except those suffering from mental diseases. Organized in 1851 and is operated by the French Mutual Benevolent Society, through a Board of Directors, a chief executive officer and staff. Accredited for intern training by the American Medical Association and approved by the American College of Surgeons.

MEDICAL STAFF

Medicine
AIME N. FREGEAU, M.D.
FRANCIS ROCHEX, M.D.
JOSEPH H. D. ROGER, M.D.
ALEX THIBODEAU, M.D.
E. S. KILGORE, M.D., Consultant in General Medicine
HAROLD HAND, M.D., Consultant in Gastro-Enterology
THOMAS G. INMAN, M.D., Consultant in Neuropsychiatry
MELVIN R. SOMERS, M.D., Associate Consultant in Neuropsychiatry
JAY JACOBS, M.D., Dermatologist
CABOT BROWN, M.D., Consultant in Lung Diseases

Surgery
ASA W. COLLINS, M.D., F.A.C.S., Chief-Emeritus
H. M. GILFILLAN, M.D.
W. L. ROGERS, M.D.
E. B. TOWNE, M.D., Consultant in Neurological Surgery
EDMUND J. MORRISSEY, M.D., Consultant in Neurological Surgery
FRANK W. LUSIGNAN, M.D., Consultant in Neurological Surgery
FREDERICK A. FENDER, M.D., Consultant in Neurological Surgery
GEORGE WARREN PIERCE, M.D., Consultant in Plastic Surgery

Radiology
LLOYD B. CROW, M.D., Director

Urology
A. H. McNULTY, M.D.
ALVIN E. CERF, M.D.
AUGUST SPITALNY, M.D.
OSCAR F. NOLAN, M.D., Consultant
WILLIAM A. SUMNER, M.D., Consultant

Pathology
DAVID A. WOOD, M.D., Director

Pediatrics
BRADFORD F. DEARING, M.D.
M. STALLINGS, M.D., Pediatrics, Allergy

Anesthesia
HERMAN MARCUS, M.D., Chief
O. K. ALLEN, M.D.

House Visiting Department
COLEMAN A. BLOCK, M.D.
LOUIS D. RONCOVIERI, M. D.

Orthopedics
FRANK A. LOWE, M.D.
LEON O. PARKER, M.D.

Ophthalmology and Otolaryngology
E. C. FABRE-RAJOTTE, M.D., Chief
VICTOR d'ERCOLE, M.D., Associate
C. B. COWAN, M.D., Associate

Obstetrics and Gynecology
CHESTER L. COOLEY, M.D.
M. A. FRANCOZ, M.D.
ELLIS D. HARMON, M.D.
HANS VON GELDERN, M.D., Consultant

TWENTY-FIVE YEARS AGO

(Continued from Page 28)

when the French alienist, Bayle, pronounced the somatic and psychic symptoms manifestations of one and the same disease. . . .

The question was finally definitely decided when Noguchi, a couple of years ago, succeeded in demonstrating the finding of treponema pallidum in the brain in about 25 per cent of 200 cases of general paralysis, and especially when he, over a year ago, was able to produce typical syphilitic sclerosis containing the syphilitic microörganism in the testes of rabbits by inoculation of an emulsion of the brain obtained from a paretic individual. . . .

From an Original Article on "Successful Methods of Attack on Malaria in California," by Professor William B. Herms, University of California.—In spite of the fact that about thirty-five years have elapsed since Laveran discovered the causative organism of malaria in the red blood-cell of man, and about twenty-seven years since Ronald Ross and coworkers revealed the rôle that the Anopheles mosquito plays in its transmission, and notwithstanding the fact that malaria is now perhaps one of the best-known diseases, there is still much left to be accomplished in its control. Furthermore, the ignorance and false notions of otherwise intelligent persons with regard to malaria are astonishing. . . .

From an Original Article on "Drug Anaphylaxis: An Illustrative Case," by A. J. Scott, Jr., M. D., Los Angeles.—The literature of today contains many references and many articles on anaphylaxis. Dorland defines it as: "The state of excessive susceptibility to the action of a toxin or a drug which sometimes follows infection or continued administration of the drug. Called also Theobald Smith phenomenon and hypersusceptibility." . . .

From an Original Article on "Report of Three Years' Rectal Work at the County Hospital," by W. H. Kiger, M. D., Los Angeles.—My object in writing this paper for your consideration is twofold; first, to invite your attention to the frequency of rectal and colonic diseases; and, second, to compare the different methods of operating for said diseases. I have taken from my books and tabulated a list that you may see the frequency with which each disease occurs. All writers on this subject agree that hemorrhoids head the list. Permit me to say in this connection that much confusion might arise here for the reason that the patient's word is often taken, and he invariably calls any, and all, affections in the region of the anal canal or rectum, piles, when in truth his opinion is far from being correct. . . .

From an Original Article on "A Water-Borne Typhoid Fever Epidemic," by Wilbur A. Sawyer, M. D., Director of the Hygienic Laboratory of the California State Board of Health.—The city of Healdsburg in Sonoma County, California, was almost entirely free from typhoid fever for a number of years prior to the summer of 1914. Between July 15 and September 22 of that year the city was visited by an epidemic of typhoid fever, consisting of ninety reported cases and seven deaths. . . .

From "Society Reports: Fresno County."—The Fresno County Medical Society has held three well-attended meet-

(Continued in Back Advertising Section, on Page 34)

Copyright 1940, Mead Johnson & Co.

I WANT MORE PABLUM!

Babies like the taste of Pablum, yet it furnishes more iron than does any other food in the child's daily diet. Investigations show that even such an iron-rich vegetable as spinach does not increase iron storage in the body, but that the iron in Pablum is present in available form.* Although Pablum is higher in total and in soluble iron, vegetables are also valuable in the child's diet, supplying vitamins, minerals and roughage.

*Bibliography on request. Mead Johnson & Company, Evansville, Indiana, U.S.A.

Pablum consists of wheatmeal (farina), oatmeal, wheat embryo, cornmeal, beef bone, brewers yeast, alfalfa leaf, sodium chloride and reduced iron

THE DIABETIC'S DOLLAR

Now Goes 28 Times Further

● Since April 1, the diabetic can buy as much Iletin (Insulin, Lilly) for 3.5 cents as he purchased in 1923 for $1.00. Thirteen reductions in the price of Iletin (Insulin, Lilly) have resulted from large-scale production and improvement in marketing facilities.

ELI LILLY AND COMPANY

Principal Offices and Laboratories, Indianapolis, Indiana, U. S. A.

CALIFORNIA
AND
WESTERN MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

VOL. 52 MAY, 1940 NO. 5

California and Western Medicine
Owned and Published by the
CALIFORNIA MEDICAL ASSOCIATION
Four Fifty Sutter, Room 2004, San Francisco, Phone DOuglas 0062

Address editorial, business, and advertising communications to Dr. George H. Kress as per address above.

EDITOR . . . . GEORGE H. KRESS

Committee on Publications
Ralph B. Eusden (Chairman)........Long Beach 1940
Ruggles A. Cushman........Talmage 1941
Francis E. Toomey........San Diego 1942
Secretary ex officio Editor ex officio

Advertisements.—The Journal is published on the seventh of the month. Advertising copy must be received not later than the fifteenth of the month preceding issue. Advertising rates will be sent on request.

BUSINESS MANAGER . . . . . GEORGE H. KRESS

Advertising Representative for Northern California
L. J. FLYNN, 544 Market Street, San Francisco (DOuglas 0577)

Copyright, 1940, by the California Medical Association

Subscription prices, $5 ($6 for foreign countries); single copies, 50 cents.

Volumes begin with the first of January and the first of July. Subscriptions may commence at any time.

Change of Address.—Request for change of address should give both the old and the new address. No change in any address on the mailing list will be made until such change is requested by county secretaries or by the member concerned.

Responsibility for Statements and Conclusions in Original Articles.—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the Journal and the demands on its space may permit. The right to reduce or reject any article is always reserved.

Contributions—Exclusive Publication.—Articles are accepted for publication on condition that they are contributed solely to this Journal. New copy must be sent to the editorial office not later than the fifteenth day of the month preceding the date of publication.

Contributions—Length of Articles: Extra Costs.—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.

DEPARTMENT INDEX
(Itemized Index of Articles is printed on Front Cover)

	PAGE
Editorials	203
Editorial Comment	208
Original Articles	209
Clinical Notes and Case Reports	229
California Medical Association	232
Committee on Public Health Education	232
C. M. A. Department of Public Relations	232
Committee on Postgraduate Activities	233
California Physicians' Service	234
County Societies	234
Woman's Auxiliary	237
News	239
Letters	244
Medical Jurisprudence	247
Twenty-Five Years Ago; State Examining Board	248
Index to Advertisements	Adv. p. 8

EDITORIALS[†]

SIXTY-NINTH ANNUAL SESSION: CORONADO, MAY 6–9

Annual Session Proceedings Will Appear in June Issue.—Much of the preliminary story of this year's annual session of the California Medical Association has already been given in the "Pre-Convention Bulletin" supplement to the April number of CALIFORNIA AND WESTERN MEDICINE. Since, therefore, the current issue will be placed in the mails when the meetings at Coronado are still in progress, the record of proceedings of the annual session, both in relation to the scientific assemblies (general and section meetings, scientific exhibits, and medical films) and organization or business activities (House of Delegates and Council meetings), must lie over for the June issue of the OFFICIAL JOURNAL. In the meantime, returning delegates and visitors will be able to make their oral reports to component societies.

* * *

Increasing Activities Necessitate a Larger "Pre-Convention Bulletin."—Members may have noted that the "Annual Session Program—Pre-Convention Bulletin" supplement was of larger size this year, consisting of ninety-two pages; the OFFICIAL JOURNAL proper containing only fifty-two pages of text. To some members, so large an allocation of space for a discussion of activities and policies may seem unwarranted; but such judgment must be changed if it be agreed that the story of the needs of organized and scientific medicine should be made available to each of the more than six thousand physicians who make up the California Medical Association membership. Nor should it be forgotten that, today, it is the practice of scientific medicine that is being assailed; mostly, it is true, by theorizing agencies and individuals from without the medical profession, but, nevertheless, with powerful effect and to the detriment of the prestige of the medical profession. In recent years there has never been a time when scientific medicine has so much needed the support of organized medicine than at the very present. There is ample reason, therefore, for bringing the many reports that were given place in the "Pre-Convention Bulletin" to the attention of State Association members.

[†] Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

Why More General Meetings Were Inaugurated at This Year's Annual Session.—In recent issues mention was made of the departure from program arrangements of previous years, whereby each morning of the four-day session was set aside for a general meeting of all members; the meetings of the twelve scientific sections being held in the afternoons. The Committee on Scientific Work, in recommending this innovation, felt that the programs of the general meetings could be made of equal interest and value to physicians, both those in general and those in special practice. Also, that the recital and discussions in the general meetings on the progress and newer work in specialty fields were desirable for physicians doing general work, just as it was good for specialists, in turn, to keep more in mind their own relation to general medicine and practice. In will be interesting to observe the reaction of members in attendance at Coronado concerning these new procedures. If favorably received, they will, no doubt, be continued.

* * *

Sunday Meetings for Accessory and Affiliated Organizations.—California, geographically considered, is a large state; on which account, both because of time and money factors, contemplated travel from place to place must usually be carefully considered by physicians. For instance, at this sixty-ninth annual session, the California Medical Association convenes at Coronado, practically on the Mexican border, in a city about one thousand miles distant from the California cities of Eureka and Yreka, adjacent to the Oregon border. Therefore, because of transportation conditions, this year's trip means practically an extra day away from practice for the majority of those members who reside north of the Tehachapi.

Which brings to mind the thought: why not emphasize the value of meetings on the Sunday which immediately precedes the opening session on Monday morning? The earnest and growing groups of members who register for the Sunday conferences in radiology and pathology give ample evidence of the desirability of such Sunday meetings, especially for physicians who can be away only a limited number of days, and who find week-end absences less disturbing in their work.

Members of the Committee on Scientific Work have also expressed the opinion that all meetings at which lectures or demonstrations are given by organizations that are not official units of the California Medical Association might well hold their major meetings on Sunday mornings and afternoons, in order to avoid conflict and overlapping with the afternoon meetings of the twelve Scientific Sections of the Association. In this connection, it must be remembered that, under the new arrangements, no Sections are permitted to hold morning meetings; and also, that Tuesday afternoon, as in previous years, is allocated for entertainment. On Sunday, meeting-room facilities are ample, but not so on other days of the session.

Attention is again called to the Sunday meetings for physicians who are interested in keeping in touch with radiologic and pathologic work. The earnestness of those who have been attending these conferences is the best evidence of the worth of such meetings. The committees in charge of those programs will be glad to give information to physicians who are interested, and who have not availed themselves of the privileges of attendance.*

* * *

All Members Should Visit Scientific and Technical Exhibits, and Medical Film Displays. Some comment concerning the scientific exhibits and displays of medical films would seem to be in order. It is the hope of the Committee on Scientific Work that these features may be so developed that, in the future, they will become of increasing interest and value. In this connection it is proper at this time to advise all members who contemplate exhibit or film displays for next year's annual session to make their plans now, and confer at an early date with the proper officers and committees. Likewise, members who have in mind the submittal of papers for placement on the program of the annual session to be held next year should write as soon as convenient to the Secretary of the proper Scientific Section.†

MEDICAL SERVICE LEGISLATION

Vigilance Concerning Proposed Legislation Must Not Abate.—So long as statutes inimical to standards of scientific medicine and practice are pending in legislative halls at Washington or Sacramento, or are under serious consideration and approval of a state administration, the organized medical profession of California must continue to maintain an alert interest in proposed federal and state laws. The repeated onslaughts that have been made against the medical profession, from angles and forces not foreseen so recently as even ten years ago, and the widespread acceptance by a large number of citizens of the propagandist half-truths so ruthlessly and persistently exploited concerning supposed medical-inadequacies, should convince all physicians that, in these matters, the medical profession of the United States is not confronted with a passing theory or emotional whim, but by an accomplished fact; namely that, for reasons best known to themselves, these propagandist agencies referred to have embarked on a determined campaign to bring about the enactment of so-called health and hospitalization measures which they so vociferously espouse, both on platforms and in press.

* * *

Physicians Must Be Alert to Civic Responsibilities.—Wherefore, in order best to conserve the interests of the public health and the practice of scientific medicine, all physicians, more than ever before, should take an interest in civic matters, and be observant of candidates who aspire for office in the legislative chambers, or in the gubernatorial administrative divisions. Candidates who in the past have had affiliation with, or who, through their own associations, are apt to coöperate and aid in carrying out designs of those who would bring into being laws that would radically change the nature of medical practice, from both scientific and economic standpoints, certainly should never receive the endorsement or support of physicians or other citizens who believe in sound public health principles.

---

* For additional information, see in "Pre-Convention Bulletin," under "Other Meetings," on page 28.

† The list of Section officers appears in each issue of California and Western Medicine, on advertising page 6.

* * *

Pending Legislation in U. S. Congress.—At Washington, perhaps because of the troubles overseas and the political uncertainties of a presidential-election year, the proposed national Health Bill of Senator Robert F. Wagner of New York will probably not be passed out from committee for serious discussion on the Senate floor during the present session of Congress.

Whether the hospital construction bill—also introduced by Senator Wagner and having, in addition, the cordial approval of President Roosevelt—will go on to enactment by the present Congress is more difficult to forecast.

The Journal of the American Medical Association in recent issues (April 6, 1940, on pages 1365–1377, and April 13, on pages 1457–1465) printed the record of the hearings on this Wagner-George-Lea measure (S. 2330). A perusal of the proceedings makes evident not only the divergent views of the various speakers, but also the lack of exact knowledge and figures by proponents of the measure, who, as in so much of the new legislation of nowadays, here salve themselves with "objectives"; as if "theoretical objectives" were synonymous with "practical attainment of objectives." It is therefore to be hoped that this measure (S. 2330) will not be enacted in its present form.

Other federal legislation of analogous drift, such as Mr. Abraham Epstein's revised health insurance bill (S. 3660), introduced by Senator Capper of Kansas, has even less chance of passage during the present congressional session.

* * *

Political Medicine in California.—Turning now to California, it is reassuring that, up to the time of this writing, no compulsory health bill initiative has been circulated for signatures. Here again, a number of distracting forces having relation to other matters have so engrossed the attention of the gubernatorial sponsors, committees and adherents—who acted as proponents for a similar measure in the 1939 legislature of California—that, seemingly, they have come to the conclusion it may be wisest policy not to place a compulsory health initiative on the state ballot of November, 1940. If this surmise be true, so much the better, because time will permit closer study of their proposed law, and also offer greater opportunities to reveal the weaknesses of this type of "bureaucratic and political medicine."

However, the proponents may be counted on again to come to the front with similar legislation when the next California Legislature convenes at Sacramento, in January, 1941. On which account, as before stated, members of the medical profession should this year take an active interest in legislative candidates who place their names on the ballots at the primary election.

And in all assembly and senatorial districts support should be given only to those aspirants for office who may be depended upon to stand for sound public health and sane economic legislation.

AN HISTORICAL RETROSPECT: BUBONIC PLAGUE IN 1901

A Gift from Pennsylvania.—Several weeks ago, the Librarian of The Medical Society of the State of Pennsylvania sent to the California Medical Association a copy of the *Transactions of the Medical Society of the State of California* for 1901. That year was notable in the annals of the California Medical Association, because it was the period of the bubonic plague outbreak in San Francisco, and of the reorganization of the State Medical Association.

* * *

Bubonic Plague Outbreak in California; How the Battle Waged.—In the *Transactions* referred to, the papers on Bubonic Plague, by David Powell of Marysville, S. J. S. Rogers of Marysville, and W. H. Kellogg of San Francisco, with the discussion by Dr. J. J. Kinyoun, U. S. Marine Hospital Service, covered some fifty-eight pages; wherein, speaking of the outbreak in San Francisco's Chinatown of that period, Doctor Kinyoun states:

> . . . Another feature for preventing the spread of this disease [bubonic plague] is the Chinese fatalism and fear. When a Chinaman is quite sick, acquaintances who appear at first solicitous about his welfare become fewer and less frequent. Should the inmates of the house suspicion that the person is ill with what they term "black fever" [bubonic plague], there is a general exodus, no one standing on the order of his going. In conversation with several Chinese, I am told that this is the method of procedure in China, where the disease is epidemic. . . .

Later, again, there is this from Marine Health Officer Kinyoun:

> . . . My statements made with regard to the presence of plague in San Francisco have been fully confirmed by the report of the special commission appointed by the Treasury Department to investigate and report upon this subject. This commission, as most of you know, was composed of Drs. Simon Flexner, F. G. Novy, and Lewyllis F. Barker. The report of the findings of this commission are published for the first time in today's issue of the *Occidental Medical Times,* whose editor I am under obligations to for furnishing me with proof sheets in advance, a part of which is pertinent to the foregoing remarks. . . .

And, still further, Doctor Kinyoun adds:

> . . . After the commissioners had forwarded their report on or about February 27 last, and when the Governor and his sycophantic editorial and political business staff had failed in preventing the coming of this commission, its organization, and preventing its investigations, it was then deemed a necessary course to prevent the publication of the commissioners' findings, or anything else relating to plague in California. It was a bitter and relentless campaign, and headed by the chief executive of a state, who, in carrying out what is believed to be a dictated policy, steeped in bribery, corruption, and threats, saw fit to devote more than one-half of his annual message to what was termed "the bubonic plague scare." . . .

Concluding with:

. . . Look for once at the names and vocations of the "illustrissimi viri," "the immortal five," designated to represent the health interests of this great state [California] at Washington—newspaper editors, an ironmonger, and a railroad lawyer! To these and to these alone has been delegated the task of conserving the health interest of a great city. . . ."

* * *

Discussion on Whether Bubonic Plague Existed in Chinatown.—Leaving now Doctor Kinyoun's discussion and turning to page 366, where begin the "Minutes of the Proceedings of the Medical Society of the State of California at its thirty-first annual session held in the Senate Chamber of the State Capitol Building, Sacramento, April, 1901" (the State Association Secretary, whose name appears thereunder being none other than George H. Evans, M. D., now of Berkeley, and the senior living ex-president of the California Medical Association[*]), there will be found equally interesting comment by other speakers, as may be noted in the following excerpts:

. . . At the conclusion of his (Doctor Kinyoun's) remarks, Dr. W. A. Briggs of Sacramento offered the following resolutions . . .:

. . . *Resolved,* That we hereby demand of the Governor, and the Board of Health of the State of California, that vigilance and activity in the eradication of the bubonic plague, which medical science pronounces imperative.

Dr. James H. Parkinson of Sacramento presented the following resolutions . . .:

. . . *Resolved,* That the Society emphatically condemns the policy of suppression of information inaugurated in San Francisco and now being perpetuated in Washington, and demands that the plain provisions of the federal law in relation to the Public Health Reports be strictly complied with.

Later came a report of the Executive Committee of the Medical Society of the State of California:

The Executive Committee, through its chairman, Dr. Philip Mills Jones,[†] made a report, and, on motion duly made and seconded, the Society, by vote, decided to take it up section by section.

* * *

That portion of the report relating to the plague resolutions was first taken up and discussed as follows:

Dr. C. N. Ellinwood, San Francisco: It seems to me, Mr. President, and members of the Society, that, in the present state of advancement of bacteriological science; in the present knowledge of the subject of the plague; and, considering the fact that there is such great divergence of opinion upon the present disease observed in San Francisco, I believe that it would be unwise, I believe that it would be doing an act this Society would regret, to pass this resolution. . . .

. . . If such a disease existed there, do you think that immigration and visitation from eastern tourists would not be prevented? Do you think the hotels of San Francisco would be crowded? And yet this Society of learned men, this State Medical Society, by resolutions proposes to announce to the world, and would publish as a fact, that their conclusion is that bubonic plague exists in San Francisco. Where is the justification for such a hysterical action? It can certainly do no good to anyone. It is a method which develops no good, which aids not to arrest it, if it is there, and I ask the Society to think deliberately upon this subject before passing such absurd resolutions. . . .

* * *

. . . *Dr. Wallace A. Briggs, Sacramento:* Thirteen months ago the investigaton of plague began by the bacteriologists of San Francisco. Men of local and general reputation declared it to be plague. These were followed by men of national and international reputation, and they all declared it to be plague. Should we discuss that question here in the State Medical Society of California in the face of all this? The action may be hysterical possibly, but in the presence of so great evidence as this, I say that such action is demanded. . . .

* * *

. . . *Dr. R. F. Rooney,[‡] Auburn:* I rise as a country member. Have we got the plague in our state? If so, our country towns are in danger, and our neighboring states are in danger. If it exists, as we believe it to exist from proofs shown, there is danger, and we should take precautions, and not hide our heads like the ostrich, and say that, because we cannot see our peril, therefore no peril exists. . . .

* * *

. . . *Dr. D. W. Winterberg, San Francisco:* Before passing any such resolutions as the one under discussion, we ought to know, first of all, whether plague has ever existed or still exists in San Francisco. Now I, for one, cannot admit the existence of said disease without convincing proof, and I challenge anyone in this hall to bring forth such proof if he can. . . .

* * *

. . . *Dr. H. A. L. Ryfkogel,[*] San Francisco:* In reply to Doctor Winterberg, I will state that from the case which died on October 16, 1901, 905 Dupont Street (name), Drs. Kellogg, Kinyoun, and myself, working independently, found isolated cultures of the plague bacillus. . . .

* * *

. . . *Dr. Emmet Rixford, San Francisco:* I have listened with interest to the debate on these resolutions, and it seems to me very unfortunate that the subject was brought up in the Society at all. But since the matter is already public property, it is evidently incumbent on the Society to take some action. The resolutions as presented have aroused vigorous opposition, and, even as modified by the Executive Committee, seem to me to exaggerate the condition to an extent which will, if they be passed and published abroad, do great harm and injustice to the state. The main thing is the acknowledgment of the presence of bubonic plague in California, and it is quite within the province of this Society to put itself on record as being satisfied as to that fact. In the spirit of compromise, therefore, I offer the following as a substitute for the resolutions as reported by the Executive Committee:

WHEREAS, It has been shown by our local bacteriologists, and by the Commission sent by the United States Government, that the bubonic plague has existed in San Francisco, and probably does at the present time; therefore, be it

Resolved, That the Medical Society of the State of California express its confidence that the San Francisco Board of Health, the State Board of Health, and the United States Commission will be able to watch the disease, and to take proper measures for its suppression. . . .

The above excerpts reveal an interesting side-light on California's bubonic plague outbreak of that period.

* * *

"Objects" of the "Medical Society of the State of California."—Before leaving this volume of *Transactions,* it is of interest to quote the first article of the Constitution of the Medical Society of the State of California on the objects of that organization:

---

[*] For interesting contributions on the bubonic plague outbreak, from the pen of Dr. George H. Evans, see CALIFORNIA AND WESTERN MEDICINE: Vol. 49, No. 5, November, 1938, page 383; Vol. 49, No. 6, December, 1938, page 458; Vol. 50, No. 1, January, 1939, page 24.

[†] Philip Mills Jones founded CALIFORNIA AND WESTERN MEDICINE.

[‡] R. F. Rooney was president of the California Medical Association in both 1905 and 1906.

[*] H. A. L. Ryfkogel was president of the California Medical Association in 1919.

> CONSTITUTION: ARTICLE I
>
> *Name and Objects*
>
> Section 1. This Association shall be styled the "Medical Society of the State of California."
>
> Section 2. The objects of this Association are: To form and constitute a representative body of the regular medical profession of the State of California, to encourage the unity and harmony of the said profession throughout the State, to advance its interest as a body of citizens and a liberal profession, and to promote the advancement of medical, surgical, and hygienic science. . . .

* * *

State Medical Association Membership in 1901.—The membership report of Secretary George H. Evans, on page 358, stated that the Society, in 1901, had 262 active members, twenty-two permanent members, and twenty-one honorary members.

When the names on the membership roll are scanned, it is found that, among the 305 members above noted, 178 were in practice in San Francisco, twenty-eight in Alameda County, and thirteen in Sacramento, and that there were only twelve members who were in practice south of the Tehachapi (five of the twelve, Doctors C. L. Bard, H. Bert Ellis, Walter Lindley, H. S. Orme, and W. L. Wills later being elected presidents of the California Medical Association); while practically all of these twelve members from the southern section of the State were members of the faculty of the former College of Medicine of the University of Southern California.

In those days prior to the reorganization of the American Medical Association (reorganized on the basis of one national association, one constituent state association, and only one component unit in each county), organized medicine in California was represented by two major societies: (1) the Medical Society of the State of California, covering all the north, and (2) the Southern California Medical Society, including all the area south of the Tehachapi. In California, as in other states in the Union, the reorganization of the American Medical Association, on the basis above outlined, brought about decided improvements for both organized and scientific medicine, as is amply evidenced by the remarkable growth of the constituent state associations; the California Medical Association, for example, having today a membership in excess of 6,000.

ANOTHER HISTORICAL ITEM: ON MEDICAL SPECIALTIES

Medicine Specialties as Forecasted Some Fifty Years Ago.—At about the same time that the volume, *Transactions of the Medical Society of the State of California,* was received, the editor had occasion to look up some articles on mineral springs and related topics, from the pen of Dr. Joseph P. Widney of Los Angeles, who is celebrated in the annals of California medicine as the founder of the Los Angeles County Medical Association, the College of Medicine of the University of Southern California and the *Southern California Practitioner.* In the May issue of Volume II of the *Southern California Practitioner* for 1887 (printed more than fifty years ago) will be found a delightful editorial from the Doctor's pen on "Specialism Run Mad," some excerpts from which, as follows, are still worthy of note:

> SPECIALISM RUN MAD
>
> It is beginning to be a question what is to be the end of the mania for specialties in medicine. We have been wont to smile somewhat at the practice of our long-queued brethren of the Middle Flowery Kingdom, where one man takes medical charge of the brain, another of the stomach, another of the bowels, yet another of the heart, and so on through the anatomical list; yet a glance at our medical journals, or at the cards of physicians in the columns of a popular paper, rather extracts the twist from the smile. . . .

Passing on, Doctor Widney continues:

> . . . Possibly in that coming day, when the sick man's list of medical attendants shall only be limited by the number of separate organs to the human body, some youthful scion of a specialist progenitor shall exhume from the cobwebs of the old garret some moth-eaten book upon general practice, and with a look of vague wonder upon his countenance shall inquire as he turns over its unfamiliar pages the meaning of it all, and shall receive for reply some such answer as this: "This, my son, is an old heirloom, handed down from a distant ancestor, who in the dimness of the past practiced some rude sort of healing art. It is said, my son, that instead of, like myself, making a specialty of some such department as diseases of the distal phalanx of the little finger, he even professed to treat diseases of the human body in general. It was a primitive age, my son, an age when such an erudite work as my three volumes upon congenital peculiarities in the anatomy of the nail of the little finger would not have been appreciated. Such refinements of science, my son, were as yet beyond their crude ways of thought. . . .

And, finally, Doctor Widney says:

> . . . How shall he be narrow and broad at the same time?
>
> . . . Brethren, the editorial head has it. Specialize everything. It does not claim originality in the idea. It caught the thought from the card of a physician who advertised twelve specialties besides surgery and general practice.
>
> . . . Vive la specialty! . . .

Had the above expressions come from a lesser seer* than this remarkable man, who maintained his literary and other activities up to the age of 96, they might have been passed by without notice. Emanating, however, from him, his prognostications may still afford reason for pondering.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 232.

---

* Biographical sketches of Joseph Pomeroy Widney appeared in CALIFORNIA AND WESTERN MEDICINE in the following issues: Vol. 44, No. 4, April, 1936, page 292; Vol. 44, No. 5, May, 1936, page 396; Vol. 46, No. 6, June, 1937, page 398; Vol. 49, No. 2, August, 1938, page 106, editorial, Passing of Joseph P. Widney, Founder of the Los Angeles County Medical Association; Vol. 49, No. 2, August, 1938, page 161, Obituary.

The routine use of the tuberculin test in prenatal care can be easily used in clinics and private practice for discovery of active tuberculosis. Unsuspected active tuberculosis occurred in 1.7 per cent of those tested in one county in California where the early institution of collapse therapy prevented extension of the pulmonary disease.—Charles Ianne, Amer. Rev. of Tuber., Dec., 1939.

EDITORIAL COMMENT†

RUPTURED INTERVERTEBRAL DISC: AN UNFINISHED PROBLEM

Recently a wave of enthusiasm favoring laminectomy for severe sciatic pain has swept the country. Indeed, one well-known surgeon has said that ruptured intervertebral disc was a common cause of sciatic pain.[1] Excellent results have been described following laminectomy for ruptured intervertebral disc.[2] It is well to review several of the procedures that have been performed in the past for sciatic pain, and to append the reported percentage of good results from each procedure.

Procedure	Excellent or Good Results (Per Cent)	Author
Ober fasciotomy	75	Smith [3]
Lumbosacral fusion	72	Ghormley and Wesson [4]
Epineural sacral injection	66	Whitaker [5]
Heat and electrotherapy	90	Schmidt and Smith [6]
Intravenous injection of sodium salicylate	100	Sutton [7]
Heyman fasciotomy	76	Heyman [8]
Manipulation	87	Freeman [9]
Novocaine injection to sacroiliac joint	60	Haldeman and Soto-Hall [10]

Horowitz[11] has shown that in a series of twenty-five cadavers, posterior herniation of the intervertebral disc into the spinal canal occurred in nine cases. On reviewing the histories of these cases, Horowitz found no complaint of sciatica and that backache was an infrequent and minor symptom. Schmorl[12] had previously pointed out the frequency of intervertebral disc variations in cadavers.

Despite the evident relief afforded many patients by excision of a ruptured nucleus pulposus, some patients are unable or unwilling to resume their work following the procedure.[13]

One must realize that many structures of the back are altered by a laminectomy. Muscles and fasciae are severed and manipulated with retractors. Articular facets may be excised. It is possible that in some "cured" cases relief from pain is afforded by these procedures rather than by enucleation of the ruptured intervertebral disc. Moreover, Love[2] admits that pressure from a ruptured disc may subside, and thus a patient cure himself. Furthermore, the mortality following laminectomy by excellent surgeons for disc and ligamentum flavum lesions may be as high as 5 per cent.[14]

From the statements above one is led to the conclusion that the intervertebral disc lesion is not a closed chapter in our knowledge of sciatic pain.

2007 Wilshire Boulevard.

Lewis Cozen,
Los Angeles.

LACTATION IMMUNITY

Some of the present confusion, in reference to the alleged rôle of colostrum in the transfer of specific immunity to infants, may be dissipated by the immunogenetic studies recently reported by Schneider and Szathmáry[1] of Budapest, Hungary.

From the immunogenetic point of view, domestic animals may be divided into four main groups, depending upon the type of placentation. In horses, swine, cattle, and other animals of Group I, the maternal and fetal circulations are separated by seven distinct layers of tissue through which antibody transfer must take place. Both the maternal epithelium and the chorionic epithelium are intact in this group, the two epitheliums being separated by a thin layer of colloidal secretions. In the sheep and other animals of Group II, the uterine epithelium and the layer of secretion are both absent, the chorionic epithelium being in direct contact with maternal connective tissue. In the dog and other animals of Group III, this intervening connective tissue layer is also absent, the chorionic epithelium coming in direct contact with the outer walls of the maternal capillaries. In man, anthrapoid apes, rabbits, and other members of Group IV, even this capillary endothelium is lacking, the chorionic epithelium coming in direct contact with the maternal blood.

One would expect from these differences that transplacental transmission of antibodies would be least effective in Group I, and that the new-born of this group would have to rely mainly on lactic transfer of specific antibodies. Prenatal transfer of antibodies would, presumably, become more effective as one passes to the higher groups, the most effective transfer presumably taking place in members of the fourth group. In order to confirm these deductions, the Budapest clinicians injected pregnant or prepregnant members of each group with two antigens, B. typhosus and diphtheria toxoid. Serum, colostrum, and milk from these immunized animals were titrated for typhoid agglutinins and diphtheria antitoxin shortly before delivery. A parallel titration was made of the serum of the young, both at the time of birth and after normal colostric or milk feedings.

---

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

[1] Love, J. Grafton: Proc. Staff Meet., Mayo Clin., 14:50-800 (Dec. 13), 1939.

[2] Love, J. Grafton: Protruded Intervertebral Discs, J. A. M. A., 113:2029-2035 (Dec. 2), 1939.

[3] Smith, A. D.: Results of Fasciotomy for Relief of Sciatic Pain, J. Bone & Joint Surg., 19:765-769 (July), 1937.

[4] Ghormley, R. K., and Wesson, H. R.: Surgical Treatment of Low Back Pain and Sciatica, South. M. J., 30: 806-811 (Aug.), 1937.

[5] Whitaker, P. F.: Treatment of Sciatica by Epidural Sacral Injection, Virginia M. Monthly, 60:489-491 (Nov.), 1933.

[6] Schmidt, W. H., and Smith, J. L.: Sciatic Syndrome and Its Management, Arch. Phys. Therapy, 20:494-500 (Aug.), 1939.

[7] Sutton, H. B.: Intravenous Injection of Sodium Salts in Sciatica, Lancet, 237:1168 (Dec. 2), 1939.

[8] Heyman, C. H.: Posterior Fasciotomy in Treatment of Back Pain, J. Bone & Joint Surg., 20:851-859 (Oct.), 1938.

[9] Freeman: Remarks and Statistical Analysis of One Hundred and Forty Cases of Sciatica Treated by the Method of Stretching and Immobilization, Orthopedic Research Seminar Notes of University of Iowa, Series IX, 1935, Section C, page 48.

[10] Haldeman, K. O., and Soto-Hall, R.: Diagnosis and Treatment of Sacro-iliac Conditions by Injection of Procain (novocain), J. Bone & Joint Surg., 20:675-685 (July), 1938.

[11] Horowitz, Thomas: Lesions of the Intervertebral Disc and Ligamentum Flavum of the Lumbar Vertebrae, Surgery, 6:418-422 (Sept.), 1939.

[12] Schmorl, G.: Quoted by Horowitz, T. See No. 11.

[13] Willems, J. D.: Discussion of Intervertebral Disc Lesions, J. A. M. A., 114:2034 (Dec. 2), 1939.

[14] Bradford, F. K., and Spurling, R. G.: Intraspinal Causes of Low Back and Sciatic Pain, Surg. Gynec. & Obst., 69:455 (Oct.), 1939.

[1] Schneider, L., and Szathmáry, J., Ztschr. f. Immunitätsforsch., 94 : 458, 465, 1938; 95 : 169, 177, 189, 465, 1939.

In animals of Group I (calves) the antibody titers of both maternal blood and colostrum were high. The young of this group were born with practically no trace of this acquired specific immunity. A rapid increase in antibody titer took place in new-born blood, however, following the first colostric feeding. In Group II (sheep) an appreciable trace of maternal antibodies was demonstrable in new-born serum, increasing sharply after the first colostric feeding. In Group III (dogs) a 33 per cent transfer of maternal antibodies was demonstrable in new-born blood, with a 100 per cent increase in this fetal titer after colostric feeding.

Of direct clinical interest are their data from Group IV, which has the same type of placentation as man. Here the antibody titer of the new-born (rabbits), was very nearly identical with that of the mother. In place of an increase in fetal titer a 10 per cent drop in new-born titer took place as a result of the first colostric feeding. The general conclusion from these data of the Hungarian investigators is that in animals of Group IV, (including man), the transfer of specific antibodies from mother to young is solely by the placental route, lactation immunity being nonoperative in this group.

From the theoretic point of view the apparent total lack of absorption of colostric antibodies from the gastro-intestinal tract in rabbits is the most suggestive part of this contribution from Budapest by the Hungarian investigators. The reason for this apparent nonabsorption has not been determined. A 100 per cent absorption takes place in calves. If, as they assume, a similar lack of antibody absorption from the gastro-intestinal tract takes place in man, many of the current arguments in favor of breast-feeding of infants and arguments against pasteurization of milk will have to be revised.

P. O. Box 51.

W. H. Manwaring,
Stanford University.

Adult Human Pulse Rate Is Variable.—"The adult human pulse rate is considerably more variable than many persons think," *Hygeia, The Health Magazine,* declares.

"Extensive and exact studies of the measurement of the heart rate of persons in New York City have shown pulse rates ranging from fifty-five to 120 beats per minute in a healthy person in a normal twenty-four hour cycle."

Chronic Nonspecific Pulmonary Disease is complex and confusing both clinically and anatomically An increase in the density of the pulmonary markings, ring shadows, the displacement of organs or chronic pneumonia should arouse the suspicion of bronchiectasis.—Paul Andrus, M.D., *American Review of Tuberculosis,* January, 1940.

ORIGINAL ARTICLES

SYPHILIS: ITS TREATMENT IN THE TUBERCULOUS PATIENT*

By Walter Beckh, M. D.
San Francisco

For many years the frequent coexistence of the two most prevalent chronic infectious diseases, namely, syphilis and tuberculosis, has raised numerous issues. Since the advent of Thomas Parran as Surgeon-General of the United States, greater efforts are being directed toward the eradication of syphilis, and this disease is now beginning to receive the attention, from the public health point of view, which it deserves. It appears timely, therefore, to review some of the problems involved in the treatment of the patient who has pulmonary tuberculosis, but who is also ill with syphilis.

GENERAL CONSIDERATIONS

Not only tuberculosis, but also syphilis is one of the greatest killers of mankind. It is somewhat surprising, therefore, that in the past the discovery of syphilis in a tuberculous patient has not aroused the concern it merited when the health of the patient was considered from the long point of view. This has been due, in part at least, to the fact that the patient with tuberculosis has usually been confined to an institution staffed by physicians primarily interested in tuberculosis. The physician in the sanatorium is confronted with a situation in which he has to deal with two disease entities, the tuberculosis usually being the more overt one of the two. It is little to be wondered, therefore, that the tuberculous infection has usually been considered of primary importance. This is, however, not necessarily so, because, as the success of our therapeutic measures against the ravages of the tubercle bacillus is increasingly prolonging the life of the patient with tuberculosis, the problem of organic disability and dysfunction due to the late effects of syphilis is assuming an increasingly important rôle. We know that certain forms of syphilis, such as paresis and cardiovascular syphilis, are more surely fatal than even exudative tuberculosis, and tabes dorsalis and other forms of neurosyphilis are equally more surely productive of chronic invalidism than tuberculosis. If to these forms of frankly grave syphilis we add other potentially serious forms, such as asymptomatic neurosyphilis, the array of syphilitic conditions which may kill the patient after he has been cured of his tuberculosis becomes quite formidable. The greater number of patients in tuberculosis institutions are under the age of forty. In syphilis, the eventual serious outcome, however, usually does not become manifest until after the fourth decade of life. Therefore, if we give adequate antisyphilitic treatment to the patient at a time when his syphilitic infection has not yet caused irreparable damage to vital organs, we can entertain sincere hopes to prevent rather than to palliate.

---

* From the Department of Medicine, Stanford University School of Medicine.

Read before the General Medicine Section of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

Another important point which has not been stressed nearly enough is that the patient with coexistent tuberculosis and syphilis is a public health menace from the point of view of both diseases. This problem becomes particularly acute in a tuberculous patient who also has early and infectious syphilis. To quote Padget and Moore:[1] "In recent syphilis, with infectious lesions actually or potentially present, noninfectiousness must be promptly achieved, even at some risk to the individual patient. This is particularly true, since in actual practice the tuberculosis sanatoria . . . are so crowded that a delay of weeks, or even months, after the diagnosis may ensue before hospitalization and isolation can be accomplished. Under these circumstances, it is imperative that early syphilis be rendered noninfectious as early as possible."

DIAGNOSIS

The diagnosis of syphilis is made on the basis of clinical or serological criteria, or both. In the tuberculous patient the additional diagnosis of syphilis is, in the majority of instances, made by the serological findings alone. A positive Wassermann reaction or one of its modifications is usually interpreted as indicating the presence of syphilis, but there are without question false positive or doubtful reactions occurring in diseases other than syphilis. Inasmuch as tuberculosis has been one of the diseases frequently included, it is to the point to examine more closely the question of the false positive Wassermann in tuberculosis.

Eagle[2] and others have pointed out that an unchecked positive Wassermann in a person with no history or sign of syphilis, in the presence of another disease, need not indicate the presence of syphilis. Rather, the positive serological test may be due to faulty laboratory procedure, to an anomalous property in the serum similar to that found in rabbit serum, or to the presence of reagin. The first of these, laboratory error, should be recognized easily by consistently negative follow-up tests. If, on the other hand, both a complement-fixation test and a flocculation test are repeatedly positive, the presence of reagin is definitely indicated by this. Stokes[3] has felt that tuberculosis should be placed in the "disputed" group as regards its influence on the specificity of the serodiagnostic tests. New light has been thrown on the situation by a recent study of Parran and Emerson.[4] Their conclusions, from a large number of tests conducted in the laboratories and under the supervision of five serologists who have all developed their individual serodiagnostic tests, seemed to prove that tuberculosis may contribute a confusing factor to syphilis serology, although this is an infrequent occurrence. As one might perhaps expect, this effect of tuberculosis manifests itself in those tests found to be the most sensitive. The conservative conclusion must be that, with the present serological tests, false-positive and false-doubtful results may be obtained, although infrequently, in sera from patients with tuberculous disease.

When the diagnosis of syphilis has been made and the disease is clearly not of recent origin, further procedures must be employed to establish, if possible, the presence of obscure forms, such as cardiovascular syphilis or neurosyphilis. This must be done not merely to satisfy one's scientific curiosity, but also to aid one in outlining the subsequent antisyphilitic treatment. While in many cases it will make no difference whether these diagnostic procedures are deferred even for a considerable time, there are some patients in whom early diagnosis of neurosyphilis may be of great consequence for their future well-being. It is well, therefore. as a matter of general policy, to investigate the cardiovascular system and the central nervous system as soon as possible. It is needless to say that the seriousness of the patient's general condition determines at what moment the necessary diagnostic measures can be carried out with safety.

TREATMENT PROCEDURES OF TUBERCULOSIS AND SYPHILIS, AND THEIR MODIFICATION BY THE PRESENCE OF THE OTHER DISEASE

In a patient with both tuberculosis and syphilis, it is true, generally speaking, that the treatment of the tuberculosis is unaffected by the fact that the patient also has syphilis. While his antisyphilitic treatment should be considered from the angles which will be enumerated in due course, the patient is usually given the same therapy he would receive for his tuberculosis if it were not complicated by syphilis, be it bed rest, pneumothorax, or even surgical procedures. There are two exceptions to this rule. One is the presence of syphilis in the infectious stage, which should be a temporary contraindication to surgical measures, particularly inasmuch as there is usually no cause to carry these out with great dispatch. The other exception occurs in the rare patient who presents himself with a combined picture of tuberculosis and general paresis. Here the latter usually carries with it a more acute danger to the patient's life than do most tuberculous cases, and therefore requires early treatment.

It is plain that hard-and-fast rules for the treatment of syphilis in a given instance cannot be made, and that the various factors involved in the individual case have to be weighed. Obviously, a patient with an old latent syphilitic infection, and a rapidly spreading extensive, tuberculous process presents a different problem from one with a combination of stationary old fibroid tuberculosis and early infectious syphilis. The solution of such problems presents difficulties, but a more detailed consideration of the antisyphilitic drugs should aid in unriddling them.

Arsenical Medication.

The usual method of treatment of uncomplicated syphilis involves the use of courses of a trivalent arsenical drug, given in alternation with courses of a heavy metal. Many physicians add to this one of the iodids, usually in the form of potassium iodid. In certain forms of neurosyphilis, tryparsamid is also used, and some cases of neurosyphilis have to be given fever therapy.

There is a uniformity of opinion that drugs of the salvarsan series are indispensable in the armamentarium of him who is treating infectious syphilis. However, there is no uniformity of opinion regarding the use of the arsphenamins in the tuberculous patient. There is a group who believe that trivalent arsenicals have no deleterious effect, even when used in large doses, but there is an equally large group who feel that *big* doses of an arsphenamin, at least, potentially produce activation of a latent tuberculous focus and may facilitate hemoptysis or even provoke a miliary spread. The latter contention does not rest on a firm scientific basis, and it is questionable whether it will ever be satisfactorily answered.

To get around this difficult question by giving an oral arsenic preparation such as stovarsol, as Schlesinger[5] has done in some of his cases, is ignoring what we know about this pentavalent drug. Robinson and Robinson[6] have again pointed out that it is dangerous and contraindicated in the treatment of syphilis in the adult.

There is, however, some reason for the belief that neoarsphenamin and mapharsen are safer drugs to use in the tuberculous patient than old arsphenamin. The conclusion is justified that the use of neoarsphenamin and mapharsen is quite safe even in the patient with moderately advanced tuberculosis, if the dose is held at a moderate level, say, not above 0.45 gram per weekly injection of neoarsphenamin or 0.04 gram of mapharsen. Continued hemoptyses or rapid progression of the tuberculosis should lead one to abandon the use of the arsenicals temporarily.

Iodids.

As regards the use of the iodids, most of us have been brought up on what seems almost like an empiricism now; namely, never to use iodids in a patient with active pulmonary tuberculosis. Although Schlesinger[7] has advocated the use of iodids in the treatment of late syphilis occurring in combination with any but florid tuberculosis, conservative principles of therapy should rule out the use of the iodids. This is not of great moment, however, since the chemotherapeutic advances of the past two decades have relegated the iodids to a very minor position in the armamentarium of antisyphilitic drugs.

Heavy Metals.

In the matter of the heavy metals, such as the bismuth and the mercury compounds, there appears to be no contraindication to the use of any, with the possible exception of iodobismitol. It will be recalled that iodobismitol contains sodium iodid. The quantity of iodid is quite small, however, indeed so small that if iodobismitol is given in a dosage of two cubic centimeters twice a week, the iodid introduced into the body is equivalent to no more than ten drops of a saturated solution of potassium iodid. Although no laboratory or clinical studies are available on this point, it is unlikely that ten drops of a saturated solution of potassium iodid per week is a sufficiently large amount to produce adverse effects even on moderately advanced tuberculosis.

Fever Therapy.

There remain for consideration the two procedures most commonly employed in the treatment of neurosyphilis. Fever therapy is a measure generally used in paresis and sometimes in the treatment of tabes. Little work has been done on the effects of artificially induced fever on pulmonary tuberculosis, but the opinions as to possible deleterious effects have been controversial.[8]

It would seem that the use of a treatment method such as fever therapy, with its attendant upsetting and generally strenuous features would be indicated only when the results of such a method are very striking and when the indications for its use are urgent. This obviously is the case in a combination, fortunately rare, in which a tuberculous patient also has paresis. Here fever therapy is indicated in any but the moribund patient. Patently, what would be the point of treating only his tuberculosis, delaying the fever therapy until it is too late, only to have him, at best, eke out an unprofitable demented or psychotic existence? Which form of fever therapy is used would seem to matter little, although the use of one such as typhoid vaccine involves perhaps a somewhat smaller risk.

Tryparsamide

The other important approach to the therapy of neurosyphilis is the use of tryparsamide. There is little evidence to show that tryparsamide has any ill effect on the tuberculous patient. This is as one would expect on theoretical grounds, because tryparsamide has no action on the capillary system and does not influence fibrosis. Besides, upsetting treatment reactions are infrequent. Taking the proper precautions against its toxic effects on the optic nerve, its use should be more extensive than it is at present. In coexistent tuberculosis and neurosyphilis it should be a particularly valuable adjunct to antiluetic therapy.

IN CONCLUSION

After this somewhat detailed consideration of antisyphilitic treatment procedures and drugs, the course to be pursued in the therapy of the individual case becomes a less complicated matter. It has become evident that, generally speaking, in coexistent tuberculosis and syphilis the patient, rather than his diseases, must be treated. With the exceptions noted, the treatment of tuberculosis is unaffected by the presence of syphilis. It is plain that uniform directions for the treatment of the syphilitic infection cannot be given. In the average case of tuberculosis adequate treatment of concomitant syphilis along standard lines is justified, when the drugs—particularly the arsphenamins in the form of neoarsphenamin or mapharsen—are employed in moderate dosage, because progression of the tuberculosis is not likely to be more frequent in patients so treated. In active and recent syphilis, treatment is imperative from the public health standpoint alone. Usually the active pulmonary processes are the more pressing, but as soon as syphilis has been diagnosed, the syphilitic status must be properly evaluated and a program for its therapeutic consideration formulated.

490 Post Street.

REFERENCES

1. Padget, P., and Moore, J. E.: The Interrelationships of Tuberculosis, Syphilis, and Antisyphilitic Treatment, Am. Rev. Tbc., 33: 10, 1936.
2. Eagle, H.: The Laboratory Diagnosis of Syphilis, Text. The C. V. Mosby Company, 1937.
3. Stokes, J. H.: Modern Clinical Syphilology, Text. W. B. Saunders Company, 1934.
4. Parran, T., and Emerson, K.: The Effect of Tuberculosis on the Serological Reactions of Syphilis, Am. Rev. Tbc., 39: 1, 1939.
5. Schlesinger, H.: Lungentuberkulose und Syphilis, Beitr. Klin. Tuberk., 79: 750, 1932.
6. Robinson, H., and Robinson, H., Jr.: Acetarsone Orally in the Treatment of Acquired Syphilis in Adults, Am. J. Syph., Gon., and V. D., 39: 188, 1939.
7. Schlesinger, H.: Wie hat man bei gleichzeitig bestehnder Lungentuberkulose und Syphilis zu behandeln? Fortschr. d. Ther., 8: 225, 1932.
8. Neymann, C.: Artificial Fever, Text. Charles Thomas, 1938.

ARTHRITIS: ITS TREATMENT WITH UNDENATURED BACTERIAL ANTIGENS

By Dorothy Walsh Schallig, M. D.
Sacramento

THE writer's introduction to the use of undenatured bacterial antigens[1] in the treatment of arthritis was indirect. A patient who had been operated on for perinephritic abscess ran a postoperative course complicated by excessive drainage from the wound. Since both staphylococci and streptococci were isolated from the pus, a course of eight intradermal injections of staphylococcus-streptococcus undenatured bacterial antigen consisting of 0.5 cubic centimeter each, was administered. This patient had had arthritis of the right knee for five years previously and had been given injections of various types of vaccine in addition to physiotherapy, rest, etc., without improvement. After the eighth injection of undenatured bacterial antigen, the patient volunteered the information that she no longer had any pain or stiffness in her knee. As this was the only form of treatment given, it was concluded that the antigen solution must have contributed to the clearing up of the arthritis, and it was decided to try the same therapy on arthritic patients presenting themselves for treatment to the Sacramento City Clinic, as well as the Sacramento County Hospital Clinic and the Women's Ward.

All patients whose major complaints were joint pain and stiffness received injections of staphylococcus-streptococcus undenatured bacterial antigen. While occasional patients had the benefit of an x-ray examination, for the most part the symptomatology and physical signs were relied on for the diagnosis of chronic arthritis. A total of between 300 and 400 patients were treated with antigen injections, but at the time no thought was given to reporting on this form of treatment. Neither clinic has a cross-index system based on diagnosis; therefore, many of these case records are inaccessible, and the present report deals with only one hundred random cases whose records were available.

Table 1.—*Age Distribution and Duration of Symptoms Before Treatment in Series of One Hundred Patients With Arthritis*

Age Groups	Number of Patients	Duration of Symptoms	Number of Patients
Under 20 years	4	Under 3 months	19
20-30 years	2	3 mos. to 1 year	27
30-40 years	18	2 years	10
40-50 years	24	3 years	6
50-60 years	20	4 years	5
60-70 years	24	5 years	8
Over 70 years	8	6 years	4
		10-15 years	12
		20-40 years	9

Duration of symptoms in this group varied from less than three months to as long as forty-five years, and the ages of the patients ranged from seventeen to seventy-six years. (Table 1.)

The treatment routine comprised administration of 0.5 cubic centimeter of staphylococcus-streptococcus undenatured bacterial antigen, given intradermally twice a week. Since the amount of fluid was larger than the average intradermal dose, it was found desirable to use a 22-gauge intravenous needle, and injections were made with the needle nearly parallel to the skin. Some local redness was observed following the injections, but this disappeared rapidly and occasioned no serious discomfort. No palliative or symptomatic treatment was given during the period of antigen therapy in order that any change in symptoms could be more clearly evaluated.

Improvement, as noted by relief of pain, was observed early in the course of treatment in the majority of cases. Relief of all symptoms was obtained in 47 per cent of the patients within five weeks after beginning treatment, *i. e.*, following administration of ten injections of undenatured antigen solution. An additional 18 per cent were relieved in five to ten weeks of treatment, while 28 per cent required ten to twenty-five weeks for abatement of all symptoms. Only 7 per cent of the patients failed to show any improvement during treatment.

COMMENT

The treatment of chronic arthritis with undenatured bacterial antigen is well adapted to clinic practice where facilities for intensive investigation of each individual patient are lacking and where the diagnosis must necessarily be made on the basis of symptomatology and physical signs. The solution is given intradermally twice a week; there are no systemic reactions, and the procedure is decidedly economical as compared with intravenous vaccine therapy. Even with cases of long duration, relief has been obtained quite early in the course of

Table 2.—*Total Injections of Staphylococcus-Streptococcus Antigen Required for Relief of All Symptoms in Series of One Hundred Patients With Arthritis*

Number of Injections	Number of Patients Symptom-free
10 or less	47
10-20	18
20-50	28
Unimproved	7

the treatment, and very few of our cases have required more than twenty injections, *i. e.*, ten weeks of treatment. The series reported on represent patients selected at random from the case files of the Sacramento City Clinic, the Sacramento County Hospital Clinic, and the Women's Ward in the County Hospital. The writer is well aware of the difficulty of evaluating any method used in the treatment of chronic arthritis; but on the basis of a considerable experience in this field the results obtained, following the administration of undenatured bacterial antigens, have been outstanding. There exists a reasonable rationale for the method if one grants the premise of Wherry,[2] Krueger,[3] Fuendeling,[4] and others, that arthritis, like many other chronic states, represents the end-result of long-continued tissue sensitization due to absorption from infectious foci. In the studies of Krueger and of Fuendeling, most of the patients suffering from chronic arthritis have had a mixed flora containing both streptococci and staphylococci. Large numbers of various strains of these organisms are contained in the undenatured bacterial antigen solutions, and they are present in a readily absorbable form, *i. e.*, in solution, and in the form of colloidally suspended cell fragments. Logically, the solution could be expected to serve very well as a desensitizing agent. That it accomplishes this aim is evident from the writer's clinical experience: there were only seven failures out of one hundred treated cases.

The intradermal injection of the antigen solution has been employed because of the observation by several different workers[5] that the immune response following intradermal injection is considerably better than that obtained with subcutaneous injection. In a personal communication, Doctor Krueger has informed me that the clinical response, as well as the humoral antibody titer, has been definitely shown to be better in several different series of observations on undenatured bacterial antigens given by the intradermal route.

REPORT OF CASES

In order to demonstrate the type of response obtained, a few typical case reports are given below:

Case 1.—M. P., American, male, peddler, age 63.

Complaint.—Pain in right hip, knee and ankle of two months' duration; worse with motion. Patient could not walk without crutches, and had great difficulty in locomotion even with crutches.

Physical examination and laboratory tests revealed nothing of interest, with the exception of functional limitation in joints of the right hip, knee, and ankle.

Treatment.—Five-tenths cubic centimeter of staphylococcus-streptococcus undenatured bacterial antigen was given intradermally at the patient's first visit. Five days after this, and one day after the second injection of antigen, patient noted a marked decrease in pain. When he returned a week later for a continuation of treatment, he was using only one crutch. Two weeks after the institution of treatment the pain had practically disappeared and he was walking without crutches. Within six weeks, *i. e.*, after twelve injections of antigen, the patient was discharged with no pain or stiffness in the joints.

* * *

Case 2.—A. A., American, male, age 19. Five years before entry the patient had had an infection of the fifth left toe, which was treated with hot baths and glycerine and alcohol compresses. The lesion drained for four months. About a year later there was an infection of the upper lip and a general scarlitiniform rash. Eleven months following this the patient had a boil on the neck, which was opened and drained. A month later there was a cellulitis with right femoral adenitis. After a month of treatment the patient was discharged.

Complaint.—Five years following the initial infection in the left toe the patient noted stiffness and enlargement of the wrists, ankles and all the phalangeal joints. He had not been able to close his hands for the past six months. The motion was not painful, but there was distinct tenderness to pressure over the joints. He states that the joints have been gradually enlarging over a period of two years.

Physical findings, except for the enlargement of the joints, were essentially negative. The customary dosage of 0.5 cubic centimeter of staphylococcus-streptococcus undenatured antigen was given by the intradermal route twice a week. Within two months the patient could completely flex the fingers, and the joints were noticeably decreased in size. The patient said he felt better generally than he had in the past five years. Six months after the institution of antigen therapy the joints were practically normal in size; there was no limitation of motion and the patient no longer complained of stiffness.

* * *

Case 3.—M. P., American, female, age 53.

Complaint.—Pain in lumbar region for the past five years; patient unable to bend or to accomplish any movements involving the lumbar spine. Large doses of aspirin had given some temporary relief. Patient has a long history of treatment by qualified and unqualified practitioners.

Physical examination revealed limitation of motion in the lumbar spine with no other significant findings. The x-ray diagnosis was chronic lumbosacral arthritis. Seven intravenous injections of stock arthritic vaccine produced no improvement. The patient was then given a course of treatment with staphylococcus-streptococcus undenatured antigen. After the fourth injection there was less muscle spasm, and following nineteen intradermal injections of antigen there was complete relief from pain and stiffness. There has been no return of symptoms in eighteen months.

CONCLUSIONS

Staphylococcus-streptococcus undenatured bacterial antigen has been used in the treatment of one hundred patients suffering from chronic arthritis. The antigen has been administered in quantities of 0.5 cubic centimeter intradermally twice a week without any other form of treatment. Only seven patients out of one hundred treated have failed to benefit. Sixty-five per cent of the patients were completely relieved of their presenting symptoms within ten weeks of instituting antigen therapy. An additional 28 per cent required from ten to twenty-five weeks of antigen administration before attaining a favorable result.

Injections of the staphylococcus-streptococcus undenatured antigen are not followed by any systemic reactions; its use is economical, and favorable results are obtained rapidly in the majority of cases.

1027 Tenth Street.

REFERENCES

1. Krueger, A. P.: J. Inf. Dis., 53: 237, 1933.
2. Wherry, W. B.: Ann. Int. Med., 7: 728, 1933.
3. Krueger, A. P.: Unpublished paper read before symposium on Chronic Infectious States. San Francisco, January, 1938.
4. Fuendeling, M. J.: Northwestern Medicine, 35: 119, 1936.
5. Tuft, L., Yagle, E., Rogers, S.: J. Inf. Dis., 50:98, 1932. Michael, M.: Arch. f. Dermat. u. Syph., 156: 260, 1928.

EIGHTH NERVE AND CONDUCTION DEAFNESS*

By Grant Selfridge, M.D.
San Francisco

THE recognition of deafness, with its differential diagnosis, its etiology and treatment, is a subject of paramount importance in the otological world today.

Sufficient evidence has already been offered[1] to show that there are many diseases involving the general nervous system and the peripheral nerves, the etiology of which in the past was unknown, but which are now definitely recognized as being related to nutritional deficiencies. The auditory nerve is a peripheral nerve—one of the most vulnerable in the body—and it should, therefore, show an earlier and greater damage than peripheral nerves elsewhere.

Recently a book on "Nutrition and Physical Deformities," by Price, is quite to the point and shows that defective teeth, high palatal arches, deviated septum, etc., came when primitive peoples had fed their offspring on the diets of modern civilization, *i. e.*, excessive use of white flour and sugar products (marmalades, jellies, and candy). It is well known that certain teeth and the petrous bones develop at the same time in fetal life, and as one type of deafness (otosclerosis) is related to many of the factors concerned in the metabolism of bone, the above preliminary comments are not out of order.

A recent survey of nine thousand individuals in twelve American cities by the United States Public Health Service[2] in Washington shows that 50 per cent are hard of hearing in varying degrees, and that quite a large number of the age of ten and younger show beginning loss at the upper end of the tone scale, while individuals beyond the age of twenty show increasing loss over each decade of life.

Most deafened individuals apparently do not understand that there is a definite difference between deafness due to degeneration of the auditory nerve and conduction deafness due to adhesive bands involving the three small bones of the middle ear, atrophy, and contraction of muscles controlling the action of the drum, or bony changes in the temporal bone at the foot plate of the stapes (otosclerosis).

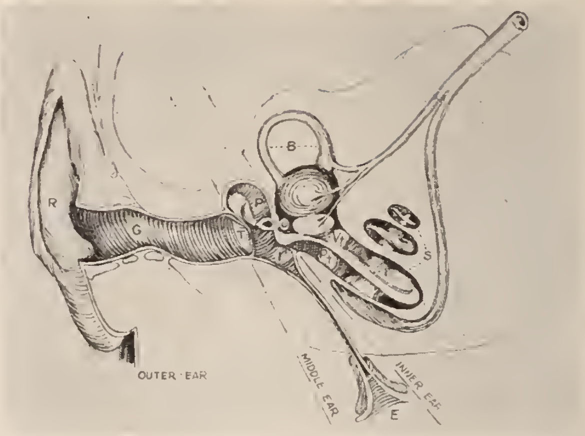


Fig. 1.—Semidiagrammatic section through the right ear (Czermak): *G*, external auditory meatus; *T*, membrane tympani; *P*, tympani cavity; *o*, fenestra ovalis; *r*, fenestra rotunda; *B*, semicircular canal; *S*, cochlea; *Vt*, scala vestibuti; *Pt*, scala tympani; *E*, eustachian tube; *R*, pinna.

That a better understanding is desirable, especially by the physician, was emphasized in an article by the author, and picked up by the Associated Press in June, 1939. A flood of inquiries and a large number of patients came from all parts of the country. This article referred only to eighth nerve (auditory nerve) deafness, and the use of thiamin chlorid and nicotinic acid. The original paper stated specifically that the final chapter to the story has not yet been written, and that much study is still necessary in regard to the vitamin B complex, particularly when the Agnes Fay Morgan's gray hair factor becomes available for experimental work, as well as other vitamins. Morgan's animals deficient in the filtrate factor of the vitamin B complex show histologically many of the signs of aging as observed in human beings. The studies of Professor Herbert M. Evans on vitamin E deficiencies already show an astonishing amount of degeneration of the peripheral nerves as well as the degeneration of the general nervous system of their experimental rats. Much is expected in the way of relieving many symptoms complained of by women having evidence of menstrual difficulties, especially at the menopause, and may prove that vitamin E will be of inestimable value as an additional substance in the treatment of hearing difficulties.

Despite the fact that this report concerned chiefly those cases showing the nerve deafness curve, about 80 per cent of the cases that presented themselves subsequently for examination and treatment were in the conduction classification, many with associated nerve involvement.

Dr. Samuel Crowe,[3] Chief of the Nose and Throat Department at Johns Hopkins Hospital in Baltimore, has stated recently that the cause of atrophy of the auditory nerve was unknown. Curiously, Doctor Crowe made the following statement in his Harvey lecture:[4] "The ear, like the eye, is a highly specialized sense organ, and is probably affected by general systemic disorders. As regards the rôle of vitamins and dietary insufficiencies, and the use of salicilated and other drugs in the etiology of deafness, it is possible to learn much by the feeding of animals with special diets, testing the transmission of sound and finally making serial sections of the middle and inner ear of these animals for histological study (Harvey Lectures, 1931-1932)." These suggestions of Doctor Crowe as regards the eighth nerve were not followed out due to lack of sufficient research funds.

---

* From the Harriman Research Laboratories of the Southern Pacific General Hospital, San Francisco.

Read before the Pacific Association of Railway Surgeons, in San Francisco, on September 29, 1939.

In a more recent article (*The Journal of the American Medical Association*[5]) on the treatment of deafness, Doctor Crowe says that the loss of high tones is a common finding in children; that the majority are deaf because of obstruction of the eustachian tube, the result of infectious lymphoid hyperplasia around the tubal opening. He treats these patients with radium, but corrects at the same time dietary, environmental, and other factors. He is emphatic in his statement that the majority of deafened adults are the result of the above-mentioned conditions, and that if treatment were undertaken before the age of fifteen "the number of deaf adults in the next generation could be reduced 50 per cent."

OUR RECENT LABORATORY STUDIES

Most of this work has been based on the twenty-four-hour urinary output of thiamin chlorid and porphyrin. The laboratory studies for thiamin were carried on in the Harriman Laboratories by R. K. Main; the porphyrin studies by Jesse L. Carr in his own laboratory.

In nearly 100 per cent of the cases, the vitamin B_1 output was below normal and in approximately 50 per cent the cases showed increased porphyrin. The latter substance has been found to be universally present in pellagrin; hence proof that the use of nicotinic acid is indicated. Therefore, our practice in recent months has been to prescribe thiamin chlorid (1,000 I. U.), nicotinic acid (grains one), and milk sugar (q. s. ad grs. v) per capsule. One capsule should be taken after breakfast and dinner with a full glass of water. The patient is warned that the face and other parts of the body may become red and hot. He is told that this is a normal reaction in many individuals, and that it passes off in from fifteen to twenty minutes.

Many of these cases of nerve and conduction deafness show a low basal metabolic rate; hence, when there is evidence of thyroid, pituitary, or sex gland deficiencies, these substances should be supplied. Also, the hemoglobin and blood cells may be out of line, and many women give a history of menstrual difficulties, etc. Hence, it is quite obvious that in a study of an individual suffering from any type of deafness, a most careful physical examination, dietary study, several audiometric checks, examination of the nose, throat and ears, are necessary before any attempt is made to prescribe for the individual.

A study of creatinin and creatin in the urine of two hundred of these patients shows 50 per cent are out of line. This study was made by Professor H. H. Beard, Biochemist of the University of Louisiana. Beard thinks these findings point to a muscular dystrophy, and the obvious muscles involved are the tensor tympani and stapedius. Studies are to be made of some of these individuals to see if there are other muscular dystrophies present elsewhere in the body.

The use of glycene or prostigmin has improved the hearing in some cases, and thus appears to support Beard's theory.

CONDUCTION DEAFNESS (OTOSCLEROSIS)

A positive differential diagnosis of otosclerosis, adhesive deafness and atrophy of the muscles in the middle ear (tensor tympani, stapedius) is not possible during life, and cannot be proved until histological studies are made after the death of the individual. Some authors claim that 70 per cent of deaf people have otosclerosis; others not over 6 per cent. Others will not make a diagnosis unless the deafness is found in at least three generations in a family. Indeed, opinions are changing regarding the subject of heredity and are now thought to be influenced more by environmental factors.

Three years ago a questionnaire was sent to the members of the San Francisco League of the Hard of Hearing, reading as follows: (1) What was the condition of your teeth in childhood, adolescence, and the early adult period? (2) Were they chalky, and did they break down easily? (3) Were many filled? (4) Were you a breast-fed child or a bottle baby? (5) Were you fed on condensed milk? (6) How much milk was used during childhood and adolescence? (7) How many eggs per week did you eat? (8) How much cereal, and what kinds? (9) Were you given cod-liver oil in childhood, and how long was its use continued? (10) Did you eat a lot of bread and candy? (11) How old were you when you began to use orange juice, and was it taken regularly? (12) What diagnosis has been made of your hearing defect?

In over 50 per cent the answers showed bad teeth, an excessive use of white flour products, and candy; few vegetables or salads; and few, if any, citrus fruits. A similar questionnaire was sent to several otosclerosis patients whose genetic history was studied by Professor Davenport several years ago. Their histories tallied with those studied by myself. The children of two families studied by Davenport who had been fed from birth on a well-balanced diet, repeatedly tested for hearing, showed no drop in the hearing in the region of the voice (250 to 4096 cycles). This is suggestive that environmental factors are perhaps more important than hereditary factors.

A similar dietary history has been obtained from fully two hundred cases studied in recent months. Approximately 100 per cent of these cases showed, in the twenty-four-hour urine specimen, a low vitamin B_1 output, and 50 per cent have an increase in porphyrin.

PREVIOUS STUDIES

Considerable study through the years[6] has been directed to bone pathology, circulatory and inflammatory factors, including the vasomotor mechanisms, endocrinology, metabolism, and psychology. There is no evidence that the study of all these

TABLE 1.—*Percentage of Patients Whose Hearing Improved, Became Worse, or Remained the Same During Treatment and Observation (Nash)*

As Indicated by Auditometer

Type	Better	Worse	Same
Chronic catarrhal otitis media	52%	44%	4%
Chronic purulent otitis media	47	47	6
Nerve deafness	25	74	1
Otosclerosis	57	42	1

factors was followed through in a single case or in groups.

A recent paper by Nash,[7] which was read before the American Otological Society in 1937, states in the conclusions: "Although the study indicates a result in the treatment of chronic progressive deafness that is not gratifying, it represents the best that we are able to accomplish and is our response to the demand of the patient, not hopelessly deafened, to exert some effort in his behalf.

"The present conservative treatment of chronic progressive deafness is unsatisfactory and inefficient."

In 1935, the following studies were instituted by R. K. Main and several others, at the Harriman Laboratories at the Southern Pacific General Hospital: vitamin C (blood), cholesterol, total serum protein, serum albumin, serum globulin, A. G. ratio, serum calcium, diffusable calcium, C. P. ratio, inorganic serum phosphate, R. B. C. magnesium, and phosphatase. Elsewhere (in my own office) the vitamin A (photolometer) studies were conducted. The determinations of vitamin B_1 output and porphyrin were conducted by R. K. Main and Jesse L. Carr, and quite recently the creatinin and creatin studies were carried on in the Harriman Laboratories. X-ray studies of the petrous bones, jaws, and pelvis have been made to determine whether increased calcium deposits were present.

These studies, in addition to blood counts, basal metabolic rates, blood pressure determinations, endocrine studies, and dietary histories, have furnished us with fairly complete data as to all the factors now known to be involved in this subject of conduction and nerve deafness.

ADHESIVE DEAFNESS

The outstanding factor in this type of deafness appears to be an unresorbed mesenchyme, due to the lack of the intracellular cementum (cevitamic acid). Guggenheim particularly has called attention to its importance, which seems to be in many instances the basis for adhesive bands. The lack of the intracellular cementum plays an important part in nasal allergy, and undoubtedly explains some of the cases of serous or mucous catarrh of the middle ear not associated with definite infections of the lymphoid tissue in the nasopharynx, or infections from the sinuses.

CASE REPORTS

Case report summaries are not printed, owing to lack of space.

COMMENT

Sufficient time has not yet passed to determine whether our results are better than those reported by Nash, whose cases were followed through a five-year period. He lists "Conservative Treatment of Deafness—Correction of Infective Processes" and attempts to restore normalcy to the conductive mechanism in the middle ear by various measures (see original article), including inflation and bougieing of the eustachian tube; oto-massage; correcting nasopharyngeal pathology; removal of tonsils and adenoids; thermal procedures, *i. e.,* infra-red, ultra-violet, diathermy, short-wave therapy; endocrine therapy; vitamins B and C.

It is my belief that many things commented on by him, such as enlarged tonsils, deviated septum, cold-catching tendency, and sinus infections are definitely related to faulty diets plus other metabolic disturbances. Most of the surgery of today is useless, so far as improvement in hearing is concerned, especially in patients over the age of fifteen, and yet some of it is necessary, as badly infected tonsils, for instance, the removal of which may improve the general health. Badly deviated septa interfere with proper ventilation of the nose and when corrected seem to lessen nasal infections in many instances.

Recently I prepared a paper for the mid-winter clinical course[8] held in Los Angeles (January, 1938), in which I tried to show that the subject of chronic progressive deafness was intimately related to disorders of nutrition and not due to any single factor; that each case should be studied by itself; and that the mineral salts, vitamins, amino-acids, and ductless glands, the metabolic rate, and dietary faults should be given full consideration before any attempt was made to treat the individual. Other environmental factors should not be overlooked.

TABLE 2.—*Amount of Gain or Loss in Hearing Sustained During Treatment or Observation (Nash)*

Type	Hearing Improved		Hearing Became Worse	
	Average Gain	Greatest Gain	Average Loss	Greatest Loss
Chronic catarrhal otitis media	7.3%	26%	9.4%	39%
Chronic purulent otitis media	13.0	28	9.9	24
Nerve deafness	8.0	10	14.0	40
Otosclerosis	9.8	16	13.0	30

Dr. Horace Newhart of Minneapolis, well known for his great interest in defective hearing in children, says in a recent article: "Malnutrition, a deficient diet, endocrine imbalance, allergy, anemia, and various systemic diseases are all recognized causes of diminished hearing acuity."

CONCLUSIONS

I believe the time to begin treatment of a prospective otosclerotic is before birth! This should also apply to adhesive deafness as a preventive measure. The mother should have an optimum diet during her entire pregnancy, and the child when born should be treated the same way. The dietary correction should be carried through childhood and adolescence. This is the only way the deafness can be obviated. Therefore, the burden lies on the parent, and it is the duty of the internist, obstetrician, and pediatrician to see that this is carried out.

Much can be accomplished in the early stages of conduction deafness before puberty. Something may be done between the ages of twenty and thirty, and it is possible after that period to stay the progress of the disease by correcting the dietary faults and whatever under- or overfunctions appear in the sex glands as well as the other glands.

The important factors in diet should be: One egg daily; at least one pint of milk daily; one leafy salad daily; orange, grapefruit, or lemon daily.

Make up the balance of your diet from the following menus taken from "Notes on Vitamins and Diets," by Dr. Daniel Quigley:

SUGGESTED MENUS

Composed of Foods Having Relatively High Vitamin Content

Breakfast

Orange, tomato, or grapefruit juice; melons, strawberries, rhubarb, or other raw fresh fruit.
Whole grain breakfast foods; oatmeal.
Eggs (any style); bacon, ham; pancakes made from whole wheat flour.
Whole wheat or whole rye bread or toast, dry or with butter or honey.
Milk, or coffee with cream.

Lunch or Dinner

Tomato or vegetable soup.
Oysters or fish (preferably not salted), fresh or canned.
Meats, especially liver, heart, sweetbreads, kidneys, brains; fowl or game.
Tomatoes (any style), asparagus, parsnips, peas, carrots, beans, cabbage (preferably raw), mushrooms, onions, lettuce, eggplant, brown rice, wild rice, corn, cucumber, pickles and olives, parsley, watercress, broccoli, cauliflower, potatoes, spinach, celery.
Salads with French or mayonnaise dressing.
Whole wheat muffins or biscuits; whole grain bread with butter.
Tea, milk, cocoa, fruit juices, beer.
Ice cream or fruit sherbet; apples, alligator pears, apricots, pears, figs, pineapple, peaches, strawberries, nuts.

The above dietary list is offered as a valuable guide, and at the outset it is suggested that the products of white flour and highly treated cereal foods and sugar be almost entirely eliminated from the diet.

It is also suggested that people living in districts where vegetables, salads, etc., are hard to obtain during winter months should obtain preparations of cod-liver oil, vitamin B (found in yeast, wheat germ, whole cereal, grain, etc.), and vitamin C (found in oranges, lemons, and grapefruit).

384 Post Street.

REFERENCES

1. Selfridge, G.: Can Certain Diseases of the Ear, Nose, and Throat, Especially Degeneration of the Eighth Nerve, be Classified as Deficiency Disease? Laryngoscope (Feb.), 1936.
2. U. S. Public Health Bulletins: Prevalence of Aural Pathology and Clinical History of Impaired Hearing Among Males and Females of Various Ages. The National Health Survey, 1935-1936.
3. Crowe, S. J.: Diagnosis and Differential Diagnosis of Deafness, Arch. Otol. 28:663-675 (Nov.), 1938.
4. Crowe, S. J.: Underlying Causes of Deafness. Harvey Lectures, 1931-1932.
5. Crowe, S. J.: The Prevention of Deafness, J. A. M. A. 112:583-590 (Feb. 18), 1939.
6. Duel and Fowler: Otosclerosis, Am. Otological Society, Vol. 3, Annals Publishing Co., St. Louis, Mo., 1936.
7. Nash, C. S.: What Can Be Done for Chronic Progressive Deafness, Trans. Am. Otological Society, pages 107-113, 1938.
8. Selfridge, G.: Chronic Progressive Deafness: A Further Contribution, Pacific Coast Medicine, pages 3-17 (April), 1938.

CHRONIC SALPINGITIS: HYSTERO-SALPINGECTOMY IN ITS OPERATIVE TREATMENT*

By JOHN C. McDERMOTT, M.D.
Los Angeles

SALPINGITIS, acute and chronic, is perhaps the most frequently encountered gynecological problem. In its treatment several points have become quite generally accepted, while on other points there remains a considerable divergence of opinion. We know that conservative treatment such as rest and the various forms of heat therapy in the acute and subacute stages results in a high percentage of clinical cures. We know also that recurrences of pelvic inflammation may be diminished by clearing up foci such as the cervical, Bartholin's, or Skene's glands, and by avoiding reinfection from an outside source. Furthermore it is recognized that operative procedures show markedly lower mortalities if they are delayed for a considerable period of time after the inflammation has subsided.

TYPES OF OPERATIVE PROCEDURES

It is on the type of operative procedure that we find a considerable difference of opinion. In general there exist two schools of thought, the one which advocates extreme conservatism, and the other which teaches that, in operating for salpingitis, a bilateral salpingectomy and hysterectomy should be performed. Seeking the answer to this question is the purpose of this paper.

On looking up the question in various gynecological textbooks we find no definite statement. Conservatism in general is urged, but the greater per cent of clinical cures with radical surgery is mentioned.

---

* From the Department of Obstetrics and Gynecology of the University of Southern California School of Medicine, Los Angeles.

Read before the Section on Obstetrics and Gynecology of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

To answer the question of whether salpingectomy alone or with a hysterectomy should be performed, the end results of a series in which salpingectomy alone was done should be studied. There are many difficulties in the way of such a study. It would require follow-up over many years, a task which the instability and uncoöperativeness of patients make almost impossible.

APPROACH TO THE PROBLEM

We are forced then to approach the problem indirectly by gathering our data from those who have had salpingectomies and subsequently came to our clinic for further treatment. We have no way of knowing what per cent of salpingectomies they represent, particularly since this operation without hysterectomy is rarely done at our clinic. The data herewith presented were obtained from a study of the hysterectomies at the Los Angeles General Hospital for the year 1936-37.

ANALYSIS OF THE CLINICAL MATERIAL

Out of 839 hysterectomies, 339 were hysterosalpingectomies for pelvic inflammatory disease. Fibroids were second with 290, and third came 60 cases that had had bilateral salpingectomy for salpingitis and later required hysterectomy for one reason or another. In addition, there were 35 cases in which a unilateral salpingectomy had been done previously, presumably for salpingitis, and a chronic salpingitis of the other tube was present at the time of hysterectomy. It was impossible to determine the indication for the initial salpingectomy with sufficient accuracy, however, to use in this study. In only three of these the original operation had been done at the County Hospital.

SUBGROUP OF SIXTY CASES

A study of the 60 cases requiring hysterectomy subsequent to bilateral salpingectomy for salpingitis showed the following:

1. The presenting complaint was:

Menorrhagia and metrorrhagia	20 cases
Abnormal bleeding with pain	28 cases
Abnormal bleeding with tumor	1 case
Pain (lower abdominal, dysmenorrhea, backache) without abnormal bleeding	11 cases

2. Time elapsed between salpingectomy and appearance of symptoms which necessitated hysterectomy:

Less than 1 year	29 cases
1 to 5 years	9 cases
5 to 10 years	16 cases
10 to 15 years	6 cases

3. Time elapsed between salpingectomy and hysterectomy:

Less than 1 year	3 cases
1 to 5 years	20 cases
5 to 10 years	17 cases
10 to 15 years	11 cases
Over 15 years	9 cases

4. The pathology found at the time of hysterectomy:

Adhesions	10 cases
Adhesions with cystic ovaries	17 cases
Adhesions with fibroids	10 cases
Adhesions with fibroids and cystic ovaries	5 cases
Fibroids without adhesions	4 cases
Cystic ovaries without other lesions	4 cases
Simple ovarian cysts	2 cases
No apparent lesion of ovaries and uterus	2 cases

We see that adhesions were present in 42 patients, cystic ovaries in 22, fibroids in 19.

In these 60 patients we see sixty attempts at conservation that went wrong. Each one was subjected to a second major operation unquestionably more difficult than the first because of the postoperative adhesions. With the fibroids it is obvious that a hysterectomy at the first operation would have avoided more trouble. In those cases of cystic ovaries the difficulties arose only in so far as abnormal uterine bleeding was produced and, therefore, hysterectomy at the time of the first operation would have avoided subsequent trouble. As far as the adhesions are concerned, it is quite probable that subtotal hysterectomy, by removing the raw areas of the uterine surface (which are such a source of adhesions) would have prevented their development to such an extent as found here. It is of interest to point out here that all ovarian tissue had to be removed in 24 of the 60 cases. The necessity for this was due not to the cystic state of the ovaries but to the adhesions of the ovaries to the uterus, which would have been avoided had the uterus been removed with the earlier surgery.

ARGUMENTS OF PROPONENTS OF CONSERVATISM

Let us consider now the arguments offered by the proponents of conservatism:

1. *Preservation of child-bearing function.*

This point, of course, is pertinent only where plastic operations on the tube or unilateral salpingectomy are performed. My one experience along this line ended with a flare-up in the remaining tube six months postoperative, and a second operation two years after the unilateral salpingectomy. Though I feel the chances of success are slight, such procedures are undoubtedly justified if the patient realizes the risks and still wishes to assume them.

2. *The physiological value of the uterus.*

Many persons advocate preservation of the uterus for the psychological value of menstruation. It has been my experience that if the patient is reasonably intelligent, and the doctor will take the trouble to explain a little of the physiology of menstruation, the patient will choose to have the uterus out. One need only inquire around a little to find how our modern women dislike menstruation.

Certain persons have advanced the idea that the uterus is an endocrin organ. No proof of this has been presented, and in a recent article Novak states that the only known physiological value of the uterus is for the purpose of child-bearing.

Should the patient desire continuance of menstruation, a high subtotal hysterectomy would permit it, while greatly diminishing the chances of later surgery.

3. *The technical difficulties of hysterectomy.*

This is refuted by simply examining the facts. If the corpus is relatively free so that one might consider leaving it, removal is simple. Where there are dense adhesions, it is technically difficult, but here even the conservationists would not advocate leaving it.

SUMMARY

The speaker would like to point out that he has presented 60 cases coming to the Los Angeles County Hospital within one year, all of whom had had bilateral salpingectomies for salpingitis and later had to have hysterectomies. Unquestionably, for every one of these, there are several who suffer from symptoms due to the "left-over uterus," but who are so discouraged by the poor results of their one operation that they refuse a second; or whose symptoms are not quite sufficient to justify another major procedure.

To digress for a moment on the subject of conservatism: it is an unfortunate word. Confusion is created by using it in relation to an organ or group of organs, and also in relation to the patient as a whole. To conserve an organ may or may not be conservative as far as the welfare of the patient is concerned. The result has been that incomplete surgery is often given standing by being labeled conservative.

This is a problem affecting the welfare of a great number of patients. We should make an effort to follow up these cases over a long period of time and examine the results critically so that we may eventually decide upon a really conservative surgical procedure.

1930 Wilshire Boulevard.

LABORATORY METHODS FOR DIFFERENTIATION OF VARIOUS NEUROTROPIC VIRUSES*

By Beatrice F. Howitt, M.A.,
San Francisco

DURING the past few years it has become apparent that more detailed attention should be given to the differentiation of the several types of neurotropic virus diseases affecting man. Formerly the etiologic agents were known for only poliomyelitis and rabies, while now a number of viruses have been isolated that are recognized as affecting the central nervous system, especially causing the encephalitic or encephalomyelitic form of disease.

So far no active agent has as yet been recovered from the von Economo type of encephalitis, which has been known for many years as a clinical entity and designated as Type A, in distinction to another—Type B—variety of encephalitis occurring in the summer, and distinguishable both clinically and epidemiologically. While human cases of acute encephalitis have been reported for many years, yet it is mainly within the past decade that the active agents have been isolated from an increasing number of these neurotropic diseases. However, one must also take into consideration that, besides these acute encephalitic types of known viral nature, there is another group showing encephalitic symptoms subsequent to certain infectious diseases such as measles, mumps, or the like. Their etiology is as yet undetermined.

TYPES OF NEUROTROPIC VIRUSES

Because of the recent advances in virus isolation, one can now distinguish at least five or six different types of neurotropic viruses which can be immunologically and serologically differentiated. Those affecting man are known, respectively, as the viruses of poliomyelitis, St. Louis and Japanese B encephalitis, lymphocytic choriomeningitis and of equine encephalomyelitis, both eastern and western strains. The British have also identified a pseudolymphocytic choriomeningitis. And one may add the rabies virus.

How are they to be distinguished when, in many instances, the early symptoms are very similar, especially in a subclinical or very light attack? It is probably the function of the laboratory to aid in the differentiation. Not all laboratories, however, are equipped to make the differential tests, since it takes many animals of various kinds and specific immune serums.

DIFFERENTIATION OF NEUROTROPIC VIRUSES

In general, one may endeavor to obtain material and to distinguish the neurotropic viruses by the following methods:

I. Postmortem Material.

If an autopsy has been made, then fresh brain, brain-stem, and cervical cord should be taken out (as free from bacteria as possible) and kept in a sterile container on ice until delivery to the laboratory. If the latter is at a distance, the material should be placed in a sterile, dry fruit-jar with a well-fitting top, and then put into a container with either dry ice or real ice and sent by express as soon as possible. Bacterial contamination may tend to destroy any virus present, especially if the growth produces much acid.

At the laboratory, suspensions of the material should be made in some sterile diluting fluid such as saline, Ringer's or Tyrode's solutions, and then inoculated into suitable animals intracerebrally, or in a combination with intraperitoneal and intranasal injections. Histologic sections should also be made at the same time. In addition, one should take into consideration the possibility of tubercular infection, of infection with such fungi as torula or coccidioides, which may cause occasional confusion. The former may be differentiated by recovery of acid-fast rods from both human and animal tissues, while the other organisms may be found in both stained sections and in cultures of the brain, as well as after animal inoculation. The torula organism may be isolated on Sabouraud's medium. Spinal fluid from the patient should also be cultured during the course of the disease.

The procedure used for the respective viruses may be as follows:

1. *Rabies.*—Material from the hippocampus should be examined for Negri bodies, preferably by sections, and inoculations of a 10 per cent suspension should also be made into mice as well.

2. *Poliomyelitis.*—Monkeys should be inoculated with rather large amounts of cord and brain-stem suspensions.

---

* From the George Williams Hooper Foundation, Medical Center, University of California, San Francisco. Aided by grants from the National Infantile Paralysis Foundation.

3. *Encephalitic Types of Cases.*—Mice and guinea pigs, as well as monkeys, should be included for the inoculations.

(a) *Poliomyelitis.*—Monkeys, and not white mice, will develop the disease; showing irritability, fever, nervousness, followed by a typical flaccid paralysis of one or more extremities, and often complete prostration and death. There is no demonstrable virus to be found in the blood or spinal fluid.

(b) *St. Louis Encephalitis.*—The mice, and not the guinea pigs, will be affected after four to five days' incubation, while the monkeys may or may not become ill, without a flaccid paralysis. They may show merely a temperature, irritability, nervousnes, followed by recovery. There is no virus in the blood or spinal fluid.

(c) *Japanese B. Encephalitis.*—Monkeys as well as mice, are very susceptible, the infection in the former running a very severe course and ending fatally. Virus may be demonstrated in the blood and spinal fluid.

(d) *Equine Encephalomyelitis.*—Rats, rabbits, and monkeys are all susceptible, with guinea pigs and mice as the animals of choice. Since this virus may be differentiated into several types, one cannot always rely on the clinical picture in the animals, although there are certain distinguishing criteria.

(1) The western form has a four- to five-day incubation in guinea pigs, with a rise in temperature on the second day to 40.8 or 41.0 degrees centigrade and a gradual decline when symptoms appear.

(2) The eastern form shows a two-day incubation with abrupt rise in temperature to 41.0 degrees centigrade in twenty-four hours, and a rapid decline followed by death. The animal also may show a spastic tremor with retraction of the forelegs and extension of the hindlegs. Virus may be recovered from the blood in both of these types during the febrile period, and also from the spinal fluid of monkeys.

(3) One of the Russian types (Moscow 2) is also a four-day virus, but the temperature does not rise much above 40.0 degrees centigrade, and usually on the third day. There is no demonstrable virus in either the blood or spinal fluid.

VIRUS ISOLATION CRITERIA

In case a virus should be isolated from the animals, the following criteria may be used for further identification:

1. One should note the appearance and behavior of the animals, the temperature curve, and incubation period.
2. Cross immunity tests should be used in hyperimmune animals.
3. Neutralization tests should be made against known immune serums.

(This is probably the most dependable method of identification, because the antibodies for each neurotropic type are apparently specific, not only for each separate strain but for the types within a group.)

4. Complement-fixation tests may also be used for several of the viruses to supplement the neutralizations, except in the case of poliomyelitis.

Before attempting any of these differential methods, however, repeated animal passage of the virus for stabilization should be made, and then a determination of the titer and the strength of dilution to be used. This is necessary to avoid too concentrated a virus for any immune serum that might have weak antibodies. When all these data are obtained from a newly isolated virus, then one may be able to determine if it is a known type that is present or a new one has been found.

II. Material From Clinical Cases.

If a patient is suspected of having a neurotropic disease, the following methods may be employed to help differentiate the type. Blood and spinal fluid should be obtained at entry to the hospital, and both should be inoculated into suitable animals to determine the presence of a virus according to the criteria previously described. Repeated testing of such material might be advisable during the acute febrile stages. About 10 to 15 cubic centimeters of blood should be taken aseptically with a dry sterile syringe and put into a dry sterile tube or vaccine bottle having a sterile stopper. The serum may then be removed aseptically from the clot.

(a) No virus will be found in the blood or spinal fluid in the case of the St. Louis encephalitis or poliomyelitis.

(b) Virus may be present during the acute, febrile period in both blood and spinal fluid for the equine strains, and for lymphocytic choriomeningitis. It may also be recovered at later periods for the latter virus.

(c) Nasopharyngeal washings and fecal specimens from cases of poliomyelitis may or may not contain virus when inoculated into monkeys.

NEUTRALIZATION TESTS

Neutralization tests should be done on the blood serum during the early stages of the disease, then again after recovery of the patient, and probably again in about two months from the onset. Although the antibodies for the St. Louis and the equine types are developed rather rapidly, those for the virus of lymphocytic choriomeningitis may not show until after several weeks or even months. If the test is negative or weakly positive at first, and antibodies are found later, then one may be more certain of the etiologic agent.

The neutralization or protection tests, as usually performed, consist in mixing equal parts of the unknown serum with different dilutions of a known stock virus whose titer has been previously determined. The mixtures are kept usually in the icebox for a certain number of hours before inoculating the test animals intracerebrally. The latter are then observed during the incubation period, which may differ for each virus used. The temperatures are taken on the larger animals in order to observe the course of the disease. If the serum to be tested does not contain protective antibodies, all animals will become sick or die within the required incubation period for each strain of virus, and the results are called negative. If protective substances are present, the animals will remain well, although they should be observed over a longer period of time to be certain that there is no delayed action of partially neutralized virus. If all animals survive for all dilutions used, the test is called positive; but if they succumb to a strong dilution of the virus and survive a weaker, the test may be called weakly positive.

Because of the difference in incubation period for the different viruses and of having to observe the animals for a certain length of time, results need not be expected for at least several weeks. This is especially true if a serum is being tested against several different viruses.

While the neutralization test is of specific value in determining the type of virus one has isolated from a tissue, and is of importance in finding the presence or absence of antibodies in a given serum, yet in the latter instance the real significance of a positive test for a particular virus may be difficult to decide if one finds the same serum showing protective substances for more than one type of virus. The past history of the patient should then be well investigated as to any possible previous infection.

The presence of neutralizing antibodies for poliomyelitis in a human serum has little diagnostic significance, since a high percentage of normal individuals may possess these substances. Their presence for the St. Louis virus in an endemic area may not necessarily indicate that it is the etiologic agent, unless the serum was negative at first, becoming positive later. At present, in California at least, the equine virus has not become sufficiently disseminated among the human population, so that one may have more reliance on a positive test against this strain. For an absolute diagnosis, however, the real criterion would be the recovery of a particular virus from some tissue whenever possible, thus indicating the desirability of securing material at autopsy.

University of California.

TINEA CAPITIS ON THE PACIFIC COAST*

By Edward A. Levin, M. D.
San Francisco

TWENTY-NINE years ago Sabouraud[1] first described the spontaneous cure of tinea capitis. He also noted that in all these cases the causative organism was pathogenic to certain animals. It is only recently, however, that this fact has been reëmphasized by Lewis[2-5] and his coworkers. He stressed the ease with which cases of tinea capitis due to the animal type of ringworm are cured, and that epilation with thallium acetate or x-ray is unnecessary. In ten consecutive cases due to Microsporon lanosum, in which daily shampoo and local measures only were used, he found that the patients were free from the disease in an average period of seven weeks and, interestingly enough, the local therapy consisted of petrolatum colored with bolus rubra. In cases where strong fungicidal medication was employed the time for cure was not shortened. In contrast, however, infection with the human type of ringworm almost always requires total epilation, and local therapy despite its vigor is not of great value. This topic has frequently been a subject of controversy among the dermatologists of the East and West coasts; the former expressing amazement as to the ease with which the westerners claim to cure their patients, while the latter feel that the eastern dermatologists frequently subject the patients to useless epilation.

Kingery[6] reported the cure of tinea capitis in the vicinity of Portland, Oregon, by topical application of 0.5 per cent thymol and 1 per cent oil of cinnamon. Loomis[7] of Cleveland, Ohio, repeated this form of therapy most vigorously, but with poor results. He concluded that the medication was of little value, and his patients eventually required epilation of the scalp for a cure. These apparently conflicting results are not surprising in view of our present knowledge. Although the type of organism was not identified in either of these reports, it is most likely that the cases successfully treated with the local application of thymol and oil of cinnamon were due to Microsporon lanosum, while the more resistant cases requiring epilation were due to Microsporon audouini.

The purpose of this report is to show that tinea capitis in the vicinity of San Francisco Bay area, and probably on the Pacific Coast, is due almost always to Microsporon lanosum, the animal type of ringworm, and is readily amenable to a simple local therapy without resort to epilation.

CULTURES AND IDENTIFICATION OF ORGANISM†

A few years ago,[8,9] and again recently,[10] it was shown that even a slight variation in the media, used for culture of fungi, affects the morphologic characteristics of the organisms; and even in primary cultures[11] there may be variations in the morphology. It has also been shown that multiple hanging drop preparations[12] performed with the same organism at the same time may reveal lack of uniformity of growth. These facts, combined with the tendency of cultures to undergo sectoring and pleomorphic changes,[13,14] make it most difficult to accept a classification based on purely morphological grounds. At the present time, however, despite its numerous shortcomings, this is practically the only method available for the classification[15] and identification of the various types of fungi.

CLINICAL MATERIAL FOR THE STUDY

A total of fifty-eight cases of tinea capitis were studied. Forty-eight cultures were found to be Microsporon lanosum, one Achorion schoenleini, two were not identified, and seven cultures were unsatisfactory (no growth or overgrown by contaminants). Considering these facts it may be that some cases due to Microsporon audouini were not discovered in this group. Some variants or other species of animal ringworm may have been included. True favus infection (due to Achorion schoenleini) on the Pacific Coast is extremely rare. The culture noted here has been previously reported.[16]

---

* From the Department of Dermatology and Syphilology, Mount Zion Hospital, and the Department of Dermatology and Syphilology, University of California.

Read before the Section on Dermatology and Syphilology of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

† Sabouraud's media used was made with bacto peptone 1 per cent, agar 1.5 per cent, difco maltose 4 per cent.

No cases in the series were found to be resistant to local therapy. Many cases of tinea capitis on the Pacific Coast clear despite little or desultory treatment. In this series of cases, one-half strength Whitfield's ointment, various percentages of sulphur ointment, ammoniated mercury, iodin in goose grease, unguentum quinolor compound and boric acid ointment, were used with no apparent difference in the results. No cases in this series required epilation for cure.

AN OUTLINE OF TREATMENT FOR TINEA CAPITIS DUE TO MICROSPORON LANOSUM

1. Clip hair as short as possible, and repeat as often as needed until cured. This facilitates application of local therapy and exposes small infected foci which may be overlooked.

2. Shampoo scalp daily. This helps remove loose infected hairs.

3. Apply a fungicide to scalp twice daily. Half-strength Whitfield's ointment is suggested.

4. Epilate infected patches with epilating forceps or adhesive tape. This is most important, as it removes the loose infected hairs. (Adhesive tape is simple to use, quicker and more effective than manual epilation with the forceps.)

5. The child should wear a paper cap which can be burned or one of cloth that can be boiled. These caps should be changed daily.

6. With kerion formation, nonspecific foreign protein therapy intramuscularly should be employed, as well as boric acid or potassium permanganate compresses.

7. When there is no evidence of clinical activity as manifested by absence of scaling, pustules or short stumps of broken-off hairs, and two weekly successive microscopic examinations (and, if possible, cultures) are negative, the child can be considered cured.

CONCLUSIONS

1. Tinea capitis in the vicinity of the San Francisco Bay area in this series of cases was caused by Microsporon lanosum, the animal type of ringworm.

2. Tinea capitis due to Microsporon lanosum is curable by local measures without the use of x-ray or thallium acetate epilation.

450 Sutter Street.

REFERENCES

1. Sabouraud, R.: Les Teignes, Paris. Masson et Cie, p. 214, 1910.
2. Lewis, G. M., and Miller, H. C.: Ringworm of the Scalp, Arch. Dermat. and Syph., 29:890, 1934.
3. Lewis, G. M., and Hopper, M. E.: Ringworm of the Scalp, Arch. Dermat. and Syph., 36:1194, 1937.
4. Lewis, G. M., and Hopper, M. E.: Ringworm of the Scalp, Arch. Dermat. and Syph., 36:821, 1937.
5. Lewis, G. M.. and Hopper, M. E.: Ringworm of the Scalp, Arch. Dermat. and Syph., 35:460, 1937.
6. Kingery, L. B.: Thymol and Cinnamon Oil in the Treatment of Ringworm of the Scalp, Arch. Dermat. and Syph., 20:797, 1929.
7. Loomis, E. C.: Ringworm of the Scalp: Treatment with Thymol and Oil of Cinnamon, Arch. Dermat. and Syph., 26:495, 1932.
8. Weidman, F. D., and Spring, D.: A Comparison of Ringworm Culture Ingredients, Arch. Dermat. and Syph., 18:829, 1928.
9. Weidman, G. D.: Laboratory Aspects of Epidermophytosis, Arch. Dermat. and Syph., 15:415, 1927.
10. Stewart, R. A.: The Identification of Fungi Causing Disease in California, Calif. and West. Med., 50:4, 1939.
11. Weidman, F. D.: Morphological Variations in a Ringworm Species of the Toes, Arch. Dermat. and Syph., 13:374, 1926.
12. Spring, D.: Morphologic Variation Within the Same Species of Dermatophyte as Observed in Hanging Drop Cultures, Arch. Dermat. and Syph., 23:1076, 1931.
13. Emmons, C. W.: Pleomorphism and Variation in the Dermatophytes, Arch. Dermat. and Syph., 25:987, 1932.
14. Conant, N. F.: Studies in the Genus Microsporon, Arch. Dermat. and Syph., 33:665 1936.
15. Emmons, C. W.: Dermatophytes Natural Grouping Based on the Form of the Spores, and Accessory Organs, Arch. Dermat. and Syph., 30:337, and 1934.
16. Epstein, N. N., and Levin, E. A.: Favus Infection. Report of a case from California. Urol. and Cutan. Rev., 42:515, 1938.

ANENT PRONUNCIATION OF MEDICAL WORDS

By Maxwell Thebaut, M.D.
Oakland

THIS concerns not what is said, but how it is said. The former certainly is the more important; but the latter, if improperly executed, distracts one's attention—as an otherwise perfect piano rendition may be marred by one discordant note.

In attending medical meetings the writer has become impressed with what appears to be a surprising disregard by the average doctor for the correct pronunciation of commonly used medical and scientific words. A presentation may be so interesting and illuminating—the listener so absorbed by what he hears—that he never once is aware he listens to "words." Instead, pictures and thoughts reach his sensorium, and he is attentive and comprehending. But let the speaker say *ecze'ma* instead of *ec'zema,* and immediately the listener's attention is diverted. So far as we are concerned, fully two sentences must pass unheard, while we wonder why the gentleman didn't bother to learn the correct pronunciation for the word. Moreover, the prestige of the speaker as an authority is, from that point on, in jeopardy. It seems foolish and quite unnecessary to lose one's audience for a reason so easily avoidable.

CAUSES OF MISPRONUNCIATION

Several explanations suggest themselves as possible causes of mispronunciation: indifference, ignorance, and common usage. The last mentioned is probably the most important; and, when this is the cause, even a visit to the dictionary may be of but little help in giving an answer. One may find the correct form together with two or three others dictated by common usage alone. Consider, for example, the word "gynecology." One must choose from among three or four pronunciations, all apparently acceptable. Such disorder no doubt contributes to mispronunciation.

In the matter of indifference, incorrect pronunciation frequently arises from slovenly enunciation. For example, speakers often say *lab′-ra-to-ry* with four syllables, while the word has five and should be pronounced *lab′-o-ra-to-ry*.

The term "correct pronunciation" is not entirely self-explanatory, and doubtless many who use the expression would be unable clearly to define it. Probably it would be safe to say, however, that any given word is pronounced correctly if used in one particular form by a sufficient number of cultivated speakers. Under such conditions an acceptable standard of correct pronunciation may be said to be that which is in common use by cultured and educated people to whom the language is vernacular.

In scientific and medical speech, as in everyday English, styles of pronunciation change. Some members of the old school still say *gooms* instead of *gums* and *wownd* instead of *wound*. Others still use the suffix *-etis* rather than *-itis*: appendi*cetis,* tonsill-*etis,* ar-*thretis,* and so on. At one time such pronunciations were acceptable; now they are simply conspicuous.

In attempting to find an authoritative source of information on correct pronunciation it soon became evident that, for scientific words, there is no large exhaustive work such as there is for ordinary English. Therefore, for the purposes of this discussion, the standard medical dictionaries are presumed to be authorities, together with the standard general dictionaries in some instances. For the most part these are in close agreement with each other. As a rule where several pronunciations are in common use, each is given, and if one is more desirable it is so stated.

GROUP DIVISION OF MISPRONOUNCED WORDS

Words commonly mispronounced may be divided, for convenience, into two groups; those over which there is general agreement among authorities on one pronunciation, and those which have two or more acceptable forms, one or another of which might be stated to be preferable.

In the first group we find such words as the following. How would you pronounce them?

Adult
Research
Cocci
Chiropodist
Abdomen
Autopsy
Ramus
Nomenclature
Trichomonas
Duodenum
Ouabain
Endocrine
Maxilla
Axilla
Protein
Discharge
Epiphyseal

All of us have heard one or more of these words mispronounced. Indeed, it is likely that not one physician in a hundred pronounces all of them correctly. Yet the dictionaries agree on but one correct form:

a-dult′
re-search′
cok′-si (not cok′-ki)
ki-ropodist (not sheer-opodist)
abdo′-men (not ab′-domen)
au′-topsy (the first syllable is definitely accented)
ray′-mus (the *a* is long as in *date*)
no′-menclature (not nomen′-clature)
trikom′-onas (the accent is on the second syllable—believe it or not)
duode′-num (not duod′-enum)
wah′-bah-in (three syllables, not two)
en′-docrine (not en′-docrene)
maxil′-la (not max′-illa)
axil′-la (not ax′-illa)
pro′-te-in (three syllables, not two)
dis-charge′ (not dis′-charge)
epifiz′-eal (not epifi-se′-al)

SOME MEDICAL WORDS FREQUENTLY USED

There is an interesting group of words that we use often in our daily conversation which is made up principally of proper names. Included in this group are Wassermann, Weil, Widal, Wertheim, and so on. The question arises as to whether these names should be pronounced as the Germans pronounce them, or if they may be properly regarded as having become Anglicized. Should one say *Wassermann* or *Vahsermahn, Wile* or *Vile, Wedal* or *Vedal, Wertheim* or *Vertheim?* It is seldom one hears a doctor use the German form and yet, somehow, it seems proper to do so. No musician in speaking of Wagner would think of saying anythink save *Vahgner*. Why shouldn't we do the same with the others? Yet, if we are to be guided by common usage we should drop the German form.

A group of related words commonly mispronounced is that which identifies the barbituric acid derivatives, including the many proprietaries which belong to that family of drugs: barbital, phenobarbital, nembutal, amytal, seconal, etc. It is in the last syllable that mispronunciations occur. As in the case of Widal, the final *al* has the same sound as the first syllable in *tallow,* not as it sounds in the word *tall*. But here again we are criticizing widespread usage. In fact, correctness in the use of these words would likely disconcert a listener for the reason that, to the majority of an audience, the words apparently would be mispronounced; the bizarre is arresting whether it be correct or incorrect.

ALTERNATIVE PRONUNCIATIONS

There are a few commonly used words for which the dictionaries give more than one acceptable form of pronunciation. Such a word is "gynecology." Stedman, in his 1928 edition, pronounced it *ji-*, with the *i* long as in pine, while the present 1939 edition changes to a short *i*, as in pin. Dorland conforms to the latter, while both agree on the *j* sound rather than a hard *g*. Webster allows for both the long and short *i* and adds a third, *gi-*, the hard *g* and long *i*. And finally, common usage provides for a fourth—the hard *g* and short *i*. Dr. Morris Fishbein, in his fascinating little book, "Doctors and Specialists," which so cleverly caricatures the medical profession, expresses it thusly: "The worst thing about the gynecologist is pronunciation. He is pronounced various, *gyne, ginni, jyni,* and *jinni,* any of which is right or wrong, depending on how he happens to feel that day." The writer is inclined to subscribe to this viewpoint.

"Iodine" is another word over which there is no complete agreement. The last syllable may be *-din,*

-dine, or *-dene.* Stedman gives the last two. Dorland gives but one form, *-din.* Webster accepts all three, but states that among chemists the preferred form is *-dene.*

Cadaver in both Stedman and Dorland has a short *a* in the second syllable, as in *have,* while Webster gives both the long and short *a* as correct. It has seemed to the writer that most doctors use the short *a.* Hygiene has more than one correct form. One authority says *hi'-gene* while another says *hi'-ge-ene* with three syllables. Calamine may be pronounced with either a long or a short *i.*

Stedman pronounces "respiratory" with the second syllable accented thus: *respi'-ratory.* Webster prefers this, but lists as a second choice, *res'-piratory.* Dorland gives but one form, *res'-piratory.* In this particular instance, it is strange that any pronunciation but that used by Stedman is accepted when one considers a similar word, *expiratory,* over which there is no disagreement by any dictionary. All agree the accent is on the second syllable. Both words have the same Latin derivation; so that if *expi'-ratory* is correct, then *respi'-ratory* also is correct.

OTHER EXAMPLES

Following are some additional words commonly mispronounced, but which have only one correct form:

	Don't Say	*Say*
angina	angi'-na	an'-gina
ascaris	ascar'-is	as'-caris
raphe	ra-phe'	ra'-phe
umbilicus	umbil'-icus	umbili'-cus
tricophyton	tricophy'-ton	tricoph'-yton
acetyl	ase'-tyl	as'-etyl
foramen	forah'-men (short *a*)	fora'-men (long *a*)
prosthesis	prosthe'-sis	pros'-thesis
tinnitus	tin'-itus	tini'-tus
eustachian	eustash'-ian	eustak'-ian
vitiligo	vitile'-go	vitili'-go (long *i*)
proteid	pro'-teid	pro'-te-id
rigor	rig'-or	ri'-gor (long *i*)
opisthotonos	opisthoton'-us	opisthot'-onos
cerebral	cere'-bral	cer'-ebral
caffeine	caf'-eine	ca'-fe-ene (three syllables)
paresis	pare'-sis	par'-esis
data	datta	da'-ta (long *a*)
status	stattus	sta'-tus (long *a*)

IN CONCLUSION

The writer feels that the correct pronunciation of words is not of so great importance if an incorrect form is in common use. For example: caffeine, trichomonas, the barbitals, and the German proper names. One is then apt to pay but little attention to it. But it is definitely disconcerting to the average listener when such words as eczema, abdomen, umbilicus, adult, research, and so on, are mispronounced.

The use of scientific words is essential in the discussion of medical subjects. Such words are our language, just as surely as are any other. We are among the most highly educated of all classes of men and women. My plea is that we take as much care with our medical language as we do with our ordinary speech—nay, a little more!

1904 Franklin Street.

FERMENTATION: A RETROSPECT

By Carl L. A. Schmidt, Ph.D.
San Francisco

Within recent years great progress has been made in the field of enzyme chemistry. The chemical makeup of many of the oxidizing-reducing enzymic systems is now known. It has also been possible to crystallize many of those enzymes that are protein in nature, such as urease, pepsin, and chymo-trypsin. It is of interest to look back and to note what great strides have been made in the field of enzymes and how the views on enzymic reactions have changed.

The early views were that fermentation was a vitalistic process that could only occur in the presence of living matter. This idea was exploded by Buchner in 1897 when he isolated a product from yeast cells that fermented sugar to alcohol. However, as early as 1858 Traube advanced the view that a substance representing a product of its metabolism occurred in yeast cells that reacted with sugar to produce alcohol and carbon dioxid. What is most important was his idea that the reaction between the sugar and the substance present in yeast was one that was wholly independent of the parent cell. In its nature and relations this substance behaved similarly to that of a catalyst. While Traube did not live to witness Buchner's discovery, he nevertheless laid the foundation of our present ideas of enzymic reactions.

The modern work on enzymes is not only concerning itself with the isolation and identification of the enzymic systems, but is also attempting to elucidate the nature of the reactions between enzymes and substrates.

The vitalistic view of fermentation is set forth by William Salmon in Chapter X of the New London Dispensatory printed by Anton Saunders and issued on March 2, 1676. A copy of this has recently come into the possession of the University of California College of Pharmacy. This exposition is of sufficient interest to warrant reprinting here.

* * *

The New London Dispensatory by Salmon. Imprimatur, Anton Saunders. Mart. 2, 1676.

(COPY)

CHAP. X. OF FERMENTATION

1. *Fermentation is a certain manifestation of Life, fitting it for a Resuscitation, and without which it would remain captivated within the Bonds or Chains of Death. Or, It is the breaking of the Bond of Corruption and Putrifaction by the power of Life, assisted by a Homogene Matter, or principle already freed.*

2. *It is caused from the Contest of two contrary Principles or Matters.*

That is, which are opposite either in nature or form: so Life and Death, Purity and Impurity, Corruption and Incorruption, are opposite in nature, Acid, and Alkali, in form, &c. Here also it is observable, That that Principle or Matter which is greater in power, retains the dominion: hence it is that some things cannot ferment without additions and helps, because the corruptible and dead part much exceeds the Life or pure part in power, &c. But in other things, where the Life and pure part transcends or exceeds the contrary, after a certain time, it creates a strugling as it were in the Womb, and by means of its own efficacy frees itself from that which subjugated it; the former is artificial, this natural.

3. *The Matter to be fermented, contains in it all the natural Principles.*

That is, Salt, Sulphur and Mercury, crude and indigested; if any one was wanting, the other could not be, because each two subsist, and are upheld by the third. As in an Equilateral Triangle, if you take away the Legs or Shanks constituting any Angle, you leave not two Angles behind, but only a right Line, which not only makes a nullity of the Triangle in general, but of the two remaining Angles in particular; there being nothing of a Figure left behind.

4. *Before Fermentation, the Matters being distilled can yield no Spirit, but a Flegm, and fetid Oil, according to the nature of the thing distilled.*

This is apparent from all sorts of Juices and Wort, of which Ale is made: the first, although the juice of the Grape, will yield nothing but Flegm, and a *Caput Mortuum*; the other a Flegm and stinking Oil: but let them be first fermented, then they will yield first their inflammable *Spirit,* and after that their *Flegm.* From hence appears, 1. the necessity of Fermentation; 2. that crude Juices, Herbs and Plants (Aromaticks excepted, whose odour shews a previous natural Ferment) can lose none of their Spirits by boiling, whatever some have affirmed to the contrary. Yea, without it, it's impossible they should lose their spirituous and volatil parts in the least measure; since there is a power stronger than theirs, which holds them.

5. *After Fermentation, the matter is resolved or broken, made thin and ripe, whereby its Spirituous and Volatile parts are made subject to fly.*

The reason appears from the contrariety, or confusion of Parts fermentable, they being not yet brought under one power, or subjugated to life and purity; and being dissolved, 'tis apparent they are altered by force of a stronger faculty, and so brought and exalted to a more spirituous disposition, standing in a living active property.

6. *The Matter to be fermented, is chiefly all liquid substances.*

This is true, whether they be Acids, or Alkalies: Acids suffer fermentation by Alkalies, Alkalies by Acids; yet thicker Bodies are said to be fermented, as Syrups, Electuaries, Dough; but in these there can be no separation, by reason of the grossness of their bodies.

7. *The Matter fermenting, or causing the Ferment, is either the internal Spirit, or external Agent already freed, or both.*

Where the Spirit is powerful, and much transcends, it will cause a Fermentation alone, as in juice of Grapes: in other cases, where the Spirit is over-power'd, there is required an external Agent: as Leaven or Yest to Dough; Yest to Juices, Wort, Infusions, Decoctions and Tinctures; Sugar, Honey and Alkalies, as Salt of Tartar, to Vinegar and other Acids; Vinegar, Cream of Tartar, Tartar Vitriolate, &c. to Alkalies; together with an external Heat. See Lib. 4. cap. 12. sect. 4. of this Dispensatory.

8. *The way and manner of the Fermentation, is done by mixing the Ferment with the Liquor, being a little warm, and in a wooden Vessel, shaking them well together, and then setting them in a warm place, or insolating them.*

9. *The End of Intention of Fermentation is twofold. 1. To take away the Crudity, and greatest part of the Terrestrial impurities. 2. In case of Distillation, that the Volatile and Spiritual Parts may be raised.*

10. *The Measure of the Fermentation, is from the Odour and Clearness of the Liquor fermenting.*

If it be too violent and long, it may cause a dissipation and evaporation of the Spirit (which ought to be kept) from whence follows sowrness and deadness.

University of California College of Pharmacy,
Medical Center.

DIVERTICULITIS OF THE COLON*

By Clarence J. Berne, M. D.
Los Angeles

and

A. C. Pattison, M. D.
Pasadena

The primary purpose of this report is to consider the acute major complications of diverticulosis of the colon. The cases studied are those seen in the last nine years at the Los Angeles County Hospital. This group constitutes only a small fraction of the total number of acute abdominal conditions; however, if one considers only patients over 40 years of age, it forms a much larger fraction of the total cases of acute abdominal disease. Further, if one considers the acute conditions involving only the lower half of the abdomen in persons over 40 years of age, acute diverticulitis is always a major possibility. The importance of the disease is even further increased by reason of its extreme gravity. Unfortunately its frequency has been underestimated. Moreover, the difficulty of making a precise diagnosis of an acute complication of diverticulosis is well known. Likewise treatment requires a difficult decision as to whether or not surgical intervention is indicated. If an operative procedure is to be carried out, it must be selected to conform to the stage of the disease. In a doubtful case, if the abdomen has been opened, a quick selection of the proper operative method is necessary and requires a familiarity with the results of various procedures. A lack of large series of cases of major complications of diverticulosis, and the need for analysis of the results in our own treatment of these cases, have furnished the incentive for this report.

---

* Read before the Section on General Surgery of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

TABLE 1.—*Division of Cases of Diverticulosis*

Total number of cases				273
Uncomplicated			159	
Complicated			114	
Total number of complications				128
Minor complications			64	
Chronic diverticulitis		55		
Hemorrage		9		
Major complications			64	
Acute diverticulitis		54		
Simple	12			
Local abscess	16			
Generalized peritonitis	26			
Stricture		6		
Fistula		4		

For purposes of analysis it was necessary to design a classification of the secondary processes, *i. e.,* the complications developing upon a preëxisting diverticulosis. In order to more easily remember the complications of diverticulosis, it is valuable to point out the analogy between these complications and those of duodenal ulcer. In the two diseases, the basic lesion may be clinically silent, or there may be chronic symptoms due to local muscle spasm. In each, an acute process with threatened perforation may appear; the one representing simple acute diverticulitis, and the other, penetrating duodenal ulcer. This process in either lesion may slowly perforate and produce a local abscess, the surgical drainage of which may be followed by a fistula. Further, in both conditions, acute free perforation with general peritonitis is an important complication. Either duodenal ulcer or diverticulitis can produce both chronic and acute intestinal hemorrhage. Duodenal ulcer may produce local stenosis, while a similar process in diverticulitis results in stricture of the colon. A classification of these processes and the number of cases of each are given in Table 1.

CHRONIC DIVERTICULITIS

It is evident from Table 1 that chronic diverticulitis is the most common of all complications of diverticulosis. The patient's complaints and the physical findings seldom are more than suggestive. The most common suggestive symptom is inconstant abdominal pain. This most frequently occurs in the left lower quadrant, but may be of a diffuse, cramping character. Recurring mild diarrhea is the next most common complaint, and usually is not associated with pain. Nine of the fifty-five patients complained of bleeding and in four of these patients the bleeding was massive. These nine cases of bleeding in the chronic diverticulitis group include all the instances of bleeding in the entire series. The only physical finding is tenderness, which may be present in the left lower quadrant. Sigmoidoscopic examination is usually negative. X-ray study of the colon shows the presence of diverticulosis and narrowing of a segment of sigmoid. The narrowing is usually ascribed to spasm, but may be due to inflammatory swelling or both. Opportunities for correlation of the x-ray and pathological findings are infrequent, and did not occur in this series. Routine roentgenologic study may fail to reveal the disease even when it is well developed. This is due, in part, to the fact that only one out of each three or five diverticula is empty and, therefore, demonstrable at a given time, and in part to the fact that all except the lateral diverticula are overshadowed by the silhouette of the colon. In this connection it should be noted that a twenty-four hour plate may reveal the disease when it was not noted in the original examination. Not uncommonly definite amelioration of symptoms is noted following a barium enema given for diagnosis.

Since in this series no case of chronic diverticulitis was subsequently admitted with a major complication, and since no case in the group of major complications had previously been given a diagnosis of chronic diverticulitis, it seems that the pathological process is usually not progressive. Therefore, the therapeutic problem in this group is entirely medical.

ACUTE DIVERTICULITIS WITHOUT ABSCESS

In this group are twelve of the fifty-nine cases admitted with major complications. (Table 2.) They constitute the most benign form of acute infection and are characterized by the absence of suppuration. Eleven of these patients presented a clinically acute process, initiated by pain in the lower abdomen, associated with localized tenderness and often a palpable mass; and with a low-grade fever and leukocytosis. The lesion shows an inherent tendency to heal spontaneously. Since this syndrome is characteristic of an acute inflammatory process involving a diverticulum, in which perforation does not occur, these cases have been segregated as a distinct group. The twelfth case was one in which death occurred due to pylephlebitis, and at autopsy the cause was found to be simple acute diverticulitis.

Half of this group was correctly diagnosed at the bedside. In each instance conservative treatment was instituted and complete subsidence of the inflammatory process followed. For the remaining cases mistaken diagnoses were made and laparotomies were done in five. In three the preoperative

TABLE 2.—*Acute Diverticulitis Without Abscess*

	12 Cases											
Clinical diagnosis	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No
Surgery†	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	No*
Mortality	No	No	No	No	No	No	No	No	No	No	No	Yes

* Pylephlebitis.
† Exploration only.

diagnosis was acute appendicitis, in one tubo-ovarian abscess or ectopic pregnancy, and in the other partial intestinal obstruction. In each of these cases the correct diagnosis was made at the time of laparotomy and no definitive treatment was given. In each instance healing occurred. Each of the twelve cases was, therefore, treated conservatively and eleven recovered satisfactorily.

Ten of the patients were followed a significant period of time, and three had further trouble. One had recurring diarrhea for four years and another was admitted to the hospital three times within eight months for recurring attacks of acute diverticulitis which subsided satisfactorily under conservative treatment. The third patient had second admission for the same condition two weeks after discharge and subsided with the same treatment. Four weeks later he was readmitted because of feces passing in the urine. Laparotomy revealed an inflammatory mass in the pelvis and drainage was provided although no definite abscess was found. This procedure was followed by death.

In consideration of the good results obtained, there can be no question but that the utmost conservatism should be practiced in the treatment of the cases in this group. Individualization is necessary where the process tends to recur, and some form of surgical treatment should be considered. Our series does not provide a basis for deciding whether colostomy, resection, or a combination of the two is preferable. Decision regarding this would necessarily depend primarily upon the extent and location of the lesion.

ACUTE DIVERTICULITIS WITH ABSCESS

In this group are sixteen of the fifty-nine cases with major complications. They constitute the group in which acute infection occurs and progresses to suppuration. It is probable that the factor of infection predominates, and that the factor of communication with the bowel lumen is minimal. This is suggested by the fact that, first, an abscess develops; secondly, the abscess is found to contain pus uncontaminated by fecal material; and, thirdly, a fistula seldom develops after surgical drainage of the abscess.

The majority of these patients present a quite characteristic clinical picture. The syndrome is similar to that of the previous group but more marked. The pain and local tenderness are greater. Frequently there is rigidity, and usually a mass can be detected. The general reaction is proportionately greater. While this picture establishes a presumptive diagnosis of acute diverticulitis with abscess, the failure of the process to subside satisfactorily under expectant treatment is the ultimate factor indicating the presence of suppuration.

A summary of this group is shown in Table 3. In six cases a correct diagnosis was made. Three of these were treated by delayed surgical drainage, the fourth drained spontaneously per vaginum, and the fifth drained spontaneously into the lower sigmoid, probably through the diverticulum. All five patients recovered. The sixth patient died after four months, during which time a fistula persisted. At autopsy extensive pelvic suppuration was present. This patient's unfavorable course should have called for a colostomy.

Table 3.—*Acute Diverticulitis With Local Abscess*

16 Cases

Number of Cases	Clinical Diagnosis	Drained	Mortality
7‡	No	No	Yes*
5	Yes	Yes†	No
2	No	Yes	No
1	No	Yes	Yes
1	Yes	Yes	Yes

* 2 Pylephlebitis, 1 broad ligament thrombophlebitis, 1 bilateral iliac thrombophlebitis.
† Drainage spontaneous, 2 cases.
‡ The lesion in one case was of right colon.

In the remaining ten cases a correct diagnosis was not made, and two distinct groups are evident. In the first group of four cases the colon lesion was clinically silent, and the symptomatology was due to a secondary vascular complication. In two of these pylephlebitis, with secondary liver abscesses, occurred. In the third the pelvic abscess involved the vessels of the broad ligament and produced lung abscesses. In the fourth case the abscess came into contact with the common iliac vein and produced extensive thrombosis and embolism. Reviewing the records of this group we fail to find evidence which would, in retrospect, suggest the correct diagnosis. Hence, a positive correlation is suggested between the presence of a major vascular complication and an atypical acute diverticulitis. This was also true in the pylephlebitis case indicated in Table 2. In the second undiagnosed group, consisting of six cases, definite symptoms of an acute abdominal condition existed. Various diagnoses were made, and, therefore, none of the cases were properly treated. Only two patients survived. Interestingly, one patient in this group was thought to have an appendiceal abscess, but was in too poor condition for surgical drainage. Autopsy revealed diffuse diverticulosis, with an abscess due to perforation of a diverticulum of the ascending colon. In this connection it should be pointed out that occasionally the sigmoid reaches into the right lower quadrant of the abdomen and can produce diverticular abscess in this location.

Analysis of the cases of acute diverticulitis with local abscess reveals two clearly defined facts: first, a correct initial diagnosis is essential; and, secondly, the proper treatment is delayed surgical drainage. Ideally, the drainage should not be through the free peritoneal cavity. Not uncommonly, and particularly in women, the diagnostic problem will force early intervention. Under these circumstances when abscess is found, simple drainage is indicated. When a diagnosis of acute diverticulitis with local abscess has been made, the patient should be placed on Ochsner treatment, and the progress most carefully followed. If the lesion shows signs of early progression, drainage should be done in order to avoid rupture of the abscess. If the process shows

Table 4.—*Acute Diverticulitis With Peritonitis*

26 Cases

Extent of Disease	Number of Cases	Mortality
General peritonitis	23	23
Local peritonitis	3	0

Treatment

General—23 Cases		Local—3 Cases	
Ochsner	14	Suture and drain	2
Drain	4	Drain only	1
Suture and drain	3		
Colostomy and drain	1		
Colostomy	1		

neither a tendency to progress nor to recede, drainage is indicated. If regression occurs but is incomplete, the stage of chronic abscess has been reached and again drainage is indicated. In this chronic-abscess group it is difficult to avoid the error of assuming that regression has been complete, and of thereby mistakenly placing the case in the category of acute simple diverticulitis. This is an extremely dangerous mistake.

ACUTE DIVERTICULITIS WITH GENERAL PERITONITIS

This group comprises twenty-six cases, constituting nearly half of the acute major complications, and far exceeding in number the cases of stricture and fistula. (Table 4.) This is in marked contrast to the statement in many textbooks that free perforation is a rare complication. The most striking feature of the group is the mortality of 88.5 per cent. Analysis of the clinical histories indicates that there exist two modes of onset. In one group all the cases were admitted in less than one day following the onset of symptoms, with the clinical picture of acute peritonitis. We believe that they represent acute free perforations. In the second group, of practically equal size, all the patients had abdominal symptoms for from three days to three weeks, and there was no case falling between the two groups. It is suggested that the second group consists of simple acute diverticulitis going on to free perforation, or to rupture of diverticular abscess. It is our belief that most of these cases in the second group represent abscesses rupturing because the patient had not come under treatment.

The two groups mentioned in the preceding paragraph present distinctly different problems in diagnosis. In the acute free perforations, the lack of any characteristic antecedent history makes a differentiation from other acute abdominal catastrophies very difficult. However, if the diagnosis of acute diverticulitis is kept in mind in all instances where patients over forty years of age develop an acute severe lower abdominal pain, with almost immediate signs of peritonitis, it is likely that the correct diagnosis can often be strongly suspected. In the second group described, where symptoms have existed for several days before the development of the peritonitis, the history of left lower quadrant pain during this time, often associated with diarrhea, should enable one to much more readily make a correct presumptive diagnosis.

Study of Table 4 will show that the only three recoveries were in the only three cases with local peritonitis. All three cases were operated upon; in two the perforation was closed by suture and the peritoneal cavity drained, and in the third, colostomy and drainage were done. It should be pointed out that it may have been the nature of the process, and not the treatment, that conditioned the recovery in these cases. All of the twenty-three patients with general peritonitis died, regardless of whether the treatment was conservative or operative. This mortality rate is no doubt largely dependent upon the high incidence of true fecal peritonitis. On the basis of these results it is difficult to suggest a preferred form of treatment. Although the results from each form of treatment have been uniformly bad, the surgeon still is confronted with the necessity of deciding how to treat the individual case. Commonly, the abdomen will have been opened with a mistaken diagnosis, and diverticular peritonitis will be found. If an acute free perforation has occurred, suture and drainage would seem to be indicated. If a ruptured abscess is found, consideration of the low incidence of fistula, following the drainage of local abscess and the undesirability of further breaking down of the abscess walls, would suggest that carefully placed drainage is logically all that is indicated. If a bedside diagnosis of diverticular peritonitis has been made, some degree of individualization may be possible. If the evidence indicates an acute free perforation, and the condition is of short duration, and the patient is an otherwise good risk, suture of the perforation and drainage seem justified. Under all other circumstances Ochsner treatment should be used. Since the mortality in this group is extremely high, in all doubtful cases decision as to treatment should favor other diagnostic possibilities.

FISTULA

In the entire series there are only four cases of fistula. Each was secondary to an acute process. Two of the fistulae were cutaneous. One of these followed a laparotomy in which a nonsuppurative inflammatory mass was freed, and the abdomen was closed without drainage. A fistula appeared and closed spontaneously in six months. The second followed surgical drainage of an acute free perforation which had been sutured. It closed spontaneously in four months. The other two fistulae both communicated with the urinary bladder, and followed neglected chronic abscesses. These cases were recognized by the passage of gas and feces in the urine, and in neither was colostomy done. Both patients died.

Extreme conservatism is usually practiced in the treatment of cutaneous fistula. Commonly surgical intervention is postponed until a year has passed, and resection is then usually necessary. The spontaneous closure of the two cutaneous fistulae in this series substantiates this attitude. In contrast vesicle fistula has no inherent tendency to heal spontaneously, and usually requires temporary transverse colostomy, followed later by a direct attack on the fistula. The two cases in this series were not given definitive treatment, and no conclusions can be drawn from them except the prophylactic value of recognizing and draining chronic abscesses.

STRICTURE

In the entire series, stricture occurred in six instances. Four of these were associated with an acute process. In one, exploration was done and simple acute diverticulitis found. Colostomy was required subsequently because of the development of obstruction. The other three cases were admitted because of acute abscess. In each instance there was ultimately proved to be a stricture distal to the infected diverticulum producing the abscess. In contrast to these four cases, two patients were admitted because of intestinal obstruction in which no acute infectious process occurred. Four of these strictures were rectosigmoid, one was six inches above the rectosigmoid junction and the sixth involved the lower descending colon.

The strictures mentioned were all true cicatricial stenoses. Pseudostricture is not uncommon and is often mistaken for true stricture. In the pseudostrictures the narrowing is not due to cicatrization, but is associated with abscess, and is due to extrinsic pressure and intramural inflammation. The profound difference in response to treatment makes it important to recognize this differentiation.

An important aspect of the problem of stricture is its possible relationship to the rupture of diverticula proximal to the site of narrowing. This occurred in three of the six strictures. This susceptibility of diverticula to rupture is further emphasized by two cases in the group of free perforations where the performations were secondary to obstruction by carcinoma. This is incidentally of importance from a technical standpoint in performing the operation of obstructive resection in the presence of diverticulosis. This danger of rupture has furnished the basis for advising complementary cecostomy in such situations.

When obstruction occurs as the result of stricture, colostomy is necessary. Following this, improvement may be sufficiently marked to permit closure of the colostomy. If improvement does not occur, careful differentiation from carcinoma is necessary. This problem is well known and requires no elaboration. In those cases of stricture where the obstruction does not improve, resection of the lesion can be done if it is located at a sufficiently high level. If the stricture is located too low for resection, the colostomy must be permanent.

IN CONCLUSION

The marked tendency toward spontaneous recovery manifested by acute simple diverticulitis contrasts sharply with the almost uniformly fatal outcome in the acute diverticulitis with general peritonitis. The therapeutic implications, therefore, indicate that intervention is unnecessary in the former and not significantly helpful in the latter. The real problem in therapy is involved with the abscess factor. Every effort should be made to recognize the presence of abscess, and to intervene if progression occurs, or if regression is either retarded or incomplete.

1136 West Sixth Street, Los Angeles.
595 East Colorado, Pasadena.

CLINICAL NOTES AND CASE REPORTS

EPIDEMIC DIARRHEA OF THE NEWLY BORN*

By Ben B. Johnson, M. D.
Huntington Park
and
Phillip E. Rothman, M. D.
Los Angeles

Reports of the early outbreaks of epidemic diarrhea of the newly born emphasized the contagious nature of the disease and the high mortality rate. The etiology has not been determined by bacteriological studies of the stools or autopsy investigations. The disease has occurred in modern and efficiently run nurseries, as well as in crowded and understaffed institutions. Breast fed infants were susceptible. No response followed the type of dietary treatment employed in other forms of diarrhea. Isolation or removal of patients to other hospitals and the discontinuance of new admissions were often necessary to control the epidemics.

Subsequent reports stress the value of drastic treatment at the onset of the illness. The death rate is definitely lowered by the use of a continuous intravenous drip of saline and glucose, blood transfusion and short periods of starvation, followed by gradually increasing amounts of protein milk. The danger of temporizing in the treatment of these patients is generally recognized. In the presence of an epidemic, no difficulty in diagnosis is encountered, but the early recognition of the first case is often impossible. It must be differentiated from cases with vomiting and frequent stools due to improper formulas or inability to tolerate cow's milk.

In sporadic cases, one is able to observe more easily the sequence of events. The onset is characterized by listlessness, loss of weight and anorexia. A lowering of the carbon dioxid content of the circulating blood quickly follows the initial symptoms, and may be sufficiently severe to produce acidotic breathing. Vomiting or diarrhea, or both, appear the third or fourth day. The point of utmost significance is this: *the acidosis precedes the intestinal disturbance.* Subsequently the acidosis increases to a degree from loss of base through the diarrhea; but its existence before the onset of intestinal symptoms has been proved by carbon dioxid determinations.

At one hospital a week-old infant became acidotic, with a carbon dioxid content of 19 volumes

---

* A preliminary report.

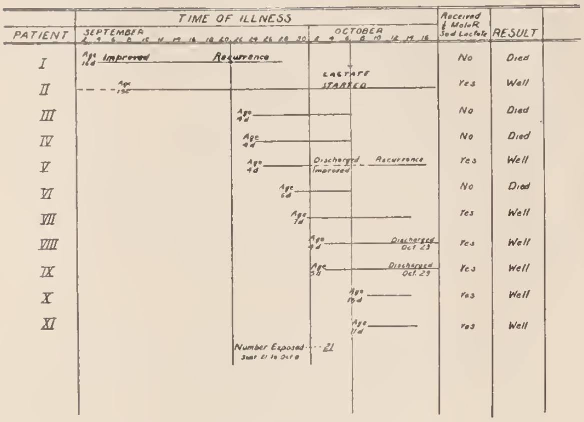


Chart 1.—Results of lactate administration.

per cent, and recovered following the administration of alkali without the development of either diarrhea or vomiting. Although the mechanism responsible for the production of this type of acidosis is obscure, the remarkable response following the use of sixth molar sodium lactate solution* has prompted this report. The correction of acidosis by the use of alkali is, of course, common practice in the management of gastro-intestinal disturbances of infancy. What seems remarkable in this group of cases is the time at which the acidosis occurs, and the insignificance of the primary infection once the acid-base equilibrium has been restored. In cases diagnosed early, lactate may be given subcutaneously without the necessity of additional intravenous fluid. It must be repeated daily until the carbon dioxid content is nearly normal. The statistics in the epidemic to be described illustrate the effectiveness of the therapy emphasized.

COMMENT CONCERNING A RECENT EPIDEMIC

This epidemic occurred in a small hospital near Los Angeles. Among twenty-one patients in the nursery, eleven contracted the disease and four died. The epidemic started when a patient (Case 1), previously isolated because of diarrhea, developed a recurrence after being moved back to the nursery. In Case 2 the patient was admitted with diarrhea contracted at the time of discharge from the nursery of another hospital and was placed in the isolation room with Case 1. The child remained in the isolation room and consequently his relationship to the epidemic is problematical. Each case was in charge of the attending obstetrician until the fourth death occurred. The remaining cases were then supervised by one physician and lactate administration was instituted. Dehydration had been partially combated by the use of glucose and saline. This was given in adequate amounts, but failed to check the progress of the disease. The condition of all but one of these infants was critical. They were exhausted by the severity of the diarrhea and vomiting. Marked abdominal distention was present in the cases manifesting clinical acidosis. Feedings by gavage were necessary. All cases receiving lactate solution improved immediately. No deaths occurred in this group.

2669 Walnut, Huntington Park.
3875 Wilshire Boulevard, Los Angeles.

OCCLUSION OF BILIARY SINUS BY BALLOON CATHETER

REPORT OF CASE

By Dell Theodore Lundquist, M.D.
Palo Alto

A WOMAN, seventy-five years old, giving a history of shortness of breath on exertion, and pain, elsewhere diagnosed as coronary, with a systolic heart murmur and cardiographic changes once interpreted as due to coronary artery disease, consented to operation on April 8, 1937, as the only possible relief for recurrent severe pain (with chills and fever of Charcot type) as pointed out by Dr. George Barnett in consultation. The gall-bladder failed to visualize with dye by mouth on two occasions. With the help of Dr. Edward Liston, an operation was done, consisting of drainage of a fairly normal gall-bladder and removal from it of four irregular bilirubin stones, one of which might have entered the cystic duct. The common duct was explored, without opening it because of falling blood pressure. No great dilatation of it was found, nor any stone palpated therein—only a slight thickening near the ampulla.

After operation, the gall-bladder drainage persisted for three weeks, with a failure to improve in the patient's general condition. There was a suspicion of pancreatic digestion in the wound. Hence, there was made and employed, for the first time in such a sinus, as far as a moderate search of the literature reveals, a device consisting of an ordinary 16 F rubber catheter with a balloon of penrose drain tubing around it and adjacent to its eye. This balloon was constructed by inserting into a hole in the penrose tubing a small (10 F) rubber inflation tube. Using pagenstecher linen, a ligature was made firmly enough about the penrose tubing and the inflation tube to give a tight joint, yet not to occlude the inflation tube. This combination was then slipped over the catheter, and the balloon constructed upon it by ligature of both ends of the penrose tube in a similar fashion. Since that time there have come to my attention the Foley hemostatic bag catheter, for urological use, and the Miller and Abbott [1] double lumen tube for small intestinal intubation. Either of these would probably work just as well in such a site.

The balloon catheter, after boiling, was slipped into the gall-bladder sinus, tied in place to an adhesive strap across the wound and the balloon was inflated through the tube for the purpose, using water injected by a syringe. The bile drainage ceased, and the wound healed about the catheter in a few days. For a day bile was allowed to drain freely through the catheter. Then it was possible to clamp it, without external drainage of bile. The patient's stools, which since operation had been "clay-colored," once more became brown.

---

* Molar Sodium r-Lactate (Hartman) is converted into sodium bicarbonate rapidly enough to be effective in severe acidosis, without the danger of producing serious uncompensated alkalosis as may occur following sodium bicarbonate administration. It has the additional advantage of being stable and, therefore, not affected by boiling.

[1] Miller, T. G., and Abbott, W. O.: Intubation Studies of Human Small Intestine; Technic for Collection of Pure Intestinal Secretion and for Study of Intestinal Absorption, J. A. M. A., 106:16-18, (Jan. 4), 1936.

The balloon catheter was employed for cholangiography later, using iodized oil, with a picture interpreted as showing a filling defect at the ampulla. Hence, Pribram's[2] method was followed in an attempt to dissolve a possible common-duct stone, without severe reaction, but without help in biliary flow as indicated by a later cholangiography. The second instillation of another type of iodized oil was followed by a severe febrile reaction and suppression of bile (possibly due to free iodin present).

Second-stage operation was done on June 17, 1937, by Dr. Philip K. Gilman and Dr. Liston. T-tube drainage of the common duct was done after exploration and dilatation of the papilla failed to show any stone. Recovery was fairly prompt, as was healing of the sinus after removal of the T-tube on July 4, and of the tube draining the gallbladder (which had been preserved for a possible cholecystenterostomy) one week later.

The patient has been free of biliary attacks ever since, though she does present a consistently increased blood sedimentation speed.

COMMENT

Nothing original is claimed in this report other than the use of a balloon catheter to effect temporary closure of an external biliary fistula in a poor surgical risk, shunting the flow of bile into the duodenum until such a time as the patient's condition was improved and able to stand a second-stage operation.

The balloon catheter has appeared in many guises: obstetrical, urological, anesthetic, and gastro-intestinal, but so far as a moderate search reveals, this is the first use of it for a biliary fistula. It would seem reasonable that it might be used in intestinal fistulae as well, possibly also for drainage of empyema cavities.

261 Hamilton Avenue.

HIPPOCRATES' APHORISMS[*]

By M. Scholtz, M. D.
Arcadia

Section Two (Continued)

11. It's easier to sustain the sick
With liquid food than with a thick.

12. The remnants of disease, alack,
Oft harbor dangers of setback.

13. The night before a crisis, as a rule,
The patient feels discomfort and distress;
The night that comes thereafter is quite likely
To bring the patient comfort, more or less.

14. If the quality of feces shows changes,
It can be viewed as a propitious sign,
Unless the change is definitely bad;
Then it portends a dangerous decline.

15. When throat is sore and lumps form on the body,
Secretions should be watched: if they are bilious,
The trouble is systemic, and is serious;
If they are normal, it's safe to feed the sick.

16. To a patient who is feeble, wan and spent,
Harsh treatments can bring only detriment.

17. When more food than is proper has been taken,
It's likely to occasion a disease;
The treatment used to bring about a cure
Will demonstrate and prove this with great ease.

18. The food which easily assimilated
Produces residue as fast eliminated.

19. In acute disease one cannot tell
Whether the sick will die or will get well.

20. Those who had loose bowels, when quite young
Turn to be constipated in old age;
While persons constipated in their youth,
Get looser bowels at a later stage.

21. Drinking strong wine
Makes appetite decline.

22. Repletion must be treated by depletion,
And vice versa; thus each morbid state
Is best checked by reverse condition.

23. Acute diseases reach their height
Not later than in a fortnight.

24. There are some days "indicative" in illness
Which help to judge the course of a disease.
These are: the fourth, the eighth, also eleventh,
And seventeenth—use them as indices.

25. Most summer quartan fevers clear up fast,
But those of fall and winter tend to last.

26. It's safer for the patient when a fever
Succeeds to a convulsion: the reverse
Sequence makes the prognosis so much worse.

27. Improvements in disease, which are not stable,
Cannot be trusted, as they seldom last;
Alike, fear not irregular bad symptoms,
As mostly they are passing and vanish fast.

28. It does not augur well, if in a serious fever
The patient keeps his weight or loses fast:
The first condition means protracted illness;
The latter that the patient may not last.

29. If purging's indicated, have it done
In early stage of illness; do not wait
Until the crisis starts, since at that time
The body should be kept in a restful state.

413 Longden Avenue.

---

[2] Pribram, B. O.: New Methods in Gall-Stone Surgery, Surg., Gynec. and Obst., 60: 55, (Jan.), 1935.

[*] For other aphorisms, see California and Western Medicine, March, 1940, page 125; April, 1940, page 179.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

CHARLES A. DUKES	President
HARRY H. WILSON	President-Elect
LOWELL S. GOIN	Speaker
KARL L. SCHAUPP	Council Chairman
GEORGE H. KRESS	Secretary and Editor

INDEX

1. *Committee on Public Health Education.*
2. *C. M. A. Department of Public Relations.*
3. *Committee on Postgraduate Activities.*
4. *California Physicians' Service.*
5. *County Medical Societies: Reports.*
6. *Woman's Auxiliary to the California Medical Association.*

COMMITTEE ON PUBLIC HEALTH EDUCATION*

Your Committee on Public Health Education has announced the state-wide essay contest for high school and junior college students, starting on April 1 and ending on November 1, 1940. The announcement was made in a story to all newspapers and in the official publication of the State Department of Education, which is coöperating fully in the contest. Further news of this important contest will be given as developments occur.

Progress was reported on plans for a motion picture suitable for showing before clubs and schools, to be on a medical subject best suited for the purpose of public education along the lines for which this committee was created.

Your Committee Chairman reported negotiations for securing the services of a statistician to develop full and up-to-date information on compulsory medicine plans and developments in voluntary plans, the information to be used by our speakers' bureaus and in other manner to combat efforts of proponents of compulsory medicine.

Speech No. 49, devoted to exposing the fallacies of compulsory medicine, was mimeographed and forwarded to all speakers' bureaus.

In addition to the story announcing the essay contest, state-wide stories were mailed twice on progress of California Physicians' Service and five state-wide stories were mailed on behalf of the Women's Field Army of the American Society for the Control of Cancer during April, the month during which this organization conducts its annual fund-raising and education campaign. Your Committee agreed to furnish this publicity service because of the commendable nature of the organization's work and because the Women's Field Army would have been unable to secure the publicity otherwise.

Copies of the return postcards showing affiliations of members of the California Medical Association were sent to the speakers' bureaus in San Diego and Los Angeles counties, as requested, in order that this important information might be available to the speakers' bureaus secretaries to aid them in their work on behalf of the medical profession.

Speakers' bureaus were mailed copies of the new proposed compulsory medicine initiative that certain labor organizations and others have planned for the November, 1940, ballot. Included in this mailing were two booklets, "Organized Payments for Medical Service," and "Handbook of Sickness Insurance, State Medicine, and the Cost of Medical Care."

Your Public Relations Counsel spoke before the Imperial and Humboldt counties medical societies and before the Pomona branch of the Los Angeles County Medical Society. He also conferred with the chairman of the San Diego County Medical Society Speakers' Bureau regarding supplying new speeches on medical subjects and against compulsory medicine, and arrangements were made to secure these speeches as soon as possible. The Public Relations Counsel also was engaged in preparing and handling the publicity and relations with newspapers for the annual meeting at Coronado. —R. M.

C. M. A. DEPARTMENT OF PUBLIC RELATIONS†

Four-Point Program for Financing Health Insurance Advanced

Four points for financing American health service were suggested to the Public Health Section by Dr. C. Rufus Rorem of the American Hospital Association, Chicago, in a recent address to the Public Health Section of the Commonwealth Club of San Francisco.

"The health service of the United States," he said, "can best, and probably will, be financed by the following methods:

1. For the indigent and unemployed population, all medical care and hospitalization will continue to be financed through government taxation—local, state, and federal.

2. For the general population, preventive service, tuberculosis and mental care, and treatment of other long-term illnesses will continue to be financed through local, state, and federal taxation.

---

† For complete roster of officers, see advertising pages 2, 4, and 6.

* The Committee on Public Health Education was established through Substitute Resolution No. 6 at the Del Monte annual session, May 3, 1939.

The Committee on Public Health Education consists of Frank R. Makinson, chairman, Oakland; Karl L. Schaupp, secretary, San Francisco; Samuel Ayres, Jr., Los Angeles; Thomas A. Card, Riverside; Lowell S. Goin, Los Angeles; Junius B. Harris, Sacramento; Dewey R. Powell, Stockton; Charles A. Dukes (ex officio), Oakland. Mr. Ross Marshall is the Public Relations Counsel of the Committee, and may be addressed at 408 South Spring Street, Los Angeles (telephone TUcker 2312), or 244 Kearny Street, San Francisco (telephone YUkon 2212).

† The complete roster of the Committee on Public Relations is printed on page 2 of the front advertising section of each issue. Dr. George G. Reinle of Oakland is the chairman, and Dr. George H. Kress is the secretary. Component county societies and California Medical Association members are invited to present their problems to the committee. All communications should be sent to the director of the department, Dr. George H. Kress, Room 2004, Four Fifty Sutter Street, San Francisco.

3. For the employed population, health service insurance will develop for hospitalized acute illnesses, with benefits including room hospitalization and physicians' and surgeons' services. The medical benefits might be administered in conjunction with or separate from hospitalization. For the low-income groups, tax subsidy may be necessary to bring the premiums within the workers' ability to pay, and to offset the tendency of many workers to obtain both hospital and medical care completely at the expense of the taxpayers.

4. Home and office calls will by and large remain under private practice, even for specialists' services. The 'sliding scale' will become less necessary and more equitable to both physicians and patients, when the hospitalized cases are paid through insurance plans.

"The principle of insurance is particularly adaptable to regularly employed persons and their families, and to acute, unpredictable illness or accident from which complete recovery is the usual result. The American approach to health insurance has been realistic and unique. Most of the plans for sickness and accident protection have given special benefits to the victim of a catastrophic illness or accident. The hospital service plans have far outstripped all other types of voluntary health insurance in number of subscribers, even though they have not included as benefits the services of attending physicians and surgeons."—*The Commonwealth,* April 23, 1940.

COMMITTEE ON POSTGRADUATE ACTIVITIES†

To the Editor:—We would appreciate it if you would give notice, through your JOURNAL, of the postgraduate course in obstetrics for physicians, principally general practitioners, which is offered by the University of Chicago and the Chicago Lying-In Hospital in coöperation with the Illinois State Department of Health and the Children's Bureau, United States Department of Labor.

This course runs from five to six weeks. The only cost to the physicians would be that of their board and room, their own personal incidental expenses, and a nominal fee of $15. The number accepted for each course will be limited in order that a personal relationship may be maintained between the staff and the physicians. All of the members of the Department of Obstetrics and Gynecology will participate in the program.

Applications and inquiries should be addressed to Postgraduate Course, Department of Obstetrics and Gynecology, 5848 Drexel Avenue, Chicago, Illinois.

We would appreciate any notice that you give of this course.

Very truly yours,

H. CLOSE HESSELTINE, M. D.

COURSE FOR GENERAL PRACTITIONERS
VARIOUS ASPECTS OF CHRONIC DISEASES
JUNE 3 TO 6, 1940
TO BE GIVEN AT THE
UNIVERSITY OF CALIFORNIA HOSPITAL
SAN FRANCISCO
OUTLINE OF COURSE

Monday, June 3

MORNING

9:00—S. R. Mettier, M. D., Treatment of Cervical Osteoarthritis.

9:45—J. F. Rinehart, M. D., Rheumatoid Arthritis.

10:30—L. C. Abbott, M. D., and J. B. Saunders, M. D., The Anatomico-Pathological and Clinical Aspects of Chronic Arthritis.

AFTERNOON

2:00—L. V. Ackerman, M. D., Tuberculosis.

3:00—S. T. Pope, Jr., M. D., Tuberculosis in the Young Adult.

3:30—S. Hurwitz, M. D., Tuberculosis in Childhood.

4:00—F. C. Bost, M. D., Bone Tuberculosis.

Tuesday, June 4

MORNING

9:00—R. S. Stone, M. D., Treatment of Cancer with X-ray.

9:30—E. I. Bartlett, M. D., Cancer of the Lip and Breast.

10:30—C. M. Johnson, M. D., Cancer of the Bladder, Kidney, etc.

11:00—R. Ward, M. D., Malignant Disease of the Thyroid.

11:30—H. B. Stephens, M. D., Cancer of the Lung and Esophagus.

AFTERNOON

2:00—H. G. Bell, M. D., Cancer of the Colon.

2:30—L. Goldman, M. D., Cancer of the Stomach.

3:00—O. W. Jones, Jr., M. D., Intracranial Tumors.

3:30—D. G. Morton, M. D., Cancer of Uterus.

4:00—C. L. Connor, M. D., Early Diagnosis of Cancer.

Wednesday, June 5

MORNING

9:00—D. W. Bennett, M. D., Arteriosclerosis.

9:45—E. S. Kilgore, M. D., Chronic Heart Disease

10:30—O. E. Guttentag, M. D., Chronic Nephritis.

11:15—Evelyn Anderson Haymaker, M. D., Obesity.

AFTERNOON

2:00—C. D. Leake, Ph.D., Chemotherapy.

2:30—M. H. Soley, M. D., Disorders of Thyroid Function.

3:00—S. P. Lucia, M. D., The Treatment of Hemorrhage.

Thursday, June 6

MORNING

9:00—E. W. Twitchell, M. D., The Epilepsies.

9:30—J. Alden, M. D., Care and Management of the Senile Patient.

10:00—P. Poliak, M. D., Chronic Alcoholism in Women.

10:30—P. A. Gliebe, M. D., Involutional or Menopausal Syndrome.

11:00—R. M. Ritchey, M. D., Criminal Psychopathic Personalities.

* * *

Tuition Fee.—$20.

Registration.—Students may register by mail. Please send checks ($20, payable to the Regents of the University of California) to the Dean's Office, University of California Medical School, Medical Center, San Francisco. In order that arrangements may be made, it is important that all checks be received by the Dean's Office not later than May 29.

This short comprehensive course is designed to meet the needs of physicians engaged in private practice. Speakers will present subject matter from the viewpoint of the chronically ill patient. Many of the discussions will be illustrated by patients, lantern slides or pathological material. Meetings will be held in Toland Hall, first floor, University of California Hospital, San Francisco.

The Students' Cafeteria at the Medical Center will be open for lunch, but not for dinner.

---

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary.

CALIFORNIA PHYSICIANS' SERVICE†

Membership is continuing to increase—10,142 as of April 15. The routine of service is developing and as this development occurs, the administrative work can be done with less and less lost motion.

If the service is to be a success and is to earn a reputation for interest and helpful care for the physicians participating in it, these professional members must help by informing not only themselves, but their assistants, secretaries, and nurses about California Physicians' Service, so that beneficiary members presenting themselves for care for the first time will not be met by statements that the particular office "never heard of California Physicians' Service, etc."

Likewise, success depends upon receiving these patients just as other patients are received, and not as if they were to receive some variety of charitable service at the hands of the professional member.

Instances like the above are not frequent, but they do occur—some because of lack of information on the part of secretaries and nurses—and they are productive of great dissatisfaction and create further difficulty in the attempt to extend the service more widely.

Let us all try to do our informed best to make this Service succeed.

The attention of the professional members is again called to the annual meeting of the administrative members, election of trustees, etc., at Coronado on Tuesday, May 7. During the afternoon the Fee Schedule Committee will hold an open discussion of the fee schedule and suggestions for its revision. All professional members are invited to participate. Likewise, there will be a meeting of deputy medical directors for a general discussion of their problems, and professional members are invited to attend this meeting also. The exact time and places of these meetings will be posted at Coronado.

COUNTY SOCIETIES*

HUMBOLDT COUNTY

The Humboldt County Medical Society held a clinical conference on fractures on March 14. The conference was arranged by the Committee on Postgraduate Education. The visiting instructors were Drs. Frederick Bost and Vern Inman. During the morning and afternoon, clinical cases were presented at the Humboldt County Hospital. A dinner meeting was held at the Eureka Inn at 6.15 p. m., following which Doctors Bost and Inman showed a number of x-ray films of fractures to illustrate cases that were not shown at the hospital. About thirty-five doctors from Humboldt, Del Norte, and Mendocino counties attended this conference. The work covered by Doctors Bost and Inman was of a practical nature, and was very much appreciated by the attending physicians.

The scientific session was followed by a business meeting. Dr. Rupert Hauser of Scotia, California, was voted in as a new member. Dr. L. A. Wing, a former member, was reinstated. Dr. Clarence Vernon Atteberry was voted into membership by transfer from the Los Angeles County Medical Association.

The Secretary was instructed to write a letter to the local radio station operator, expressing the appreciation of our Society for removing some of our local irregular practitioners of the so-called "healing art" from his broadcasting program.

A motion was made and carried that our Society go on record as favoring the election of Dr. Henry S. Rogers as president of the California Medical Association. A motion was also made and carried that our Society donate $50 to the National Physicians' Committee for the Extension of Medical Service.

J. S. Woolford, *Secretary*.

SACRAMENTO COUNTY

The regular meeting of the Sacramento Society for Medical Improvement was held in the Auditorium on February 20, with Dr. Norris Jones presiding.

There were sixty-two members and guests present.

Dr. F. Brewer of the State Board of Health presented a very interesting and instructive sound picture on *Syphilis*. Doctor Brewer was thanked by Doctor Jones for bringing this picture to Sacramento.

Dr. Aurang Shah and Dr. Dellivan Fuiks were unanimously elected to membership in the Society.

Under new business, Dr. Ralph Teall presented a resolution regarding California Physicians' Service. Discussion by Drs. Frank MacDonald, Reardan, and Hale. Doctor Reardan made a motion that the resolution be tabled. The motion was seconded, and passed by a vote of 33 to 9.

Dr. C. E. Von Geldern, Chairman of the Banquet Committee, stated that the banquet was to be held at the Sutter Club on March 16, and asked the members for an opinion as to the price they wished to pay. A motion was passed that the price remain at $5 per person.

G. E. Millar, *Secretary*.

SAN JOAQUIN COUNTY

The regular meeting of the San Joaquin County Medical Society was held on Thursday evening, April 4, in the Medico-Dental clubrooms, Stockton, preceded by the customary supper meeting at the Hotel Wolf, at which twenty-six members and guests were present. A film on *Training the Diabetic Patient* was shown at this meeting by courtesy of the Metropolitan Life Insurance Company. The regular meeting was called to order at 8:30 p. m. by President Hugh J. Bolinger. The applications of Doctors Louis Ghiglieri, Helen L. Starbuck, and Edmund P. Halley having been favorably reported upon by the Admissions Committee, and there being no objections from the floor, they were declared members. The application of Dr. S. F. Priestley for retired membership was read and, on motion of Doctor Powell, was accepted and recommended to the California Medical Association. The resignation of Dr. Peter van der Leek, dated November 1, 1939, was read. This, too, on motion of Doctor Powell was accepted. Dr. Dewey Powell then spoke briefly on the California Physicians' Service and introduced Mr. Sid Robinson, Valley representative of the California Physicians' Service. Frank Doughty reported on the progress of the Speakers' Bureau, stating that any member of the Medical Society could obtain instruction in public speaking at the high school, where a course had been arranged for their use. President Bolinger then passed a coin box for medical aid in China, and a generous response by the members was turned over to Dr. Dora Lee. Dr. Dewey Powell and Dr. G. H. Rohrbacher mentioned that the Woman's Auxiliary to the Medical Society was considering disbanding, and urged that pressure be brought to bear by the Medical Society to forestall this action. President Bolinger then appointed Doctors Ray Owens, A. C. Boehmer, C. V. Thompson, and A. M. Tunnell as a committee for planning the June meeting of the Medical Society, this committee to arrange for a place to meet, refreshments, and a speaker.

---

† Address: California Physicians' Service, 333 Pine Street, San Francisco. Telephone EXbrook 3211. Alson Kilgore, M. D., secretary.

Copy for the California Physicians' Service department in the Official Journal is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

* For roster of officers of component county medical societies, see page 4 in front advertising section.

The paper of the evening, *Newer Views on Intestinal Obstructions,* was given by Dr. Homer Woolsey of Woodland Clinic, Woodland. The paper was illustrated by slides and x-ray plates. The paper caused considerable discussion from the floor, and was extremely interesting.

There being no further business to come before the Society, the meeting was declared adjourned at 10 p. m., after which refreshments were served.

G. H. ROHRBACHER, *Secretary.*

⁂

VENTURA COUNTY

The regular meeting of the Ventura County Medical Society was held at Saticoy on Tuesday, March 12, with Doctor Moore presiding. Seventeen members and nine guests were present.

Dr. George Patterson of Los Angeles gave an interesting talk on *Head Injuries from the Standpoint of the General Practitioner.*

Mr. Ross Marshall of the Committee on Public Relations explained the activities of the Committee.

Dr. and Mrs. J. J. Renger (Marie Swezey) were unanimously elected to membership in this Society.

A. A. MORRISON, *Secretary.*

⁂

YUBA-SUTTER COUNTY

The April meeting was called to order at 8:15 p. m. on Tuesday, the 2nd, at the Hotel Marysville, Marysville, the Secretary's report being first read.

Reports of the following committees were submitted: Doctor Hamilton, reporting for the Hospital Relations Committee, stated that "Men attending the regular Friday morning rounds at the Yuba County Hospital are eligible to be on the active attending staff."

Doctor Parkinson, reported for the Postgraduate Committee, outlining the several plans and suggesting that the Society come to a decision regarding one of them.

Doctor Miller was called out, and as the Vice-President was absent the Secretary continued to lead the business of the meeting.

A letter from Dr. Frank R. Makinson and Mr. Ross Marshall, Public Relations Counsel, was discussed, and it was suggested that we appoint a Speakers' Bureau Committee.

Dr. Charles B. Kimmel of Marysville, a member of the Marysville Clinic, was unanimously elected to membership.

Dr. Romayne Whitney, having arrived and taken the chair, the remainder of new business was postponed until the next regular meeting.

Dr. R. Lucian Hamilton introduced Dr. O. W. Jones of San Francisco, who spoke on *Head Injuries and Herniation of Nucleus Pulposus.*

A buffet luncheon followed the address.

There will be no meeting of the Society in May, since it would conflict with the California Medical Association Convention at Coronado.

LEON M. SWIFT, *Secretary.*

CHANGES IN MEMBERSHIP

New Members (61)

Alameda County

Douglas D. Dickson, *Oakland*
Paul Geyser, *Oakland*
Henry A. Perlmutter, *Berkeley*
Arthur R. Twiss, *Oakland*

Fresno County

Frank I. Gilliland, *Fresno*
Kendall B. Holmes, *Fresno*
William X. Okker, *Selma*

Humboldt County

Amy S. Barton, *Adin*
Rupert Hauser, *Scotia*
L. A. Wing, *Eureka*

Kern County

Leo F. Baisinger, *Bakersfield*
J. A. Chapman, *Bakersfield*
Frank J. McDonald, *Bakersfield*
Dee L. Stoops, *Bakersfield*
F. E. Walthall, *Bakersfield*

Los Angeles County

J. Harvey Clark, *Los Angeles*
Joseph Paul DeRiver, *Los Angeles*
Richard C. Dickmann, *Los Angeles*
Douglas Donath, *Los Angeles*
Orwyn H. Ellis, *West Los Angeles*
Morris R. Feder, *Los Angeles*
Maurice P. Foley, *Los Angeles*
Clifton E. Gage, *Los Angeles*
Alex F. J. Hansen, *Long Beach*
Nathan Hiatt, *Los Angeles*
Earl Hyman, *Los Angeles*
Elmer H. Johnson, *Los Angeles*
Floyd H. Kinyoun, *Los Angeles*
Harry N. Krohn, *Los Angeles*
Delia A. Lynch, *Los Angeles*
J. I. Mason, *Los Angeles*
Edward L. McCartan, *Los Angeles*
Charles H. Peppers, *Los Angeles*
Beth Pinkston, *Los Angeles*
Benjamin H. Sherman, *Los Angeles*
Turner B. Smith, *Wilmington*
Lester E. Wight, *Los Angeles*

Merced County

Louis J. Bronstein, *Dos Palos*
Paul A. Lum, *Dos Palos*

Orange County

John McAuley, *Santa Ana*
Allison Reeder, *Newport Beach*

Sacramento County

Delevan Finks, *Sacramento*
Vernon E. Greer, *Galt*
H. W. Rayner, *Sacramento*
Aurang Shah, *Sacramento*

San Bernardino County

P. V. Greedy, *San Bernardino*

San Diego County

Paul F. Siman, *San Diego*

San Francisco County

William H. Banks, *San Francisco*
Franklin A. Hayes, *San Francisco*
Wilhelmina Loewenstein, *San Francisco*
John K. Odegard, *San Francisco*

San Luis Obispo County

Harold L. Graham, *Arroyo Grande*

San Mateo County

Harvey H. Whitney, *Burlingame*

Santa Barbara County

Charles G. Jobbins, *Santa Barbara*
James L. Tobin, *Santa Maria*

Sonoma County

J. O. Raffety, *Santa Rosa*

Tehama County

Roderick A. I. Thompson, *Red Bluff*

Ventura County

Dean Gerald Tipton, *Camarillo*

Yolo-Colusa-Glenn County

James D. Edmundson, *Orland*
Wilfred T. Robbins, *Davis*

Yuba-Sutter County

Thomas G. Lupo, *Marysville*

Transfers (13)

C. V. Atteberry, from Los Angeles County to Humboldt County.

James Bird Cutter, from Santa Cruz County to Shasta County.

Howard W. Dueker, from Tulare County to Inyo County.

Roy Fielder, from San Francisco County to Los Angeles County.

W. H. Haakinson, from Imperial County to Santa Clara County.

Vernet H. Heinz, from Los Angeles County to San Bernardino County.

Lionel Jacoby, from Butte County to Alameda County.

Frank E. McCullough, from Alameda County to Sacramento County.

E. A. Patterson, from Alameda County to Fresno County.

Frank F. Schade, from Stanislaus County to Los Angeles County.

Harvey E. Starr, from Fresno County to Los Angeles County.

Wilson Stegeman, from Humboldt County to Sonoma County.

Daniel F. Sullivan, Jr., from Los Angeles County to San Diego County.

Resigned (1)

Joseph A. Daniele, from San Francisco County.

In Memoriam

Ainley, Frank C. Died at Los Angeles, March 16, 1940, age 61. Graduate of Johns Hopkins University School of Medicine, Baltimore, 1906. Licensed in California in 1911. Doctor Ainley was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✠

Bancroft, Martin Flaherty. Died at San Diego, April 11, 1940, age 33. Graduate of Stanford University School of Medicine, San Francisco, 1933, and licensed in California the same year. Doctor Bancroft was a member of the San Diego County Medical Society, the California Medical Association, and the American Medical Association.

✠

Campbell, George Elmore. Died at Los Angeles, February 14, 1940, age 73. Graduate of University of Minnesota Medical School, Minneapolis, 1895. Licensed in California in 1899. Doctor Campbell was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

Huggins, Walter Leslie. Died at Los Angeles, April 18, 1940, age 68. Graduate of Albany Medical College, 1899, and University of Southern California School of Medicine, Los Angeles, 1908, and licensed in California the same year. Doctor Huggins was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✠

Hyman, Sol. Died at Los Altos, March 14, 1940, age 65. Graduate of Johns Hopkins University School of Medicine, Baltimore, 1902, and licensed in California the same year. Doctor Hyman was a retired member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✠

Jorgensen, Sophus Nicolai. Died at San Francisco, December 26, 1939, age 71. Graduate of Hahnemann Medical College of the Pacific, San Francisco, 1897, and licensed in California the same year. Doctor Jorgensen was a member of the San Francisco County Medical Society, the California Medical ssociation, and a Fellow of the American Medical Association.

✠

Scott, Alfred James, Jr. Died at Los Angeles, April 17, 1940, age 59. Graduate of University of Southern California School of Medicine, Los Angeles, 1909, and licensed in California the same year. Doctor Scott was a retired member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✠

OBITUARIES

William E. Hopkins

1879–1940

William E. Hopkins, for many years a member of the San Francisco County Medical Society, died in Los Angeles on February 5, 1940. Doctor Hopkins was born in Winchester, Virginia, on August 3, 1858, and was graduated from the Medical School of the University of Virginia in 1879. In later years he attended the Universities of California, New York, Vienna, and London.

In addition to his large private practice, Doctor Hopkins held the chair of professor of ophthalmology and laryngology at the University of California.

He also served in the United States Army for ten years as a first lieutenant and captain of the Medical Corps, and as colonel in the Spanish-American War.

Doctor Hopkins was well known to a large group of both professional and social organizations throughout the United States, among them being the American College of Surgeons (of which he was a charter member), the American Academy of Ophthalmology and Otolaryngology, the American Laryngological, Rhinological and Otological Society, the Pacific Union Club of San Francisco, the Army and Navy Club of Washington, the University Club of Los Angeles, the Zeta Psi Fraternity, and the Colonnade Club and the Farmington Country Club, both of Charlottesville, Virginia.

✠

Frank C. Ainley

1879–1940

Frank C. Ainley died at the Good Samaritan Hospital in Los Angeles on March 16, 1940, from thrombosis of a branch of the cerebellar artery and consequent complications.

He was born at Perry, Iowa, October 5, 1879, and received his B. S. degree from Drake University in 1902.

His medical degree was granted by Johns Hopkins University in 1906, when he was awarded a position as house officer in the Johns Hopkins Hospital, in obstetrics, for the following year. A year was then spent in Cleveland at Lakeside Hospital, in gynecology, at the end of which time he returned to Baltimore and spent two more years with Dr. J. Whitridge Williams, the last as resident in obstetrics at the Johns Hopkins Hospital. Another year was given to work in the clinics of Vienna and Berlin, and in 1910 he came to Los Angeles, where he gave his entire attention to obstetrics and incidental gynecology. He was one of the very first men in Los Angeles who limited their work to this field, and he did a great deal toward establishing the highest standards of the profession in the southern city.

The salient factors in Doctor Ainley's success were his unquestioned devotion to his patients and their welfare, and his uncompromising adherence to the ideals and principles which he knew to be right. In his professional career and in his private life, he never deviated in the slightest degree from the consistent practice of the old Hippocratic virtues. By his way of life he won the respect and admiration of all who knew him, though he never exerted conscious effort to gain applause or popularity except by the faithful and conscientious discharge of every task that came to his hand. Few knew of his kindness and charity except those who were directly benefited.

Honors came to Doctor Ainley through his merits. He was elected to Phi Beta Kappa and Alpha Omega Alpha, and was a charter member of his Chapter of Nu Sigmu Nu. Membership was held in the American Medical Association, the California Medical Association, and the Los Angeles Medical Association. He was a Fellow and charter member of the American Board of Obstetrics and Gynecology. He contributed scientific papers from time to time at various meetings of fellow workers.

Doctor Ainley is survived by his widow and by four brothers, one sister, and nieces and nephews. His friends will retain a clear memory of his loyalty, integrity, and high professional attainments.

R. L. Cunningham, M. D.
Frederick S. Ray, M. D.
Victor E. Stork, M. D.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION[†]

MRS. FREDERICK N. SCATENA	President
MRS. WILLIAM C. BOECK	Chairman on Publicity
MRS. KARL O. VON HAGEN	Asst. Chairman on Publicity

Component County Auxiliaries

Alameda County

The annual dinner dance, honoring the husbands of the members of the Woman's Auxiliary to the Alameda County Medical Association, was held at the Athens Athletic Club on Tuesday, March 26. More than three hundred enjoyed the clever floor show and a gay evening of dancing and games.

Following dinner, brief but interesting talks were given by Dr. Charles Dukes, Dr. A. A. Alexander, and Mrs. George Calvin, Auxiliary president.

Success of the affair was due to the committee in charge, headed by Mrs. Frank Baxter, chairman of the evening, and Mrs. George Calvin, President.

Mrs. Ira Church had charge of reservations, Mrs. Roy Nelson was program chairman, Mrs. F. S. Bascom was responsible for the artistic table decorations, and Mrs. C. C. Vardon supervised the games.

On March 15, members of the Auxiliary met at Claremont Country Club for their regular luncheon meeting, Mrs. George Calvin, presiding. Mrs. Clarence Page was hostess of the day.

Health Among the Migrants was the subject of a talk by Dr. Stanford Farnsworth.

Ruth Rapp, Marian Hein, and Marian Hammond entertained with vocal selections. Katharine Andrews accompanied them.

Mrs. Rene Van de Carr, *Publicity Chairman.*

Fresno County

On March 5, the Woman's Auxiliary met with the Fresno County Medical Society for a dinner meeting at the University Sequoia Club. After dinner and a short business meeting of the Medical Society, the men welcomed the Auxiliary members and expressed appreciation for the work the women had done in campaigning to defeat Proposition No. 2. The president, Mrs. Kenneth Staniford, and the state president-elect, Mrs. A. E. Anderson, were both called upon for speeches, and graciously responded.

Dr. and Mrs. B. F. Walker both contributed to the program. Dr. and Mrs. Walker have recently returned from an extensive trip around the world, and Mrs. Walker gave a very interesting talk on their trip and Doctor Walker showed colored moving pictures of Bali. Dr. and Mrs. Walker brought many objects of art, which they exhibited after the pictures.

About eighty doctors and their wives were present, and enjoyed a delightful meeting together.

Mrs. C. M. Vanderburgh,
Chairman of Publicity.

Humboldt County

The Woman's Auxiliary to the Humboldt County Medical Society met for dinner and the Society's regular session on March 14 at the Humboldt Country Club. Mrs. John Chain, Sr., presided.

The guest of honor and speaker of the evening was Mrs. Frederick N. Scatena, State President, who gave an interesting account of the development and purpose of the Auxiliary.

The hostesses were Mesdames O. R. Myers, J. F. Walsh, Edgar Holm, and Mrs. Allan Watson. Twenty-two members were present to welcome Mrs. Scatena.

Mrs. Max Goodman, *Publicity Chairman.*

Los Angeles County

The March 26 meeting of the Woman's Auxiliary to the Los Angeles County Medical Association started off with hearty laughs (thanks to the delightful play by Mrs. L. F. X. Wilhelm) and wound up in a serious and businesslike vein.

One hundred twenty-six members and guests met in the auditorium of the Orthopedic Hospital for luncheon.

Mrs. E. Eric Larson presided, and introduced Mrs. Wilhelm, who in turn introduced her guests, all of whom were prominent local clubwomen. Mrs. Wilhelm's play, "Far Above Rubies," was then presented. The curtain rose on a delightful set, supposedly the chic living room of a sophisticated, young, physician's wife (delightfully played by the comely Mrs. George Henry), and the play started off at a lively pace, which it maintained throughout due to the splendid direction of Mrs. Charles E. Futch. The play would be an excellent vehicle for any Auxiliary to produce, either at a regular meeting or for a benefit.

[†] As county auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Karl O. Von Hagen, Assistant Chairman on publicity, 5867 Whitworth Drive, Los Angeles. Brief reports of county auxiliary meetings will be welcomed by Mrs. Von Hagen and must be sent to her before publication takes place in this column. For lists of state and county officers, see advertising page 6. The Council of the California Medical Association has instructed the Editor to allocate two pages in every issue to Woman's Auxiliary notes.

The Nominating Committee submitted the following names for office during the coming year: For president, Mrs. Ralph B. Eusden; for first vice-president, Mrs. Harold F. Whalman; for second vice-president, Mrs. William H. Goeckerman; for recording secretary, Mrs. L. K. Gundrum; and for treasurer, Mrs. Jay B. Cosgrove.

Philanthropic work in the Auxiliary, in addition to caring for needy physician's families, was discussed at length. Numerous constructive ideas were suggested by the President, members of the Board, and from the floor.

Mrs. William Benbow Thompson.

⁂

Marin County

The Woman's Auxiliary to the Marin County Medical Society met for dinner on Thursday evening, March 28, at Deer Park Villa in Fairfax. Mrs. C. A. De Lancey presided, and twenty-five members were present.

At the business meeting following dinner, President De Lancey appointed Mrs. Wilson Goddard and Mrs. Rodney Hartman to the Nominating Committee. Mrs. Robert Furlong and Mrs. Carl Clark were nominated from the floor and the name of Mrs. Alfred Schwarz was added.

It was decided to have another "bring your husband dinner" for the May meeting, which will be the last of the season. Mrs. De Lancey is to write the play and members of the Auxiliary are to take various parts.

At the adjournment of the meeting, the Auxiliary joined the Medical Society to hear the joint speaker of the evening, Frederick Williams, journalist and author, who spoke of his experiences as a reporter for the American press in China and Japan.

Agnes Campion Taylor, *Publicity Chairman.*

⁂

Monterey County

On February 1 the Woman's Auxiliary to the Monterey County Medical Society had a bridge luncheon at the Mission Ranch Club in Carmel. Mrs. William F. Coughlin was presiding officer, and there were twenty-six members and guests present. Mrs. Garth Parker gave a financial report on the card party that was held in January, the proceeds of which are to be used to purchase furniture for the children's ward at the County Hospital.

On March 7 the Auxiliary had a dinner meeting at the Forest Lodge in Carmel. Mrs. Spencer Hoyt was then presiding officer, and twelve members and three guests were present. Miss Ena Hoag of the Monterey Union High School faculty was the guest speaker, using as her subject, *My Year in Turkey,* and gave a very interesting discourse on education and government in Turkey. Miss Hoag has successfully mastered the Turkish language, and taught school in Istanbul during 1938-1939. The dinner was also the occasion for the Auxiliary's annual election of officers, and those named to serve the incoming year are: Mrs. Herbert Archibald, president; Mrs. Martin McAuley, vice-president; Mrs. J. H. McPharlin, secretary; and Mrs. Marshall L. Carter, treasurer.

Mrs. William F. Coughlin,
Chairman on Publicity.

⁂

San Diego County

Members and friends of the Woman's Auxiliary to the San Diego County Medical Society met for luncheon at the Y. W. C. A. on March 13, Mrs. William Cooke presiding.

A proposed amendment to the State Constitution was read.

Dr. Helen Mackler, luncheon guest, was introduced.

The meeting was adjourned so that all could attend the Public Health Education meeting. The program follows:

Public Health Education Program
Arranged by the Woman's Auxiliary to the
San Diego County Medical Association
Wednesday, March 13, 1940
Y. W. C. A., Tenth and C Streets, San Diego

Session for Parents of School Children
10:00 a. m.

Your Responsibility for the Success of Your Child in School—Mrs. Ada York Allen, County Superintendent of Schools.

Can Your Child Hear?—Durwin H. Brownell, M. D.

Glandular Disturbances of Children—James W. Sherrill, M. D.

Session for Everyone
2:00 p. m.

Vitamins—What? Where? Why?—John C. Schlappi, M.D.

When Your Baby Comes—Roy M. Ledford, M. D.

California Fights Syphilis—Do You?—Helen Mackler, M.D., Bureau of Venereal Diseases, California Department of Public Health.

California Physicians' Service—Hall G. Holder, M. D.

(An explanation of California Medical Association's plan for voluntary health insurance)

Iva O'Hara, *Secretary.*

⁂

Santa Cruz County

The Woman's Auxiliary to the Santa Cruz County Medical Society held the March meeting at Faul's Tea Room in Watsonville on March 25. There were eighteen members present from Watsonville and Santa Cruz.

Miss Julia Koencke, district representative from Salinas, gave a report of the various counties activities. She represented San Mateo, Santa Clara, San Benito, Monterey, and Santa Cruz counties. Mrs. Garth Parker, also of Salinas, accompanied her.

Our president, Mrs. F. P. Shenk, presided over our business meeting. Delegates chosen to attend the convention at Coronado, May 5 to 8, are Mrs. Allen Pederson of Santa Cruz and Mrs. A. F. Giberson of Watsonville, delegates; and alternates to go are Mrs. A. J. Sambuck of Watsonville, Mrs. A. Phillips and Mrs. N. R. Sullivan of Santa Cruz.

Mrs. R. C. Alsberge.

⁂

Stanislaus County

On March 8, the Woman's Auxiliary to the Stanislaus County Medical Society met in the McHenry Public Library to hear a talk by Ben H. Read, Executive Secretary of the Public Health League of California. Mr. Read told of the aims and some of the accomplishments of the League, stressing that they seek to preserve modern, scientific healing arts and that their delegates at the State Legislature are constantly working for measures favorable to this idea.

Fifteen members and eleven guests were present. Following the address, the group adjourned to the home of Mrs. E. R. McPheeters on Kansas Avenue for dessert and an informal meeting, presided over by our president, Mrs. Hans Hartman. The most important business of the evening was the selection of a nominating committee to choose candidates for our election to be held next month.

Mrs. Warren Steele, Jr.

⁂

Tulare County

The Woman's Auxiliary to the Tulare County Medical Society met in Visalia on April 1, when the officers elected were as follows: Mrs. Ellis Sox, president; Mrs. R. E. Cronemiller, first vice-president; Mrs. Frank Wiens, second vice-president; Mrs. F. Powell, corresponding secretary; Mrs. H. Falk, recording secretary; and Mrs. D. G. MacKinnon, treasurer.

The group enjoyed a very interesting talk on Honolulu by Mrs. J. W. Irwin of Lindsay.

On April 10, the Woman's Auxiliary will meet at the country home of Mrs. J. C. McClure of Lindsay, past president, for ten o'clock luncheon.

Mrs. W. B. Parkinson,
Corresponding Secretary.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings.

American Medical Association, New York, June 10–14, 1940. Olin West, M. D., Secretary, 535 North Dearborn Street, Chicago, Illinois.

California Medical Association, Hotel Del Coronado, Coronado, May 6–9, 1940. George H. Kress, M. D., Secretary, 450 Sutter Street, San Francisco.

Western Section of the American Urological Association, Empress Hotel, Victoria, B. C., July 29–31, 1940. Dudley P. Fagerstrom, M. D., Secretary, 710 Medico-Dental Building, San Jose, California.

Medical Broadcasts.*

American Medical Association Broadcasts: "Medicine in the News."—The American Medical Association and the National Broadcasting Company have announced "Medicine in the News," on timely topics from medical news of the week. Thursdays, 4 : 30 p. m., Eastern standard time (1 : 30 p. m., Pacific standard time), Blue Network, coast to coast. Thirty weeks. Opened on November 2, 1939. Facts, drama, entertainment, music.

Pacific States:

KECA	Los Angeles	KTMS	Santa Barbara
KFSD	San Diego	KEX	Portland
KGO	San Francisco	KJR	Seattle
KGA	Spokane		

* * *

Los Angeles County Medical Association.

The radio broadcast program for the Los Angeles County Medical Association for the month of May is as follows:

Wednesday, May 1—KECA, 11:15 a.m., The Road of Health.
Saturday, May 4—KFI, 9:45 a. m., The Road of Health; KFAC, 10:15 a. m., Your Doctor and You.
Wednesday, May 8—KECA, 11:15 a. m., The Road of Health.
Saturday, May 11—KFI, 9:45 a. m., The Road of Health; KFAC, 10:15 a. m., Your Doctor and You.
Wednesday, May 15—KECA, 11:15 a. m., The Road of Health.
Saturday, May 18—KFI, 9:45 a. m., The Road of Health; KFAC, 10:15 a. m., Your Doctor and You.
Wednesday, May 22—KECA, 11:15 a. m., The Road of Health.
Saturday, May 25—KFI, 9:45 a. m., The Road of Health; KFAC, 10:15 a. m., Your Doctor and You.
Wednesday, May 29—KECA, 11:15 a. m., The Road of Health.

Household Hygiene. — An interesting brochure on household hygiene has been brought off the press by J. C. Geiger, M. D., Director of the Department of Public Health, San Francisco, the booklet containing some ninety-six pages with the following major subdivisions: (1) Extermination of Rodents, Insects, Vermin, and Noxious Weeds; (2) Care of Foodstuffs in the Home; (3) Home Care of the Ill; (4) Sterilization of Dishes. The brochure contains much valuable information.

American Public Health Association: Western Branch.—The Western Branch of the American Public Health Association will hold its eleventh annual session in Denver, Colorado, June 23 to 27, 1940. The program will be devoted to a discussion of public health matters of special interest to physicians in practice in the Pacific Coast states. For further information address Dr. A. L. Beaghler, Director of Health Service, Denver Public Schools, Denver, Colorado, or W. F. Higby, 45 Second Street, San Francisco.

Control of Venereal Disease.—A state-wide campaign has been launched in California, initiated by the California Department of Public Health in coöperation with the State Board of Pharmacy and the United States Public Health Service. Pledge cards were sent to 142 drugstores in Oakland, California, asking for coöperation in the venereal disease control campaign. To each druggist who signed this pledge went an engraved certificate of coöperation, to be displayed on the walls of the drugstore. The certificate stated what the store will do and what it will not do. The store identified with the movement to help stamp out venereal diseases pledged itself *not* to "sell medicines for the self-treatment of venereal diseases except upon the order of physicians' prescriptions. The store *will* refer all patients to a physician or health clinic." To date, 121 drugstores in California have signed pledges. Only one has refused.

Another Remedy Found from Work on Maggots.—Following the medical discovery of the remarkable effectiveness of sterile blowfly maggots in healing stubborn wounds in human beings, Dr. William Robinson of the United States Bureau of Entomology and Plant Quarantine has continued investigations of the way maggots bring about such satisfactory results. He now finds that maggots produce a common and inexpensive chemical, ammonium bicarbonate, and that this compound stimulates healing similar to the healing by the maggots themselves.

Reporting to the medical profession through the *American Journal of Surgery,* the federal scientist makes his third announcement of healing substances produced by the maggots. In 1935 Doctor Robinson discovered that allantoin, which occurs in the secretions of maggots, heals wounds rapidly. The following year he found that urea, a simpler chemical, acted similarly. Ammonium bicarbonate is still a simpler chemical compound and is formed naturally from urea by the action of an enzyme called urease.

After testing the ammonium bicarbonate solution on animals, Doctor Robinson obtained the coöperation of physicians and surgeons, some of whom had previously used allantoin and urea. His report in the *Journal of Surgery* is largely a summary of their professional experience in treating infected wounds that did not yield to other methods. A one per cent solution proved effective when used either as a wet pack or as an irrigation of an open wound. Some of the conditions cleared up by the new treatment were: chronic osteomyelitis, diabetic and varicose ulcers, middle-ear infections, stitch abscesses, infected lacerations, and other purulent wounds.

---

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

American Association of Industrial Physicians and Surgeons. — The twenty-fifth annual meeting of the American Association of Industrial Physicians and Surgeons, together with the first annual meeting of the American Industrial Hygiene Association, will be held at the Hotel Pennsylvania, New York City, June 4–8, 1940. This will be a four-day convention intensively devoted to the problems of industrial health in all of their various medical, technical, and hygienic phases, with particular stress on prevention and control of occupational hazards. Important programs have been prepared, and technical and scientific exhibits will be a feature of the Convention. The dinner on Thursday evening, June 6, will be the occasion of the presentation of the William S. Knudsen award for the year of 1939-1940. The medical profession is not only invited, but urged to attend these gatherings as they will be of unusual interest and value to all practitioners interested in industrial injuries and illnesses. For further information, address Armour G. Park, 540 North Michigan Avenue, Chicago, Illinois.

Southern California Medical Society.—The one hundred and second semi-annual meeting was held April 19–20, at the Los Angeles County Medical Association Building, 1925 Wilshire Boulevard, Los Angeles. Program follows:

Friday Afternoon Session, April 19, 2 p. m.

Recent Developments in the Treatment of Urinary Infections—Harry A. Zide, M. D., Los Angeles.
Discussion by Frederick A. Bennetts, M. D., Los Angeles, and Benjamin H. Hager, M. D., Los Angeles.

* * *

SYMPOSIUM—SYPHILIS

The Laboratory Diagnosis of Syphilis—Edward M. Butt, M. D., Los Angeles.
Problems of Acute Syphilis—Kendal Frost, M. D., Los Angeles.
Latent and Wassermann-Fast Syphilis—Julius Scholtz, M. D., Los Angeles.
Neurosyphilis: Principles of Treatment—C. Russell Anderson, M. D., Los Angeles.
Problems in Late Symptomatic Syphilis—William Goeckerman, M. D., Los Angeles.

Friday Evening Session, April 19, 8 p. m.

The Clinical Use of the Vitamins—Dwight L. Wilbur, M. D., San Francisco, Associate Clinical Professor of Medicine, Stanford University School of Medicine.

Saturday Morning Session, April 20, 10 a. m.

A Régime for the Treatment of Acute Head Injuries—Mark A. Glaser, M. D., Los Angeles.
Discussion by John F. Van Paing, M. D., Santa Barbara, and Rupert B. Raney, M. D., Los Angeles.
Some Newer Aspects in the Problem of Child Feeding—Clement J. Molony, M. D., Los Angeles.
Discussion by Howard R. Cooder, M. D., Los Angeles, and John C. Wilcox, M. D., Pomona.
Acute Hepatitis of Alcoholism: A Clinical and Laboratory Study—Horace B. Cates, M. D., Los Angeles.
Discussion by Emile Bogen, M. D., San Fernando, and Eaton M. MacKay, M. D., La Jolla.
Thrombosis of the Mesenteric Veins—Carl Doehring, M. D., Pasadena.
Discussion by Alvin G. Foord, M. D., Pasadena, and E. Eric Larson, M. D., Los Angeles.
The Influence of Mechanical Factors on Arteriosclerosis—A. J. Leser, M. D., Los Angeles.
Discussion by Noel F. Shambaugh, M. D., Long Beach, and Ernest M. Hall, M. D., Los Angeles.
Business Meeting.

Saturday Afternoon Session, April 20, 2 p. m.

Incidence of Carcinoma Associated with Complete Prolapse of the Uterine Cervix—Douglas Donath, M. D., Los Angeles.
Discussion by Henry N. Shaw, M. D., Los Angeles, and William E. Costolow, M. D., Los Angeles.

* * *

SYMPOSIUM—COMPLICATIONS OF PREGNANCY

Early Hemorrhage—Leon Krohn, M. D., Los Angeles.
Late Hemorrhage—Thomas J. O'Neill, M. D., Los Angeles.
Toxemia—Philip A. Reynolds, M. D., Los Angeles.
Dystocia—A. M. McCausland, M. D., Los Angeles.
Podalic Version and Breech Extraction—B. J. Hanley, M. D., Los Angeles.

American Medical Golfing Association Golf Tournament.—The American Medical Golfing Association will hold its twenty-sixth annual tournament at the Winged Foot Golf Club, Mamaroneck (Westchester County), New York, on Monday, June 10. Members may tee off from 7:30 to 2 p. m.

Fifty Trophies and Prizes.—Thirty-six holes of golf will be played in competition for the fifty trophies and prizes in the eight events.

Two Eighteen-Hole Championship Courses.—The twenty-sixth tournament of the American Medical Golfing Association at Winged Foot promises to be a wonderful affair. The Club is one of the most elaborate in the country, with a beautiful clubhouse and two sporty courses. The American Medical Golfing Association officers anticipate that some 250 to 300 medical golfers from all parts of the United States will play thirty-six holes in New York on June 10.

Application for Membership.—All male Fellows of the American Medical Association are eligible and cordially invited to become members of the American Medical Golfing Association. Write Executive Secretary Bill Burns, 2020 Olds Tower, Lansing, Michigan, for application blank. Participants in the American Medical Golfing Association tournament are required to present their home club handicap, signed by the Club secretary, at the first tee on the day of play. No handicap over thirty is allowed. Only active Fellows of the American Medical Golfing Association may compete for prizes. No trophy is awarded to a Fellow who is absent from the annual dinner, which is always worth while waiting for!

Great Quantities of Medical Stores Bought by Red Cross for War Relief.—Medicines, hospital and surgical supplies loom large in American Red Cross war relief purchases, according to a recent tabulation of articles which that organization is furnishing its sister societies in war-affected countries to assist them in minimizing the sufferings consequent to hostilities.

Analysis of the tabulation, dated April 1, reveals the following purchases:

500,000	tablets of sulfanilamide
266,000	tablets of sulfapyridine
100	tons of other assorted drugs
23,000	surgical instruments
38	X-ray units
32	generating motors for x-ray units
1	100-bed hospital unit, containing 700 items
25	hospital tents each of fifty-patient capacity
11	motor ambulances
1,500,000	yards of surgical gauze
92,000	pounds of absorbent cotton for medical purposes
276,000	yards of bed sheeting and large quantities of soap, toothbrushes and other similar products

Purchases for relief also included 120,000 blankets, 105,000 suits of knitted underwear, 45,000 pairs of shoes, and various other articles of clothing. In addition, women volunteers in Red Cross chapters all over the country have produced 344,000 garments and 500,000 surgical dressings. These are sent to the Red Cross warehouse in New York, where they are packed and shipped to the various Red Cross societies in the nine European countries currently receiving assistance. These are: Finland, German-occupied Poland, France, and England; and Latvia, Lithuania, Rumania, Hungary, and Yugoslavia. These latter five countries harbor some 122,000 Polish soldiers and civilians who sought refuge there last September.

American Red Cross relief operations in Europe are under the supervision of a commission of two men, James T. Nicholson, from National Headquarters, Washington, and Wayne Chatfield-Taylor, former assistant secretary of the Treasury. With central offices at Geneva, they are in a position to visit the various relief fronts and personally supervise distribution of supplies and ascertain future needs.

Medical School to Offer Graduate Courses in June.—The University of California will give the second of its 1940 series of refresher courses for graduate physicians June 3 to 6 at the Medical Center in San Francisco. All sessions will be held in Toland Hall, University of California Hospital.

The short, intensive course, designed to meet the needs of physicians in practice, will cover various aspects of chronic diseases and will include a discussion of the problems of cancer, heart disease, arthritis, kidney disease, mental diseases, and tuberculosis. Lectures will be illustrated with actual cases, lantern slides, or pathological material. Detailed programs may be obtained from the office of the dean.

Library Exhibit at University of California Medical School.—During the past few months several interesting exhibits have been arranged in the Crummer Room and in the Main Reading Room of the University of California Medical Center Library. These exhibits have related to the evolution of the stethoscope, the life of Beverly Cole, M. D., postage stamps of medical interest, and the evolution of a book from rough manuscript to final printing. Dr. K. F. Meyer, Professor of Bacteriology and Director of the Hooper Foundation, has arranged a comprehensive and complete exhibit relating to postage stamps of medical interest. The full details of the situation or man pictured by the stamp have been included, as well as various states of issue of the stamp together with pertinent philotechnical information. The exhibit on Beverly Cole, M. D., was arranged by Mrs. Frances Tomlinson Gardner, librarian of the Crummer Room for medical history and bibliography, who has prepared an interesting biographical sketch of the life of Cole. This biographical tract includes much hitherto unnoticed material relating to the vivid leader in San Francisco medicine in the last half of the nineteenth century. Mrs. Gardner's biography of Cole will be published in the Annal of Medical History.

A New High Level in the Probability of Dying from Cancer.—The elimination of cancer as a cause of death would increase appreciably the average length of life. If this disease had been nonexistent in 1937, the average length of life corresponding to mortality conditions of that year would have been 1.82 years greater in the case of white females and 1.17 years greater in the case of white males. These figures constitute a measure of the toll this disease takes. If these gains could be realized, they would bring with them not only longer life, but the elimination of much human suffering as well.

But medical science does not, as yet, give even a hint of the elimination of cancer from its position as the second most important among the causes of death and, therefore, it still remains a serious question to determine what are the average individual's chances of eventually dying from this cause. A study of current statistics indicates that, if present conditions of mortality remain unchanged, cancer will take as its toll by death about fourteen out of every one hundred women and about twelve out of every one hundred men. Not quite twenty years ago the chances of eventually dying from cancer were about twelve in one hundred for women and nine in one hundred for men. These figures relate to white persons of adult ages in the general population of the United States in 1937 and in 1920, respectively.

The chance of eventually dying from this cause naturally increases, to some extent, with advance in age, since cancer is essentially a disease of late life.

It may seem an anomaly that, at the higher ages of life, the chances of eventually dying from cancer should become less, despite the fact that the disease has its greatest incidence at these very ages. The explanation is not hard to find. Although the death rate from cancer increases with age, at the very high ages it does not increase as rapidly with advance in age as does the death rate from causes other than cancer—in particular, cardiovascular conditions. As a result, at the high ages, the chances of eventually dying from some cause other than cancer must necessarily increase, and, since ultimate death from one cause or another is a certainty, the chances of eventual death from cancer will diminish. . . .

American Congress of Physical Therapy.—The eighth annual seminar of the Western Section of the American Congress of Physical Therapy will be held on June 3 and 4 at San Francisco, in the Fairmont Hotel, California and Mason streets. The program follows:

Monday, June 3, 9 a. m. (Morning Session)

Fred B. Moor, M. D., College of Medical Evangelists, Loma Linda, Presiding

9:00-10:00—Registration and Inspection of Exhibits.

10:00-10:05—Address of Welcome, John S. Hibben, M. D., Chairman of the Western Section, American Congress of Physical Therapy.

10:05-10:30—The Treatment of Erysipelas by Ultraviolet Light, H. Glenn Bell, M. D., University of California Medical School.

10:30-11:00—The Nature and Chemical Effects of Ultraviolet Light, G. K. Rollefson, Ph. D., University of California.

11:00-11:30—Infra-Red Photography, John B. de C. M. Saunders, M. B., F. R. C. S. (Edin.), University of California Medical School.

Monday, June 3, 2 p. m. (Afternoon Session)

Clinton DeWitt Hubbard, M. D., Huntington Park Presiding

2:00-2:30—The Postural Syndrome, A. Merton Bassett, M. D., University of California Medical School.

2:30-3:00—Diathermy in the Treatment of Bronchitis and Bronchiectasis, Alice Potter, M. D., University of California Medical School.

Discussion opened by G. Bernard Robeson, M. D., Stanford University School of Medicine.

3:00-3:30—Local Heating in Pelvic Pathology, John R. Upton, M. D., University of California Medical School.

Discussion opened by Fred B. Moor, M. D., Loma Linda.

3:30-4:00—Freezing in Malignancy, Eric Liljencrantz, M. D., Stanford University School of Medicine.

Monday, June 3, 6:30 p. m. (Evening Banquet Session)

William Reilly, M. D., President, San Francisco County Medical Society, Toastmaster

Round-Table Discussion: W. H. Northway, M. D., Stanford University School of Medicine, Leader.

Tuesday, June 4, 9 a. m. (Morning Session)

G. Mosser Taylor, M. D., Los Angeles, Presiding

9:00-9:30—Differential Diagnosis and Treatment of the Lumbosacral and Sacro-Iliac Pathology, Joseph C. Risser, M. D., Los Angeles.

9:30-10:00—Types of Low Back Pain and Sciatica Found in Association with Dislocations of Intervertebral Discs, O. W. Jones, M. D., University of California Medical School.

Discussion of two preceding papers opened by LeRoy C. Abbott, M. D., University of California Medical School.

10:00-10:30—Anatomical Discussion of Subluxations of the Spine: Manipulative Correction, Verne T. Inman, M. A., Ph. D., M. D., University of California Medical School.

10:30-11:00—Anxiety States and Their Physiological Manifestations, Mayo H. Soley, M. D., University of California Medical School.

11:00-11:30—Physical Therapy in Psychiatric Practice Ernest G. Lion, M. D., Stanford University School of Medicine.

Tuesday, June 4, 2 p. m. (Afternoon Session)

Alexander Silverglade, M. D., Oakland, Presiding

2:00-2:30—Orthoptics, S. F. Boyle, M. D., Stanford University School of Medicine.

2:30-3:00—Rôle of Spa Therapy in Chronic Degenerative Diseases, Charles Singer, M. D., Health Resort Commissioner, Long Beach, New York.

3:00-3:30—Pool Therapy for Arthritis, Lucile Eising, M. D., Children's Hospital, San Francisco.

Discussion opened by Joseph C. Risser, M. D., Los Angeles.

3:30-4:00—The Treatment of Injuries to the Soft Tissues, B. Paul Davies, M. D., Stanford University.

Discussion opened by G. Mosser Taylor, M. D., Los Angeles.

Basic Principles of the Internship.—The following resolutions were unanimously adopted by the Advisory Council on Medical Education in February, 1940.

Inasmuch as the internship is now universally regarded as a part of the basic preparation for the practice of medicine, and to be fully satisfactory must be integrated with the medical course proper, the Advisory Council on Medical Education recommends that the Association of American Medical Colleges, in coöperation with national medical and hospital organizations and the Federation of State Medical Boards and state licensing bodies and after consultation with the Council on Medical Education and Hospitals of the American Medical Association, should formulate minimum educational standards for the internship and should prepare a list of hospitals in this country which meet these standards.

Inasmuch as the internship is now universally regarded as a part of the basic preparation for the practice of medicine, the Advisory Council on Medical Education recommends to the Federation of State Medical Boards that an internship of not less than twelve months and of satisfactory educational content be required for admission to the state licensing board examinations in all states.

Basic Principles of the Internship:

1. The internship should be regarded as a part of the basic preparation for either beginning the general practice of medicine or undertaking advanced training in a specialty.

2. The internship should provide a real educational experience and a period of clinical responsibility under supervision which aims to complete the clinical clerkship of the medical course.

3. The internship should be an important responsibility of the staff and be under the direction of those members who are competent to provide the necessary instruction.

4. The internship should be a joint responsibility of the medical schools and of those hospitals which can provide a satisfactory completion of the fundamental preparation for medical practice.

Believing that the public interest as well as that of the medical profession and of medical education would be served by a satisfactory method of interstate endorsement of licensure, the Advisory Council on Medical Education recommends to the Federation of State Medical Boards that all state licensing boards endorse without further examination the licensure of an applicant previously obtained by examination in another state whose standards of education and examination are not lower than their own, provided that the applicant is a graduate of a medical school in the United States and its possessions which at the time of his graduation was on the list of approved medical schools.

Recognizing the widening public, cultural and educational interests of medicine, the Advisory Council on Medical Education recommends to the Association of American Medical Colleges, the Association of American Universities, and the Association of American Colleges that the college preparation for medical studies above the necessary grasp of the fundamental principles of biology, physics, and chemistry should be devoted to general education rather than additional forms of preprofessional education.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Public Wrath Halts Hospital Strike Threat

Emergency Meeting Between Cleary, Labor Leaders Called; Council Asks for "Fairness"

Faced with a wave of public indignation and the certainty of stern action by the city government, labor leaders yesterday withdrew the immediate threat of a strike against ten San Francisco hospitals.

All plans for the strike will be held in abeyance pending an emergency meeting to be held either today, or tomorrow morning at the latest, between a special San Francisco Labor Council committee, Chief Administrator Alfred J. Cleary, Dr. J. C. Geiger, health director, and representatives of the hospitals and of the San Francisco Employers' Council.

Hold Meeting

This was the result of an eleventh hour meeting at the Labor Temple, during which representatives of the American Federation of Labor Hospital and Institutional Workers' Union, determined to proceed with strike plans regardless of consequences, were dissuaded from hasty action by Doctor Geiger and State Senator John F. Shelley, President of the San Francisco Labor Council and chairman of the special committee, which includes Lawrence Palacios and Milton Maxwell, prominent labor executives.

The Union had set a deadline of six o'clock this morning, after which, if the hospitals refused to grant wage adjustments or arbitrate them, the members of the Union would go on strike.

Shelley, Palacios, and Maxwell met previously with Almon E. Roth of the San Francisco Employers' Council, and they had worked out a plan for a five-day truce, pending further discussion of the dispute. . . .—San Francisco *Examiner*, April 21, 1940.

* * *

Strike in Hospitals Would Be Blunder

The threatened strike of institutional workers in San Francisco's private hospitals would be a serious and stupid blunder on the part of organized labor.

Nothing would more quickly and permanently destroy public sympathy in and respect for organized labor than an inconsiderate and reckless strike against the sick and the infirm.

It would be in all ways against public welfare, public safety and *public health.*

Certainly if labor desires to alienate public support and confidence, a hospital strike would accomplish it.

It is unthinkable and inconceivable that responsible and intelligent labor leadership could contemplate such a strike.

In such a situation, it would be the inevitable inclination and the inescapable duty of the general public not only to oppose and resist, but to bitterly condemn and actively break the strike effort.

A strike against public health is entirely intolerable and unendurable.

Hospitals are institutions of mercy, and of the relief of pain; and to all who enter their ministering portals they are refuges of hope—to many they offer the *last* hope for life and happiness.

To abandon or neglect the sick would be the highest of crimes on the part of doctors, nurses, druggists, or others whose duty it is to attend them and whose vital talents make the restoration of health possible.

No less vital to the sick are the indispensable services of the institutional workers, without whom effective hospital functions could not be performed.

Does organized labor in San Francisco wish to be condemned and feared by public opinion?

Does it wish to have it said that it sought to capitalize upon the sufferings of the maimed and diseased, the bedridden and helpless?

This is not a question of labor and capital, but of simple *humanity.*

Let Labor squelch this stupid blunder within its own ranks.

Labor's decision yesterday to defer action pending a conference with responsible city officials was an encouraging sign of a return to sanity. And Labor *must* return to sanity in this instance if it is to retain public respect and confidence.

Labor should be with the people, not *against* them.—Editorial, San Francisco *Examiner*, April 21.

* * *

American Medical Association Files Appeal in Supreme Court

Washington, April 29 (AP).—The American Medical Association told the Supreme Court today that the Sherman Anti-Trust Act was intended to be "a commercial statute" and not "to cover acts done in the field of the learned professions."

This assertion was made in appealing from a decision holding that the association and a group of individual physicians must stand trial in the District of Columbia on charges of violating the anti-trust law by activities against a group health association.—San Francisco *Examiner*, April 30, 1940.

* * *

Doctors Announce Essay Contest, to Begin Immediately

Realization of the important rôle played by doctors of medicine in the life, health, and happiness of the people will be stressed in an essay contest, with prizes, for high school students of California, announced today by the

Committee on Public Health Education of the California Medical Association.

The contest, extending from April 1 to November 1, is being announced also in the April issue of *California Schools*, publication of the State Department of Education, with the coöperation of Aubrey A. Douglass, chief of the division of secondary education.

The subject of the essays is to be "The Rôle of Medicine in the Life and Health of the American Citizen," and it is open to students who will be in the tenth, eleventh, and twelfth grades of high schools and junior colleges in California next fall.

There will be three major prizes and five minor prizes in money, and attractive certificates also will be awarded winners.

Essays will be limited to three thousand words and may be typewritten on one side of the paper if possible, although those neatly written in longhand will be equally acceptable. All essays will be returnable to the Committee on Public Health Education, California Medical Association, Essay Contest Department, 450 Sutter Street, San Francisco.—Nevada City *Nugget*, April 5.

* * *

Doctors Map Health Plan

Formation of a number of the nation's physicians into a committee to devise means of providing medical service to indigents and those in the lower income brackets while maintaining the system of independent medical practice was announced yesterday in Chicago.

The committee, to be known as the National Physicians' Committee for the Extension of Medical Service, consists of a central committee of 452 members and claims it has 25,000 physicians voluntarily contributing to its support.

It is not proposed to establish clinics, local members of the committee explained. Rather the purpose of the committee will be to keep the public advised of methods, progress, and achievements of American medicine and to promote widespread distribution of medicine and surgery.

Numerous members already contribute their services to various established clinics and will continue to do so.

The new committee is independent and nonprofit.

Of particular concern to the committee will be the class or "near-indigents" or "medical-indigents," people able to supply themselves with basic needs but unable to take care of unforeseen illnesses or injuries.

Dr. Edward H. Cary, Dallas, is chairman of the executive board. Dr. Charles A. Dukes, Oakland, is a member of the executive board.—San Francisco *Chronicle*, April 7.

* * *

Number of United States Doctors Gains

Chicago, April 4 (AP).—The number of physicians in the United States has increased by 1,379, not including immigrant doctors, the *Journal of the American Medical Association* reported today.

The figure was arrived at by deducting the number of physicians' deaths from the number of graduates of medical schools for the year ended June 30, 1939.

The annual analysis of physician mortalities reported that the average age at death was 66.1, compared with 65.6 in 1938.

"Heart disease was again the leading cause of death, as it has been for many years," the survey said.—Long Beach *Press-Telegram*, April 4.

* * *

Bourbon Groups Meet in Fresno to Outline Plans

Patterson Slate Endorses Program; Garner Backers Attack Ickes

Fresno, April 1.—A slate of candidates for membership on the California delegation to the Democratic National Convention, headed by Lieutenant-Governor Ellis E. Patterson, meeting here on Saturday, outlined a tentative platform to be submitted to a state-wide convention of Democrats to be held in Fresno on April 13 and 14.

R. W. Borough of Los Angeles, who presided, said the proposed platform may be changed, and that the issues will be subject to additional discussion before adoption at the convention.

Issues are Listed

The following issues were listed in a statement by Patterson: . . . "Compulsory medical, surgical, and hospital care for all people in the country earning less than $3,000 must be provided." . . . —Modesto *Bee and News Herald*, April 1.

* * *

Hospitals Should Be More Inviting, Conference Told

Patients Should Be Treated Like Guests of Honor, Association President Advises Delegates

Hospitals should be made as inviting as the home—

And each patient should be made to feel as if he were the special guest of honor.

This advice in hospital operation methods was offered yesterday by Dr. Fred G. Carter, President of the American Hospital Association and Superintendent of St. Luke's Hospital of Cleveland, Ohio.

He delivered his message before three thousand delegates attending a four-day session of a joint meeting at the Biltmore of the Association of Western Hospitals and the Western Conference of the Catholic Hospital Association.

Officers Elected

Ellard L. Slack, administrator of Samuel Merritt Hospital, Oakland, was elected president of the Association, succeeding Harold S. Barnes of Salt Lake City.

Other officers named are Dale L. Smith, administrator of Santa Fe Lines Hospital, Los Angeles, first vice-president; Sister John of the Cross, consultant of the Mt. St. Vincent Hospital, Seattle, second vice-president; and Arthur G. Saxe, administrator of Mt. Zion Hospital, San Francisco, treasurer.

The new officials will be installed at the concluding program tomorrow.

Should Abolish Fear

Hospitals must be planned and operated with the thought of encouraging people to enter them without fear, Doctor Carter declared at a panel discussion on institutional policies.

"And when patients leave the hospital," he added, "they should feel that everything possible has been done for them.

"They are interested in the people they meet and the things that they say and do. They are interested in the general atmosphere—whether or not it reflects hospitality, graciousness, kindliness, courage, cleanliness, genuine interest and all the other things that impress people favorably or unfavorably. . . ."

Rev. Paul R. Zwilling of St. Louis, Missouri, President of the American Protestant Hospital Association, was principal speaker at another panel discussion on "The Spirit of Hospital Service."

"Nowhere in all the world has medical science made such progress as in America, and nowhere has more been done for the medically indigent," he said.

Advice Offered

Hospital staff members should take a tip from hotel operators, he advised, and familiarize themselves with the patient's name and use it on every possible occasion.

"Nothing about a person," he elucidated, "is more individualistic than his name, because it differentiates him from almost everybody else in the world.

"No person likes to be referred to as a room number, or as the appendix in 203, a hot tube, a dope, a crack-up, or any of the other familiar terms heard around hospital corridors."

Patients like to feel that they are important, Doctor Carter pointed out, adding that there are numerous ways of gratifying this wish.

Way to Make Friends

"No matter how many patients there are in a given hospital the ills of the individual patients are the most important to him and the members of his family," he declared.

"With a little effort his importance can be emphasized and personalized in a way that will be greatly appreciated and at the same time make friends for the hospital."

Hospital administrators must constantly keep before the public eye the service they aim to render to the community, the speaker emphasized.

"Let us remind our friends," he said, "that through various prepayment hospitalization plans, as they are being sponsored by the hospitals, we are endeavoring to help them carry the load of every emergency.

"Let us hope that our physician friends will give the prepayment plan serious consideration and keep it on a high and ethical plane rather than have some radical scheme foisted upon them, which will give to medicine, as we know it, the death blow."—Los Angeles *Times*, April 10.

* * *

One Hundred Eighty Thousand American Children Die Needlessly Each Year as Science Offers Means of Cutting Mortality

Each year 180,000 American children die needlessly, Wilburt C. Davidson, M. D., declares in *The Journal of the American Medical Association* for March.

"The thirty-seven conditions which cause 56 per cent of the annual 240,000 deaths among American children," he says, "can and will be prevented if the public is educated by publicity to utilize the resources of the medical profession. Especially is this true of the measures for better care during pregnancy and after birth." In addition, he points out, 21,000 of the total number of deaths among children are due to curable diseases.

"Unfortunately," Doctor Davison continues, "the diseases peculiar to early infancy kill nearly as many now as in 1898. In order to insure the greatest health to an infant, the prevention of disease should commence as soon as the mother knows she is pregnant, as her health as well as that of her unborn infant is greatly affected during this period. The changes in organs are sudden. There is a double load on the heart and kidneys. The importance of diet and its effect on both mother and child cannot be overemphasized. Disease of the mother, heart disease, tuberculosis and syphilis, also is an important cause of mortality soon after birth. No patient requires more frequent and detailed checking than does the expectant mother.

"The causes of deaths among children which can be prevented by better care during pregnancy and delivery and immediately after birth include prematurity, birth injuries, suffocation, impetigo (a skin disease) and syphilis.

"Sixty per cent of infant deaths occur in the first month of life and nearly half of them are due to prematurity," the doctor states. "Seventy per cent of the deaths of the premature babies take place in the first twenty-four hours; this is more than double the percentage of deaths of full-term infants during the first day."

He points out that the longer the delivery of a premature infant can be delayed the greater is the weight of the unborn child and the lower the infant mortality.

"Mortality can be reduced if every pregnant woman has her blood pressure determined and her urine, heart, and lungs examined every month during her pregnancy," the doctor states. "The oftener a pregnant woman visits her physician, the greater is the probability of her having a normal living infant. The mother also should visit her dentist two or three times during pregnancy so that her teeth may be kept in good condition."

Proper feeding of the infant and immunization against such diseases as smallpox, whooping cough, diphtheria, typhoid, and paratyphoid fever are some of the other measures named by Doctor Davison for the preservation of child health.

Deficiency diseases, such as pellagra, rickets, and scurvy, can be prevented by proper diets. Deaths from automobile accidents are preventable, especially for children, who should be taught at home and at school to take precautions constantly.

"Benefit from vaccination against infantile paralysis has been proved, but during an epidemic children under twelve years of age should avoid crowds, swimming pools, and indoor contacts with other children and especially adults, many of whom may be carriers.

"Everyone must be instructed not to expectorate or cough while near children or to kiss them. Any member of the family, servant, nurse, and any other person who comes in contact with children should be carefully examined by x-rays for tuberculosis if such a person has a chronic cough, however mild."—Santa Clara *Journal*, April 5.

LETTERS

Subject: Number of Licensed Naturopaths in California.

(COPY)

STATE OF CALIFORNIA
DEPARTMENT OF
PROFESSIONAL AND VOCATIONAL STANDARDS
BOARD OF MEDICAL EXAMINERS

San Francisco, California,
March 30, 1940.
Yours of March 25,
Re: Naturopaths.

Dear Doctor Kress:

This will acknowledge receipt of your letter of March 25, which reads:

> "Kindly send to me your latest figures concerning the total number of naturopaths who are licensed to practice in the State of California. Mr. J. W. Holloway, Jr., Acting Director of the American Medical Association Bureau of Legal Medicine and Legislation, seeks this information."

In reply, beg to direct your attention to the 1939 directory published by the Board of Medical Examiners, wherein on page 29 appears the notation that there are thirty-one naturopaths in active practice, who were licensed by the special act of the legislature in 1909, which is mentioned in the last paragraph of page 26 of said directory. Since that time no license to practice naturopathy, *per se*, has been issued under the laws of this state. A large number of licensed chiropractors hold naturopathic diplomas, obtained by one means or another, but are not licensed "to practice naturopathy." This chiropractic group, in conjunction with several other holders of naturopathic diplomas, have at practically every legislative session endeavored to secure passage of a naturopathic bill, but so far without success.

Very truly yours,
C. B. PINKHAM, M. D.,
Secretary-Treasurer.

Subject: Use of the title "Doctor."

(COPY)

Sacramento, California,
April 8, 1940.
Yours of March 28,
Re: ———

Dear Doctor:

There is no provision in the law which compels a graduate of an osteopathic school holding a physician's and surgeon's license and who uses the prefix "Dr." to follow his name with the suffix "D. O." or any indication that he is a graduate of an osteopathic school.

The last Legislature passed a law requiring all licentiates, excepting holders of physician's and surgeon's licenses who use the prefix "Dr.," to follow their name with the words "Drugless Practitioner," or "Chiropodist," as the case might be.

The Chiropractic Initiative requires a licentiate thereunder who uses the prefix "Dr." to follow his name with the suffix "D. C." or the word "Chiropractor."

Regretting our inability to help you in the matter mentioned in your letter, believe me

1020 North Street.

Very truly yours,
C. B. PINKHAM, M. D.,
Secretary-Treasurer.

Subject: Trichinelliasis in San Francisco—The Type of Food Involved.

(COPY)

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

April 13, 1940.

To the Editor:—For the eleven-year period, 1929 to 1939 inclusive, there were 264 cases of human trichinelliasis reported to the Department of Public Health in San Francisco. In tracing down the source of the disease, in respect to the alleged food involved, it is interesting to note that the survey shows the following:

Food	*Cases*
Pork sausage	58
Salami	54
Fresh pork	36
Mettwurst	30
Ground pork and meat loaf	11
Raw pork	8
Pork chops or steaks	5
Ham	4

Other foods noted included imported sausage, head cheese, mixed Chinese food, pickled pork, raw bacon, smoked pork, and thirteen cases in which the food was unknown. Of unusual interest was the reporting of seven cases in which the food causing the trichinelliasis was bear meat.

In 1934, of the thirty cases of trichinelliasis reported, many were traced to salami, and strict control measures were instituted for the preparation and sale of salami.

Active control regulations covering the display of placards warning the public to cook all pork thoroughly, such cards being placed in retail butcher shops and in kitchens of restaurants and hotels, together with the enforcement of higher standards on hog ranches supplying pork to the San Francisco abattoirs, the elimination by condemnation of others, and also a laboratory check on fresh pork entering the San Francisco abattoirs, all contributed in reducing the number of cases reported.

Beginning with 1935, the number of cases of trichinelliasis reported were as follows:

	Cases
1935	31
1936	18
1937	9
1938	19
1939	3

This was in definite contrast to the cases reported for the six years preceding 1935, when there were 184. It could be considered, therefore, that improvement has been made in the attempt to eradicate trichinelliasis in San Francisco.

This survey has demonstrated some of the difficulties involved in obtaining specimens of food for laboratory analysis where trichinelliasis is suspected. Of the 264 cases reported for the period 1929-1939, inclusive, laboratory examination of the food involved was obtained only in twenty. Diagnosis in many cases was by clinical findings and examination of the patient's blood for further confirmation.

101 Grove Street.

Sincerely,

J. C. Geiger, M. D.,
Director of Public Health.

Subject: Address by Paul de Kruif.

San Francisco Tuberculosis Association

April 8, 1940.

To the Editor:—Attached is a brief notice of a dinner to be held in San Francisco on the evening of May 28, at which Paul de Kruif will be the principal speaker. We will be grateful if you can give such notice of it as you consider appropriate in the next issue of California and Western Medicine.

Yours truly,

William C. Voorsanger, M. D.,
Secretary.

* * *

San Francisco Tuberculosis Association.—Paul de Kruif, bacteriologist and author of various books dramatizing progress in medical science, will be the principal speaker at a dinner in the Hotel St. Francis the evening of Tuesday, May 28, arranged by the San Francisco Tuberculosis Association.

Dr. Sidney J. Shipman, president of the California Tuberculosis Association, was chairman of the committee in charge. Other members of the committee were: Dr. George H. Becker, director of the Bureau of Communicable Diseases, Department of Public Health; Rev. Richard T. Howley, assistant director of Catholic charities and director of Catholic hospitals in San Francisco; Dr. Karl F. Meyer, director of the Hooper Foundation for Medical Research; and Dr. William C. Voorsanger, president of the municipal Board of Health.

Subject: Medical Advice Over the Radio.

To the Editor:—The following resolution has been endorsed by the Medical Society of New Jersey:

> *Resolved,* That the Joint Committee on Professional Relations request the Medical Society of New Jersey and the New Jersey Pharmaceutical Association to enter a formal protest against the prescribing of medicines and the giving of medical advice on the radio, with the exception of such broadcasts on health matters as are given under the auspices of recognized associations of licensed physicians or federal, state, and local health departments; and be it further
>
> *Resolved,* That such protest be sent to the broadcasting companies and the Federal Communications Commission.

We stated that promotion of self-medication over the radio on behalf of nostrums was becoming more subtle and that radio announcers endeavored to tie up their messages with complimentary references to the medical and pharmaceutical professions. We further stated that, in our opinion, the time had arrived for action to curtail this sort of activity and we expressed the hope that your organization would pass a resolution similar to the one noted above. . . .

Joint Committee on Professional Relations.
Prescott R. Loveland, *Secretary.*

Subject: Testimonial Dinner to Dr. George Dock on His Eightieth Birthday.

To the Editor:—On the evening of April 2, 1940, at a dinner at the headquarters of the Los Angeles County Medical Association, Dr. George Dock, surrounded by some seventy of his friends, colleagues, and former students, celebrated his eightieth birthday. Although his real birthday falls on April 1, a happy conjunction of events led to its celebration on April 2. These events were the founding of the George Dock Lectureship by the Walter Jarvis Barlow Society of the History of Medicine, and its initiation by Doctor Dock himself as the first lecturer.

The celebration was, therefore, in the nature of a triple birthday—the birth of the Walter Jarvis Barlow Society of the History of Medicine whose first public meeting it was, the birth of the George Dock Lectureship in the History of Medicine, and the eightieth birthday of Doctor Dock.

After three powerful puffs which disposed of the eighty lighted candles surrounding his birthday cake, Doctor Dock was permitted to sit back and listen to the many messages from all parts of the United States and Canada. There was a message from Charles Perry Fisher of Philadelphia, who for many years was librarian of the College of Physicians and whom Doctor Dock called "the first medical librarian" he had ever seen, reminding him of his first years as a medical student in Philadelphia. There was a message from Dr. Rock Sleyster, President, and Dr. Alphonse McMahon, Vice-President, of the American Medical Association; from Dr. George H. Kress, Secretary of the California Medical Association; from Dr. Roy E. Thomas, President, Dr. Paul Ferrier, Vice-President, and Dr. L. A. Alesen, Secretary, of the Los Angeles County Medical Association; from Dr. Elizabeth Mason Hohl, President-Elect of the American Medical Women's Association; and from Dr. H. E. Schiffbauer, Chairman of the Library Committee of the Los Angeles County Medical Association.

Then, from the various institutions where he had taught, there were warm reminders that he still lives in the memory of those with whom he worked, and that the monuments he built in teaching, organization, and friendship still stand. Thus there was a message from Dr. Alexander Ruthven, President of the University of Michigan; from Dr. C. C. Bass, former dean of the Medical School of Tulane University, New Orleans, who was most closely associated with Doctor Dock while he was in New Orleans; and from many friends on the faculties of these institutions who expressed their happiness at having known Doctor Dock, and their appreciation of the good influence he had on their lives, many dating this influence back as long as forty years. From St. Louis came greetings from colleagues, friends, students, and librarians, with whom he had been intimately associated during his teaching period there.

From his associates in Los Angeles, several of whom had known him since the days of his occasional visits to Southern California, which began in 1903, and from others who knew him since he came to settle permanently in 1923, there were messages of felicitation and of appreciation of their good fortune in having him here and wishing him, as he had wished himself, "to live as long as Old Parr."

It was recalled by some that as long ago as 1907 when the Barlow Medical Library was dedicated, Doctor Dock, then in Ann Arbor, sent a gift of a rare book to commemorate the occasion. This work, as Mrs. Mary E. Irish, the present librarian of the Los Angeles County Medical Association, which took over the Barlow Medical Library in 1934, pointed out, was the beginning of a constant stream of gifts to the library, which seems to be increasing in volume as the years go by.

Dr. Milbank Johnson, one of Doctor Dock's earliest acquaintances in Southern California, and the first librarian of the Barlow Medical Library, spoke of the valuable spiritual incentive which Doctor Dock has given to the library since its founding.

Mrs. Barlow, happily present, spoke of her pleasure in knowing that Doctor Barlow had a spiritual heir in Doctor Dock, whose interest in the library carries on the tradition which Doctor Barlow wished to have continued. . . .

At the conclusion of the lecture, Dr. Donald A. Charnock, President of the Barlow Society, announced the plan to publish the lecture and other contributions to this triple celebration in a commemorative volume of suitable format. Thus was ended an inspiring evening which can come only infrequently in the life of any man.

Hyman Miller, M. D.,
Secretary, Walter Jarvis Barlow Society of the History of Medicine.

Subject: Japanese and Chinese Births in San Francisco.

Office of
Director of Public Health
City and County of
San Francisco

March 30, 1940.

To the Editor:—I am attaching statistics relative to births of Japanese in San Francisco. I think these figures are most interesting. Also attached is a similar tabulation regarding Chinese births.

With kindest regards,

Sincerely,
J. C. Geiger, M. D.,
Director.

* * *

JAPANESE POPULATION
(U. S. Census)

1910	4,518
1920	5,358
1930	6,250

JAPANESE BIRTHS

1910	116*
1911	106
1912	161
1913	212
1914	231
1915	260
1916	295
1917	262
1918	263
1919	278
1920	327†
1921	318
1922	309
1923	300
1924	270
1925	288
1926	221
1927	181
1928	170
1929	135
1930	126‡
1931	100
1932	93
1933	88
1934	67
1935	74
1936	66
1937	82
1938	77
1939	77

*25.7, rate. †61.0, rate. ‡20.2, rate.

* * *

CHINESE POPULATION
(U. S. Census)

1910	10,582
1920	7,744
1930	16,303

CHINESE BIRTHS

1910	134*
1911	161
1912	174
1913	186
1914	196
1915	194
1916	221
1917	187
1918	189
1919	203
1920	201†
1921	255
1922	347
1923	378
1924	451
1925	414
1926	395
1927	438
1928	397
1929	362
1930	382‡
1931	369
1932	321
1933	302
1934	279
1935	225
1936	226
1937	211
1938	214
1939	222

*12.7, rate. †26.0, rate. ‡23.4, rate.

Subject: Recent Annual Session of the California Tuberculosis Association.

April 20, 1940.

To the Editor:—The 1940 annual meeting of the California Tuberculosis Association has gone into history. Everyone believes that it was one of the best and most successful meetings we have ever had.

A large part of the interest which was shown in this meeting may be attributed to excellent advance publicity, and in this regard we wish to thank California and Western Medicine for its assistance and coöperation.

45 Second Street, San Francisco.

Sincerely yours,
W. F. Higby,
Executive Secretary.

Subject: Conference on School Health Education.

State of California
Department of Public Health
Sacramento

To the Editor:—Enclosed is a brief statement concerning the Conference on School Health Education to be held in Berkeley this summer. It would assist greatly in informing school physicians and others of the Conference if you could find space for the notice in California and Western Medicine.

Very truly yours,
W. M. Dickie, M. D.
Director of Public Health.

CONFERENCE ON SCHOOL HEALTH EDUCATION

Sponsored by California State Department of Education
State Department of Public Health
University of California, Berkeley
July 22-25, Inc., 1940

A Conference on School Health Education, sponsored by the State Departments of Education and Public Health, will be conducted during the summer session on the University of California campus in Berkeley by Dr. Mayhew Derryberry, Chief of Health Education Studies, National Institute of Health, United States Public Health Service.

Dates of the Conference are July 22 to 25, inclusive. The program is planned to be of value to educators and to workers in public health. Lectures will be interspersed with showings of new motion pictures, exhibits of educational materials and field trips to clinics, child-health conferences, public-health laboratories, and other places of interest.

Doctor Derryberry will conduct discussions on problems which arise in introducing units of health instruction in other courses, on values and limitations of special hygiene courses and on the evaluation of school health education.

Lectures by other experts in the fields of education and public health will deal with school health education services and materials available in California from federal and local sources, the control of communicable diseases, and problems of nutrition.

For further information and registration, write Conference on School Health Education, Haviland Hall, University of California, Berkeley, California.

MEDICAL JURISPRUDENCE†

By HARTLEY F. PEART, ESQ.
San Francisco

Unfortunate Results of Eye Operation Not a Ground of Liability

A recent California case, *Adams* vs. *Boyce, et al.*, 100 Cal. App. Dec. 794, is one case which should be of interest to the profession at large, because of the manner in which certain well-established rules of law relating to malpractice cases were applied.

On the morning of November 27, 1935, plaintiff, while using a carpenter's wrecking bar, suddenly felt something strike his right eye. Upon looking into a mirror and observing a small red spot in the extreme right corner of the eye, plaintiff went to Santa Monica where he had three x-ray films taken of his eye. The same afternoon he consulted one of the defendant doctors who examined the eye and attempted to secure the use of a giant magnet from a hospital. He was unsuccessful because he was not a member of the hospital staff. The following day, plaintiff attempted to obtain treatment at the General Hospital of Los Angeles. At that institution another x-ray was taken by another defendant doctor. While at the hospital, plaintiff met a third doctor (also a defendant), with whom he talked concerning the injury. Plaintiff was refused treatment at the hospital and on November 29 went to the California Hospital and was admitted as a patient. At one o'clock and again at three o'clock of that afternoon, plaintiff telephoned to the doctor he had met at the county hospital (Doctor B) and at the latter time, after informing the doctor that no x-rays had as yet been taken, plaintiff was told to put on his clothes and come down to the doctor's office. From that point he was taken to the office of another defendant doctor in the same building, at which place x-rays were taken. Later in the same day plaintiff returned to the hospital and at five o'clock was taken into the operating room.

Concerning the operation, plaintiff testified as follows:

Upon arrival at the operating room, one Dr. R., still another defendant, washed around the area of his eye and covered his left eye with a bandage. Dr. B. then stuck something into plaintiff's upper and lower lids and proceeded to hold a pair of scissors up above his eye. Plaintiff felt a twisting motion on his side and all of a sudden there was a give and it seemed like he pushed something into the eye. Plaintiff said that all during this time his eye was looking straight up. Dr. B. then asked the nurse for the magnet, and plaintiff heard a humming sound. Pretty soon Dr. B. said, "I can't find it and it isn't magnetic." Plaintiff testified that he stated to Drs. B. and R. that the steel chip hit the eye way over on one side and that the first redness appeared over on the side and that x-rays disclosed it to be lodged over on the side. Dr. B. asked the nurse for something and he squeezed it into plaintiff's eye, wiped it out and put a patch on.

Dr. B. described the operation in substance as follows: After the eye was anesthetized, the conjunctiva was picked up approximately over the foreign body and was dissected back over the foreign body, exposing the sclera. Then a little opening was made in the wall of the eye with a cataract knife, just a tiny, little opening, and then the magnet was put up against this opening and the current turned on. That was done at least a dozen times and no foreign body came. Dr. B. testified: "After I saw that the magnet was not going to pull the foreign body, I took a tiny, little pair of iris scissors and introduced the tip end of the scissors about four millimeters. I did that in preference to putting the tip of the magnet, because the magnet is a great big thing and would have enlarged the wound. I put the scissors into the little opening almost in contact with the foreign body and then touched them with the magnet."

On the morning of December 2, Dr. B. took plaintiff to the office of another defendant, Dr. I., where the two doctors looked into plaintiff's eye with an ophthalmoscope and saw the foreign body still within the eye. On the following Thursday plaintiff's eye was swollen shut, whereupon he went to Dr. B., who looked into the eye without an instrument and, according to plaintiff, said, "My God! Something's happened! You have panophthalmitis," and suggested that plaintiff go to a local hospital for injection of foreign protein and then keep hot applications on his eye, two hours on and one off, for ten days. Plaintiff testified that Dr. B. stated he could do no more for plaintiff and that the latter should go to Santa Monica and get taken care of locally. Plaintiff subsequently lost the use of the eye.

From the facts above stated, the Court held that of all the various defendants none could be held liable. A nonsuit was granted in favor of Dr. J., one of the roentgenologists, because there was no evidence at all of any negligence on his part. The Court held that there was also no evidence of any negligence on the part of the other roentgenologists. In regard to Drs. B. and R. and the defendant hospital, the Court stated:

> Assuming that the record presented a case of mistaken diagnosis, it is totally lacking in any incidents of carelessness or unskillfulness necessary to constitute actionable negligence. When due care, diligence, judgment, and skill are exercised, a mere failure to diagnose correctly does not render a physician liable."

The Court further stated that in the present case it was impressed with the fact that plaintiff had not even proved a mistaken diagnosis.

The Court reiterated the well-settled rule of *Hesler* vs. *California Hospital Co.*, 178 Cal. 764, where it was said that the law requires of the physician only

> First, that he shall have the degree of learning and skill ordinarily possessed by physicians of good standing practicing in that locality, and, second, that he shall exercise reasonable and ordinary care and diligence in treating the patient and in applying such learning and skill to the case. The law takes cognizance of human weakness and liability to err in the application of skill and learning, and it requires only the exercise of reasonable and ordinary care and diligence to avoid error.

---

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from and syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.

TWENTY-FIVE YEARS AGO[†]

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XIII, No. 5, May, 1915

From Some Editorial Notes:

Exposition-Year Vacation and the American Medical Association.—If you have not already done so, begin now to plan your vacation. Everyone who works hard, particularly along the line of brain work with its attached responsibilities, should take a complete rest from such occupation for at least a few weeks at some time during the year. You owe that rest to yourself and your patients. This year you can so arrange your vacation as to make it not only a rest, but a wonderful and instructive outing as well; plan your trip so as to spend some part of the time in San Francisco during the third week in June. The scientific work in the sections of the American Medical Association will be very good; the exhibits in connection with public health activities will be very fine and very illuminating. And then there is the wonderful Exposition, with thousands of things you will want to see and to know about. You can hardly afford not to see the Exposition, and you might as well come at a time when you will get the most out of your trip—the week beginning June 21, 1915. Do not forget it and begin to plan now to be here at that time.

* * *

Defense by Insurance Companies.—Recently some new points in regard to the defense of suits for damages for alleged malpractice, and the attitude of insurance companies thereto, have been brought to our attention. . . . If you are insured in a casualty company, read your policy carefully; probably not one physician in a thousand, having insurance, has ever read his policy through enough times to know its provisions. . . . The company agrees to do certain things, provided (and that is vitally essential) the physician does certain things, only one of which is paying the premium. If the insured does not live up to his part of the contract, that releases the company from its portion of the contract, and the physician might as well have no insurance. He has simply thrown his good money away. That is why the Council instructed the Secretary to be very explicit in warning a member who is threatened or sued to notify the insurance company immediately, in case such member carries insurance. . . .

* * *

Legal Absurdity.—A curious case has come up in the southland. A member who holds insurance in an indemnity company has been sued, not for alleged malpractice, but for breach of contract, and the insurance company states that it does not insure against breach of contract, but only against claims of malpractice, carelessness or errors of judgment. . . . In all probability this case will fall to the ground; but it serves well to bring up a new point—be very careful in your statements to the patient before an operation, and never undertake or contract to do a certain limited and specified thing. Furthermore, it would be very wise, in all serious operative conditions, to have the whole statement of the case, and what is to be done by the surgeon regardless of limitation, specified in writing. . . . We are protecting ourselves, and each other, for carelessness leading to a judgment against a physician invariably stirs up other people to sue other physicians.

* * *

Investigate All Applicants.—Again must we urge all county society secretaries to send in the names of appli-

(Continued in Front Advertising Section, Page 28)

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA[†]

By Charles B. Pinkham, M. D.
Secretary-Treasurer

News

"Members of county hospital staff 'are liable for their own negligence in treating patients and the county is not jointly liable with them,' county counsel ruled today in notifying Dr. B. A. Adams, hospital superintendent, that the county is not permitted under law to insure the resident physicians and others of the medical staff, including internes and nurses. . . . In each possible instance of alleged malpractice, the individual employee responsible must assume sole liability, the opinion advised. . . ." (San Diego *Sun-Tribune,* March 19, 1940.)

"The Connecticut supreme court of errors, upholding the constitutionality of the State's birth control law, ruled today that it was illegal for a physician to prescribe contraceptives to a married woman even if he believed that her 'general health' would be affected by pregnancy. The lower court had held that the law, which makes the practice of birth control by anyone a criminal offense, was unconstitutional if it were construed as lacking an exception '*protecting the right of any physician to prescribe drugs, medical articles or instruments for the purpose of preventing conception.*' The supreme court, however, pointed out that the legislature had repeatedly refused to make such an exception and added that '*courts may not by construction supply omission in a statute, or add exceptions merely because it appears to them that good reasons exist for adding them.*' The case was brought to the supreme court after two Waterbury physicians and a nurse, arrested under the Birth Control Act, had challenged its constitutionality on the ground that persons had a natural right to '*decide whether or not they shall have children.*' That natural right, the court held, was '*subject to the limitation*' that a person may not exercise it '*so as to injure his fellow citizen or endanger the vital interest of society.*'" (Associated Press Dispatch, dated Hartford, Connecticut, March 20, printed San Francisco *Examiner,* March 21, 1940.)

On March 18, 1940, Congressman John H. Tolan, Seventh District of California (Albany, Berkeley, Emeryville, Piedmont and Oakland), introduced in the House of Representatives House Resolution No. 8963 to amend Section 40 of the United States Employees Compensation Act, as follows:

"The term 'physician' includes surgeons and osteopathic and chiropractic practitioners within the scope of their practice, as defined by state law. The term 'medical, surgical, and hospital services and supplies' includes services and supplies by osteopathic and chiropractic practitioners and hospitals within the scope of their practice as defined by state law."

The bill has been referred to the Committee on Judiciary.

"Rich Dr. St. Louis Estes, according to his own not inconsiderable claims, was an invalid for 48 years, blind for two and baldheaded for 18. Through his back-to-nature living with a raw food diet and sunshine, still according to his claims, he has cured all these disabilities and at 72 is strong and healthy. Furthermore he has computed his life expectancy to be 162 years. . . . Although Doctor Estes' formula has assertedly been successful with his own family,

(Continued in Back Advertising Section, Page 39)

[†] This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

[†] The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6.

PERFECTED *Containers* AND *Equipment*

...ANOTHER RESPONSIBILITY OF LEADERSHIP

The VACOLITER

A Container-Dispenser with 10 Distinctive Advantages

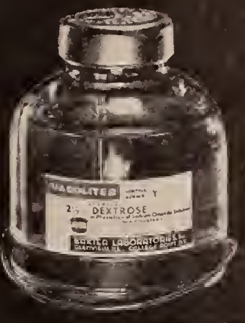
A complete solution container-dispenser

Embossed metal disc identifies contents

Exclusive, 5-unit, TAMPER-PROOF closure . . . diaphragm gives positive proof of vacuum

Annealed glass with specially treated inner surface insures lasting quality

Permanently attached band and bail originated by Baxter — make Vacoliter more convenient



Calibration molded in the glass

In removing seal, operator is prompted to check vacuum and type of solution

Pear-shaped orifices hold dispensing equipment firmly

Serially numbered label put on as exclusive one-batch operation — rigorously checked for control

Air tube insulates solution against contact with incoming air

Parenteral Solutions must be instantly available — so conveniently and dependably contained that delay or contamination can not occur. As a pioneer and leader in the field, Baxter has developed in the distinctive VACOLITER, with its exclusive visible index of vacuum, a container that renders hospital, physician and nurse a completely satisfactory service.

Baxter's Parenteral Dextrose and Saline Solutions are pure, uniform, stable—SAFE—and available everywhere in wide variety. To the hospital, they represent the utmost in true economy. Descriptive bulletin on request.

The TRANSFUSO-VAC

A complete closed technique for Blood Transfusion

Six sizes and solution types available, identified by batch and inspection reference on label

Solution is sterile and pyrogen-free 2½% sodium citrate in physiological solution of sodium chloride*

Container embodies original, exclusive features of Vacoliter, with others of importance

Second label provides for record of contents in use

Vacuum provided will draw desired quantity of blood and leave adequate vacuum, visibly proved by dimple in diaphragm

Tamper-proof cap indicates 250, 500 or 750 cc. use

X clearly identifies site for insertion of needle

Micrometer-fitted Valve gives finger-tip control of blood flow

Stainless steel Filter-drip prevents passage of blood clots

Tube and Needle Sets adapt Transfuso-Vac to varying needs

In the highly perfected TRANSFUSO-VAC* container and its accessories, Baxter has given the profession a widely accepted new technique of indirect BLOOD TRANSFUSION that bridges time and space with unbroken asepsis. With it one operator can perform the entire sequence — Drawing, Citrating, Transporting, Storing, Filtering and Infusion—with no break in asepsis and no waste of blood. On request, professional bulletin discussing the ease, certainty and economy of this new technique of blood transfusion.

DON BAXTER, INC.
RESEARCH AND PRODUCTION LABORATORIES
GLENDALE, CALIFORNIA

DISTRIBUTORS:

The C. A. Bischoff Surgical Co.	*Oakland*
The Denver Fire Clay Co.	*Denver-Salt Lake City-El Paso*
Great Falls Drug Co.	*Great Falls*
McKesson & Robbins	*Billings*
Missoula Drug Company	*Missoula*
Ohio Chemical & Manufacturing Co.	*San Francisco*
Shaw Supply Co., Inc.	*Tacoma-Seattle*
Shaw Surgical Co.	*Portland*
Southwestern Surgical Supply Co.	*Phoenix*
Spokane Surgical Supply Company	*Spokane*

THE CALIFORNIA SANATORIUM

Fully equipped for the diagnosis and modern treatment of diseases of the chest, including tuberculosis and other respiratory diseases.

BELMONT, CALIFORNIA
Phone BElmont 100

San Francisco Office: 384 Post Street
Phone GArfield 4633
H. C. WARREN, M. D.
Medical Director

MAX ROTHSCHILD, M. D.
Founder

H. VAN HORNE, M. D.
G. F. FAIRBAIRN, M. D.
Resident Clinicians

RICHARDSON MINERAL SPRINGS

(Near Chico, Butte County, California)

Fire proof hotel, comfortable cottages at rates from $30 per week up including medical advice, meals, steam and mineral baths.

RHEUMATISM, ARTHRITIS, KIDNEY AND BLADDER DISORDERS

Hydrotherapy Combined With a Warm Dry Climate

●

For particulars write

LEE RICHARDSON, RICHARDSON SPRINGS, CALIFORNIA

St. Luke's Hospital

SAN FRANCISCO

A Limited General Hospital of 200 Beds

▼

Executive Committee

Harold P. Hill, M.D., *Chairman*
Alanson Weeks, M.D.
W. G. Moore, M.D.
George D. Lyman, M.D.

Howard H. Johnson, M.D.
Medical Director

Kenneth Monteagle, *President*

▼

Fully approved by the American College of Surgeons and the American Medical Association for Resident and Intern Training.

Limited Facilities for Part-Pay Treatment

TWENTY-FIVE YEARS AGO

(Continued from Front Advertising Section, Page 30)

ings this year on the first Tuesdays of January, February and March.

At the February meeting the following officers were chosen: President, Dr. J. L. Maupin; first vice-president, Dr. R. M. Jones; secretary, Dr. L. R. Willson; assistant secretary, Dr. C. D. Sweet; treasurer, Dr. F. M. Hayden; delegate to the State Society, Dr. C. O. Mitchell. . . .

From "Society Reports: Sacramento County."—Forty-Seventh Anniversary Meeting celebrating the founding of the Sacramento Society for Medical Improvement was held at the Hotel Sacramento, at 7:30 p. m. The proceedings of the society consisted of a banquet which was followed by the paper of the evening, "Tuberculosis of the Upper End of the Femur," by T. W. Huntington, M. D., San Francisco, California. F. F. Gundrum, M. D., Secretary.

From "Southern California Medical Society."—The fifty-second regular semi-annual meeting of the Southern California Medical Society will be held in San Diego on July 8 and 9, 1915.

The date of the regular meeting has been changed, by the executive committee, from the first Wednesday and Thursday in May to Thursday and Friday of the above dates in July. This was done on account of the meeting of the American Medical Association in San Francisco the latter part of June, and it is hoped that some of our friends from the east may be induced to visit San Diego and attend our meeting there, and assist us with the program. F. W. Thomas, president, and Walter Brem, secretary.

(Continued on Page 36)

VITAMIN K—A NEW FAT-SOLUBLE VITAMIN

● In 1935, the existence of a new fat-soluble vitamin—distinct from vitamins A, D, and E—was demonstrated. A deficiency of this vitamin in the diet of chicks was found to lead to a disease characterized by anemia, hemorrhages, and prolonged clotting time of the blood (1). The name of this new factor was derived from the Danish designation "Koagulations-Vitamin".

The chemical, physical, and biological properties of vitamin K have been well established (1, 2, 3, 4). Besides vitamins K_1 and K_2—isolated from natural materials—an homologous series of synthetic compounds has been found to possess antihemorrhagic properties. As the vitamin K unit. the antihemorrhagic activity of 1.0 microgram of pure 2-methyl-1, 4-napthoquinone has been suggested; however, further research seems necessary before final selection of the vitamin K unit is made (4).

Clinical investigations have also established the importance of vitamin K in the clotting of human blood (3, 4). It has been demonstrated that avitaminosis K results in a prothrombin deficiency, with resultant prolonged blood clotting time. Although hypoprothrombinemia can frequently be attributed to inadequate intestinal absorption of vitamin K or to hepatic injury, other causative factors are also recognized; important among these is a deficiency of vitamin K in the diet.

The distribution of vitamin K in foods also has been studied. It has been found that vitamin K activity appears to be concentrated in the photosynthetic portion of the plant (3). Research during the next several years should add greatly to our knowledge of the extent to which this factor occurs in common American foods.

Discovery of vitamin K is another step towards establishment of the complete nutritive requirements of man. Recognition of this new factor, however, suggests that other factors—as yet unknown—will undoubtedly be found essential to man. Consequently, the wisdom of a varied diet to supply the identified, as well as the unidentified, essential nutrients, should be immediately evident. The large number of canned foods, available at all seasons, may well be included in diets designed to promote optimum nutrition.

AMERICAN CAN COMPANY

230 Park Avenue, New York, N. Y.

REFERENCES

1. 1937. Annual Review of Biochemistry, 6, 364.
2. 1939. Ibid., 8, 428.
3. 1939. J. Am. Med. Assoc., 112, 1457.
4. 1939. Ibid., 113, 2056.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the fifty-ninth in a series, which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

Approved for . . .

PSYCHIATRIC ●
NEURASTHENIC
ADDICTION CASES

CALL MARKET 9024
HEMLOCK 6326

● **KEVIN McGETTIGAN**
MANAGER

PARK SANITARIUM 1500 PAGE ST.
SAN FRANCISCO.

For Acidity and Allied Conditions, we suggest ADAMS SPRINGS MINERAL WATER

● MANY physicians recommend the water in conjunction with the treatment of stomach, liver and kidney trouble.

ADAMS MINERAL SPRINGS is one of the seven known iron and maganese bi-carbonate springs in the world, and the only one in Western America.

It is not a cure-all, but it overcomes acid excesses in the body, and is a very mild but wonderfully effective eliminator. The bowels function without spasm, the kidney output is greatly increased, and there is *marked* drainage of bile from the gall bladder and liver.

There is also some constitutional upset for a few days, particularly in gall bladder cases. But this is soon over and your patient begins to show improvement and is now in condition to profit by any medication you may prescribe. If the case is an operative one, you have improved your patient and made of him a better risk.

We will be pleased to cooperate in any way whatever, and samples of water are yours for the asking.

A Natural Mineral Water
SHOWING MAIN CONSTITUENTS
By PROF. SYDNEY A. TIBBETTS, *Berkeley*

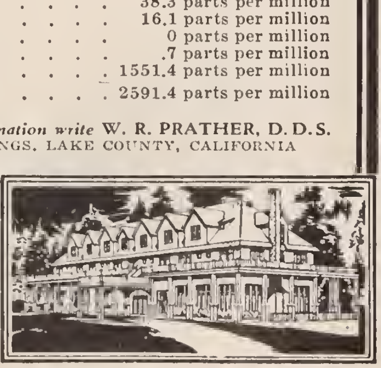
MANGANESE	1.3 parts per million
IRON	12.5 parts per million
CALCIUM	173.3 parts per million
MAGNESIA	339.3 parts per million
SODIUM	365.0 parts per million
SILICA	93.0 parts per million
CHLORINE	38.3 parts per million
SULPHATE	16.1 parts per million
NITRATE	0 parts per million
PHOSPHATE	.7 parts per million
CARBONATE	1551.4 parts per million
TOTAL	2591.4 parts per million

For further information write W. R. PRATHER, D. D. S.
ADAMS SPRINGS, LAKE COUNTY, CALIFORNIA

Steam heated hotel, open all year around.

3000 feet up in the Lake County Pines.

(Since 1870)



TWENTY-FIVE YEARS AGO

(Continued from Page 34)

From "Pacific Association of Railway Surgeons."—San Francisco, March 29, 1915. To Members: The Thirteenth Annual Meeting of the Pacific Association of Railway Surgeons will be held in San Francisco on Friday, June 25, 1915.

It has been decided to dispense with the scientific program, as the American Medical Association meets here during this week and undoubtedly a scientific feast will be in store for you. . . .

From "Pacific Coast Oto-Ophthalmological Society."—The Pacific Coast Oto-Ophthalmological Society meeting will be held in the Auditorium, San Francisco, June 15, 16 and 17, 1915.

The Plaza Hotel has set aside one hundred rooms for this meeting. The rooms must be reserved before May 15, 1915, at which date all rooms not engaged will be cancelled. . . .

From "State Compensation Insurance Fund."—Care of Industrial Accidents. To the Medical Men of California. Gentlemen: This problem, a new one (in May, 1915), has been met most adequately. The character of the work has been, on the whole, excellent. The fine spirit of coöperation, and the general good results shown have been most gratifying to the Fund.

The Fund welcomed the agreement entered into by the State Medical Society under which any licensed practitioner of medicine and surgery might care for cases of accidental injury coming under its jurisdiction. However, the State Compensation Insurance Fund is an insurance carrier doing business in competition with other insurance carriers in this State, and as the result of this, has had to adopt a schedule of fees to cover services rendered by medical men to individuals whose employers are insured with it.

The Fund realizes that the fees in this schedule are small, and that the demands made upon physicians in many of these cases are great; but it has, in the past and will in the future, by a strict interpretation of the intent of the schedule, and by a prompt settlement of accounts, make the ultimate return to the medical men commensurate with the service rendered, and the financial standing of the injured individual.

The Fund deems that the friendship and coöperation of the medical men of California are valuable assets, and realizes that good, properly recompensed medical attendance on its cases will not only diminish the actual cost of medical expense, but will be an all-important factor in lessening future compensation.

(Continued on Page 38)

Over Sixty Years of

PRINTING SERVICE

THE law of compensation, as applied to present-day business, is as rewarding as it is ruthless, depending entirely upon the principles, standards and practices followed. The survival and progress of any business is dependent upon and measured by its consistent conduct, its policy and faith-keeping. That which deserves to live—lives.

THE JAMES H. BARRY COMPANY has no greater eulogist than time. Over sixty years of steady progress . . . in a highly competitive business . . . from the nucleus of a one-man print shop in 1879, to one of the foremost printing plants in Northern California in 1940, is achievement of which we are proud. We make the years count.

The James H. Barry Company

PRINTERS AND PUBLISHERS
170 SOUTH VAN NESS AVENUE
SAN FRANCISCO • UNDERHILL 7780

Las Encinas Sanitarium . . . Pasadena, California

INTERNAL MEDICINE INCLUDING NERVOUS DISEASES

Board of Directors: GEORGE DOCK, M. D., *President;* W. JARVIS BARLOW, M. D.; SAMUEL D. INGHAM, M. D.

Address: STEPHEN SMITH, M. D., F. A. C. P.; CHARLES W. THOMPSON, M. D., F. A. C. P.
MEDICAL DIRECTORS, PASADENA, CALIFORNIA

Medical Placement Bureau

(AGENCY)

SPECIALIZING IN

Trained Medical Personnel

FOR HOSPITALS, LABORATORIES, MEDICAL AND DENTAL OFFICES

291 Geary Street *San Francisco* YUkon 2484

OUR FRIENDLY CHALLENGE

In your files are doubtless many Audiograms of patients who have not been able to obtain satisfaction from the application of a Hearing Aid—particularly persons with a severe nerve type of deafness. You are cordially invited to send these persons to us for a scientific fitting of the new

Crystalic (VACUUM TUBE) Acousticon

Consultation is private—and entails no charge or obligation. We will gladly prepare an Audiogram for any patient for whom you request such service—showing his hearing range WITHOUT and also the increased range WITH the CRYSTALIC ACOUSTICON.

ACOUSTICON

725 Foreman Building
LOS ANGELES

457 Powell Street
SAN FRANCISCO

Acousticon is accepted by the Council on Physical Therapy of the American Medical Association.

TWENTY-FIVE YEARS AGO

(Continued from Page 36)

In this sense, then, the Fund deplores any activity that will tend to lower fees, or that will interfere with the prerogative of any regular licensed practitioner in attending individuals suffering from industrial accidents. Yours very truly, State Compensation Insurance Fund, By Morton R. Gibbons, Medical Director.

From "Effects of the Harrison Law."—"When the Harrison law became effective, March 1, 1915, it was widely predicted that the result would be a besieging of hospitals by crazed drug addicts, a crime wave of national scope and a trail of suicide and death across the country. A month has passed, and while the results have not been as terrible as the early hysteria painted them, have not even approximated the glaring headline predictions of the yellow press, they have nevertheless," says the *Journal of the American Medical Association,* "been apparent to physicians and to others who come in daily contact with drug traffic. . . ."

From "Tuberculosis Exhibit at Exposition."—The California Association for the Study and Prevention of Tuberculosis has an interesting exhibit in the Educational Building at the San Francisco Exposition which all Californians interested in public health should not fail to visit. . . .

From "Schick Reaction."—H. N. Bundesen, Chicago (*Journal A. M. A.,* April 10, 1915), describes Schick's test for the theory of diphtheria antitoxin in the blood, and Romer's method, which consists in the intracutaneous injection in guinea pigs of a definite minute quantity of diphtheria toxin and a definite amount of a serum to be tested for antitoxin. If no necrosis results, the toxin has been completely neutralized. . . .

From "$1,000 Prize."—The American Social Hygiene Association has been offered a prize of $1,000 by the Metropolitan Life Insurance Company, to be awarded to the author of the best original pamphlet on social hygiene for adolescents between the ages of twelve and sixteen years, approved by a committee of judges to be selected by the association.

Competition for this prize is open to all. . . .

Protection of the Staff from Tuberculosis in the general hospital is simple but hard to initiate. Since 2 per cent of hospital patients are involved, exposure should be located promptly. Careful initial examination of all patients admitted, with routine tuberculin tests followed by an x-ray of all positives is recommended.—W. H. Oatway, M. D., *Hospital Management,* October, 1939.

St. Mary's Hospital

2200 Hayes Street
SAN FRANCISCO, CALIFORNIA

▼

Conducted by
Sisters of Mercy

▼

Accredited by the American Medical Association and Approved by the American College of Surgeons. Open to all members of the California Medical Association. Accredited School of Nursing and Out-Patient Department.

BOARD OF MEDICAL EXAMINERS

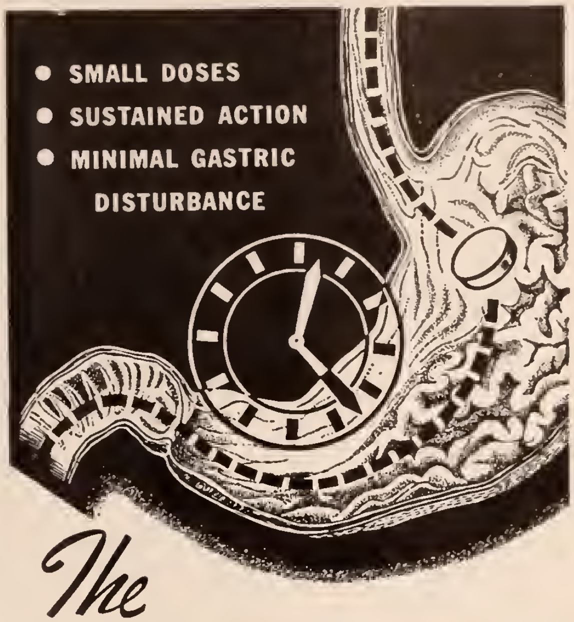
(Continued from Text Page 248)

he has run into opposition presenting it to the world. . . . In San Francisco the State Board of Medical Examiners brought the old charge that Estes was practicing without a license and that he had taken $1,100 in fees from A. A. Derrickson, a hardwood floor layer, for eye treatments lasting fifteen months. . . . His alleged patient sued the doctor for $50,000 damages on the grounds that the treatment had done his eyes no good, that he had almost totally lost his vision and was unable to work. In an extemporaneous lecture at the Hall of Justice, Estes hotly denied the charges. He claimed that Derrickson had merely attended his lectures which followed nature's law as set down by the Book of Genesis. Then husky Doctor Estes retaliated. Claiming injury to his business and alleged malice, he filed a $200,000 damage suit against Derrickson." (San Francisco *Chronicle,* April 7, 1940.) (Previous entries, May, 1930; November, 1935; January and March, 1936; December, 1938; November, 1939.)

"Dr. Samuel D. Barnes, 71, was scheduled to be arraigned today on charges of murder and performing an illegal operation which resulted in the death of Dorothy Lee Jones, 17, in his downtown office last March 10." . . . (Los Angeles *Herald and Express,* April 5, 1940.)

"Superior Judge Frank G. Swain gave Dr. Amanda L. Lowe, Hollywood osteopathic physician accused of murder and performing an illegal operation, her liberty on $7,500 bail today. . . . Doctor Lowe is accused of causing the death of Mrs. Doris Cheslin, 24, theater usherette, on whom she

(Continued on Next Page)



The

BASIS OF IODINE THERAPY

LIPOIODINE*

Since Lipoiodine, "Ciba" passes through the stomach practically unchanged, there is little possibility of gastric disturbance. Containing 41% organic iodine, Lipoiodine (ethyl ester of di-iodobrassidic acid) affords sustained action and is effective in small doses.

Look to Lipoiodine for excellent iodine influence in secondary and tertiary syphilis, selected cases of thyroid dysfunction, arteriosclerosis, scrofulosis, bronchial affections, etc. . . . Supplied in bottles of 30 and 100 tablets (4½ grains each).

*Trade Mark Reg. U. S. Pat. Off. Word "Lipoiodine" identifies the product as ethyl ester of di-iodobrassidic acid of Ciba's manufacture.

LITERATURE ON REQUEST

CIBA PHARMACEUTICAL PRODUCTS, INC.
SUMMIT, NEW JERSEY

C · I · B · A

LIVERMORE SANITARIUM

• The Hydropathic Department devoted to the treatment of general diseases excluding surgical and acute infectious cases. Special attention given functional and organic nervous diseases. A well equipped clinical laboratory and modern X-ray Department are in use for diagnosis.

• The Cottage Department (for mental patients) has its own facilities for hydropathic and other treatments. It consists of small cottages with homelike surroundings, permitting the segregation of patients in accordance with the type of psychosis. Also bungalows for individual patients, offering the highest class of accommodation with privacy and comfort.

GENERAL FEATURES

1. Climatic advantages not excelled in United States. Beautiful grounds and attractive surrounding country.
2. Indoor and outdoor gymnastics under the charge of an athletic director. An excellent Occupational Department.
3. A resident medical staff. A large and well trained nursing staff so that each patient is given careful individual attention.

Information and circulars upon request
Address: CLIFFORD W. MACK, M. D.
Medical Director
LIVERMORE, CALIFORNIA
Telephone 313

CITY OFFICES:
SAN FRANCISCO
450 Sutter Street
DOuglas 3824

OAKLAND
1624 Franklin Street
GLencourt 5989

ALUM ROCK SANATORIUM
FOR DISEASES OF THE CHEST
SAN JOSE, CALIFORNIA

Telephone
MAYFAIR 321

A small select sanatorium for the treatment of Tuberculosis and other chest diseases.

Each patient receives individual study and care. The referring physician receives regular clinical reports.

Climate is ideal. Located at 1,000 ft. elevation, 6 miles east of San Jose, overlooking the Santa Clara Valley. A folder will be sent on request.

Resident Staff:
Buford H. Wardrip, M.D., San Jose
Supt. and Medical Director

Visiting Staff:
Philip King Brown, M.D., San Francisco
Harold Guyon Trimble, M.D., Oakland
Cabot Brown, M.D., San Francisco
J. Lloyd Eaton, M.D., Oakland

BOARD OF MEDICAL EXAMINERS

(Continued from Preceding Page)

is alleged to have performed an illegal operation in her office." . . . Los Angeles *Evening News*, April 5, 1940.)

"Ben K. Glover, 61, operator of an 'electronic health appliances' business at 809 Seventh Street, yesterday was arrested here on a charge of practicing medicine without a license, a misdemeanor. Glover, who listed his occupation as a steamfitter, was taken into custody on a Merced County warrant by J. W. Williams, special agent of the State Board of Medical Examiners. The complaint was signed by Miss Grace Richardson, elderly Merced Falls invalid, who said Glover promised to cure her of arthritis by the use of his electrical apparatus, which consists of thin copper plates which are wrapped about the head, back and chest. After several treatments, for which Glover allegedly charged her $55, her condition was unimproved, she said. The woman said Glover, after taking some blood from her finger for an alleged test, informed her she should eliminate all foods with acids from her diet. Williams took a treatment from Glover yesterday after the latter said he could cure him of sinus trouble." (Modesto *Bee and News-Herald*, March 29, 1940.)

"Charles W. Johnson, legal secretary for the District Court of Appeal, and James Sabine, law clerk for Circuit Judge William Denman, will be added to the staff of the State's legal force, Attorney-General Earl Warren announced yesterday. Johnson is a graduate of Stanford Uni-

(Continued on Page 42)

In Depressive States

Our recent publication, "Benzedrine Sulfate Tablets in Depressive Conditions"— examined and found acceptable by the Council on Pharmacy and Chemistry of the American Medical Association—summarizes the findings of leading investigators as to the present status of the drug in this field. Excerpts are cited from the articles listed below:

Guttmann, E. and Sargant, W.: **Observations on Benzedrine**—Brit. Med. J., 1:1013, May 15, 1937.

Nathanson, M. H.: **The Central Action of Beta-aminopropylbenzene (Benzedrine)**—J.A.M.A., 108:528, Feb. 13, 1937.

Myerson, A.: **Effect of Benzedrine Sulfate on Mood and Fatigue in Normal and in Neurotic Persons**—Arch. Neurol. & Psychiat., 36:816, Oct., 1936.

Wilbur, D. L.; MacLean, A. R. and Allen, E. V.: **Clinical Observations on the Effects of Benzedrine Sulphate**—Proc. Staff Meet. Mayo Clin., 12:97, Feb. 17, 1937.

Woolley, L. F.: **The Clinical Effects of Benzedrine Sulphate in Mental Patients with Retarded Activity**—Psychiatric Quart., 12:66, January, 1938.

Davidoff, E. and Reifenstein, E. C., Jr.: **The Stimulating Action of Benzedrine Sulfate**—J.A.M.A., 108:1770, May 22, 1937.

Guttmann, E.: **The Effect of Benzedrine on Depressive States**—J. Ment. Sci., 82:618, Sept., 1936.

If you did not receive a copy, we shall be glad to mail one to you.

BENZEDRINE SULFATE TABLETS IN DEPRESSIVE CONDITIONS
SMITH, KLINE & FRENCH LABORATORIES PHILADELPHIA, PA.

BENZEDRINE SULFATE TABLETS

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

Each 'Benzedrine Sulfate Tablet' contains amphetamine sulfate, S. K. F., 10 mg. (approximately 1/6 gr.)

SMITH, KLINE & FRENCH LABORATORIES EST. 1841
109 North Fifth Street, Philadelphia, Pa.

Please send me a copy of your booklet, BENZEDRINE SULFATE TABLETS IN DEPRESSIVE CONDITIONS.

*Name*______________________________*M.D.*

*Street*______________________________

*City*____________________*State*__________

SA

Bequest Forms: Unto the California Medical Association*

FORM OF CLAUSE OF WILL PROVIDING FOR CASH BEQUEST

I hereby give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California, the sum of $——— to be known as the ——— Gift, to be used and expended by said corporation for scientific, educational, or hospital purposes.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR CASH BEQUEST

I give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California, the sum of $———, to be held as a fund, to be known as the [here insert name desired] Fund, the principal whereof shall from time to time be invested to the best advantage compatible with safety, and the income whereof shall be used and applied for scientific, educational, or hospital purposes.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR BEQUEST OF PERSONAL PROPERTY

I give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California [here describe the property], the same, or the proceeds thereof, to be held as a perpetual fund, to be known as the [here insert name desired] Fund, the income whereof shall be used and applied for scientific, educational, or hospital purposes. The said corporation shall have the power to sell said property and to invest and reinvest the proceeds arising from the sale thereof from time to time as it may deem advisable for the purpose of producing as large an income as may be compatible with safety.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR DEVISE OF REAL PROPERTY

I give and devise unto Trustees Of The California Medical Association, a nonprofit corporation of California, to aid and further its scientific, educational, and hospital purposes, and to be known as the ——— Gift, the following described real property situate in the County of ———, State of California, and more particularly described as follows, to wit:

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR DEVISE OF REAL PROPERTY

I give and devise unto Trustees Of The California Medical Association, a nonprofit corporation of California [here describe the property], the same, or the proceeds thereof, to be held as a perpetual fund, to be known as the [here insert name desired] Fund, the income whereof shall be used for and applied to the support and maintenance of scientific, educational, or hospital purposes. The said corporation shall have the power to sell said property and to invest and reinvest the proceeds arising from the sale thereof from time to time as it may deem advisable for the purpose of producing as large as income as may be compatible with safety.

---

* These Bequest Forms were discussed editorially in CALIFORNIA AND WESTERN MEDICINE, for March, 1936, p. 145, and June, 1936, p. 460.

Business Travelers Do their Banking with us
BY MAIL

Deposit your pay check . . . send money home . . . handle most banking details in your spare time while traveling. Wherever you go our Bank-by-Mail Service is as convenient to you as the nearest mail box. Here is a really helpful service. Why not take advantage of it?

CROCKER FIRST NATIONAL BANK
OF SAN FRANCISCO
California's Oldest National Bank
Member Federal Deposit Insurance Corporation

BOARD OF MEDICAL EXAMINERS

(Continued from Page 40)

versity and Stanford Law School and was admitted to the State Bar in 1936. He will be assigned to assist Robert W. Harrison, chief deputy attorney-general, Warren said. . . . The appointments are effective April 1. Thomas I. Coakley in the future will handle all matters of the State Medical Board, Board of Health and other similar agencies, the Attorney-General said. He will take over the assignment formerly held by Lionel B. Browne, who has resigned to enter private practice." (San Francisco *Recorder,* March 21, 1940.)

"... Last week Dr. Martin Gumpert, now of New York, exiled former head of a Berlin clinic, published an exhaustive study of Germany under the Nazi regime. Facts reported: Nazi food rations are insufficient to maintain normal resistance to disease. Deaths from rickets, tuberculosis, diphtheria, scarlet fever and childbirth have increased. Death rate of babies under one year is now double that of America. The birth rate has dropped 10 per cent; the marriage rate 25 per cent. Cases of nervous diseases and insanity have nearly doubled. Doctor Gumpert doesn't regard the ruthless Nazi 'guns before butter' regime as 'infinitely rich in events.' He voices no 'Heil, Hitler.' His book, in sad irony, is entitled 'Heil, Hunger!'" (San Mateo *Times,* March 27, 1940.)

"Dr. Maude Ramer, woman physician, was arrested by Tom Frost, district attorney investigator, and booked in county jail on a charge of performing an abortion February 12 on Mrs. Mary Miles, 1336 Union Street, sailor's wife,

(Continued on Page 44)

America's fastest-growing infant food now costs mothers much less

THANKS TO YOU, DOCTOR, the demand for Biolac has grown so that it is now possible to announce a 17% price reduction in California on this liquid, modified milk. Biolac is now available to your mothers at only 19¢ a can instead of 23¢, as formerly.

Biolac is a selected cow's milk, adjusted not only to resemble the nutritional properties of breast milk, but to compensate for the *biological differences* between cow's milk and breast milk.

Thus, Biolac has a reduced-fat, higher-protein level, and contains lactose in Nature's own equilibrium of 60% beta, 40% alpha lactose. Vitamins A, B_1, D, and iron are provided at accepted prophylactic levels.

Biolac assures a sterile formula—even including carbohydrates—as it requires only simple dilution with boiled water. The simplicity and ease with which Biolac formulas can be prepared is a godsend to busy, distracted mothers, minimizes formula errors. It is sold only in drug stores. No feeding directions are given to the laity.

Biolac

A PRODUCT OF THE BORDEN COMPANY

THE POTTENGER SANATORIUM AND CLINIC

For Diseases of the Chest *Monrovia, California*

AN INSTITUTION FOR DIAGNOSIS AND THERAPY

CHOICE rooms and bungalows at rates ranging from $35 per week up, including medical service, general nursing, x-rays, routine laboratory examinations, ordinary medicines and therapeutic pneumothorax.

A few accommodations as low as $25 per week assigned on special application in selected cases.

In the foothills of the Sierra Madre Mountains, thirty-five miles from the ocean. Surrounded by beautiful gardens.

Close medical supervision. Aside from tuberculosis, special attention is given to asthma, bronchiectasis, lung abscess and kindred diseases.

For particulars address:

THE POTTENGER SANATORIUM AND CLINIC, Monrovia, California

Luzier's Fine Cosmetics and Perfumes

Are distributed in California by:

Southern California Distributor
LYLE G. CHRISTY
1718 N. Gramercy Place • Hollywood

Northern California Distributor
J. R. HAVLIN
1544 Sixteenth Avenue • San Francisco

Central California Distributor
PAYSON-BURNS
1365 Wishon Street • Fresno

LOCAL DISTRIBUTORS WANTED

KING AMBULANCE COMPANY

Transporting the Sick since 1906

WEst 1400

2570 Bush Street
SAN FRANCISCO

Physicians' and Surgeons'
Telephone Exchange
Nurses' Bureau

BOARD OF MEDICAL EXAMINERS

(Continued from Page 42)

21. Bail was set at $1,000, which she posted. The patient is said to have recovered from effects of the alleged abortion. More than a year ago Doctor Ramer was exonerated on a similar charge after a superior court trial." (San Diego *Tribune-Sun,* March 15, 1940.)

"Overwhelmed with congratulations of patients, friends and members of his own profession, Dr. George K. Dazey, prominent Santa Monica physician, today is back at his practice here, vindicated by a reconstructed jury of charges that he murdered his second wife, Doris, in an assertedly 'perfect crime,' on October 3, 1935." . . . (Santa Monica *Topics,* March 14, 1940.)

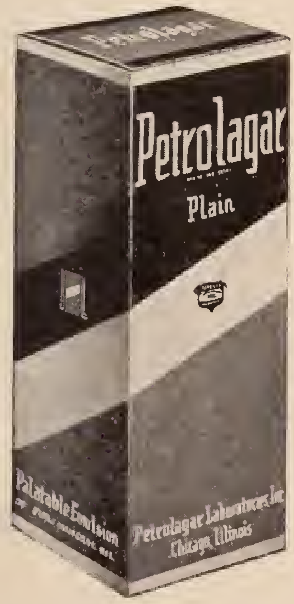
"Charged with performing on March 4 an illegal operation and professional practice without a license, Rudolph A. Poe, 30, chiropractor, of 657 Marsh Street, was at liberty Wednesday on $6,000 bail after his arrest late Tuesday on a complaint signed by Don W. Parks, chief of police. A woman, 23 years old, who was reported near death was reported to have been secretly held in a local hospital following the chiropractor's illegal practice." . . . (San Luis Obispo *Telegram-Tribune,* March 13, 1940.)

"Taken into custody as he left the superior courtroom in Redwood City yesterday afternoon after testifying in the Lillian Herald narcotics case, Dr. A. E. Amsbaugh, San Francisco physician, was jailed in San Francisco on three felony counts and four misdemeanor charges. He was released last night on $2,500 bail pending preliminary hearing March 20. . . . Doctor Amsbaugh, according to Chief Inspector F. J. A. O'Farrell of the State Narcotics Division 'hoodwinked' the San Mateo County Superior Court into granting a series of stays of execution and one suspension of sentence for Mrs. Herald, two-time Daly City narcotics case loser. Mrs. Herald was sentenced to Tehachapi Prison for one to six years yesterday by Judge A. R. Cotton after he revoked probation granted her in 1938. . . . The inspector (O'Farrell) said Doctor Amsbaugh has been operating a 'racket' in San Francisco, supplying Mrs. Herald and eleven other addicts with prescriptions written in the name of bona fide patients who never received the drugs." . . . (Redwood City *Tribune,* March 12, 1940.) (Previous entry August, 1938.) The records of the Board of Medical Examiners show that on June 29, 1938, Archibald E. Amsbaugh, M. D., was, following a hearing before the Board, placed on probation for a period of five years.

"Bruce Bernard Tenbrook, arrested this week by Eureka police on a warrant issued in San Francisco charging practicing medicine without a license, was turned over to a special agent of the Board of Medical Examiners of the State of California last night. He will be taken to San Francisco today to face trial, police said. K. L. Myers, arrested last Saturday in Stockton, also will go on trial for the same charge, it was reported. Tenbrook, also known as R. M. and Bruce Brooks, and Myers have been selling

(Continued on Page 46)

Post Operatively..



..Petrolagar

The mild action of Petrolagar helps relieve bowel distension after surgery and aids in the restoration of normal Bowel Habit Time.

For physicians' convenience, Petrolagar is available in the economical Hospital Dispensing Unit—a quantity sufficient for the average ten day period of confinement. It is pleasant to take—not likely to leak like plain mineral oil.

Prescribe Petrolagar for hospitalized patients. It contributes to their comfort.

Petrolagar . . . liquid petrolatum 65 cc. emulsified with 0.4 Gm. agar in a menstruum to make 100 cc.

Petrolagar Laboratories, Inc. • 8134 McCormick Boulevard • Chicago, Illinois

DOCTORS' SOLARIUM ON ROOF OF
FOUR FIFTY SUTTER
Hot and Cold Showers • Facilities for Sun Bathing

Well planned offices mean more precious moments of leisure for the busy professional man.
Four Fifty Sutter also makes provision for utilizing these conserved minutes in pleasant and profitable relaxation.

For information regarding space, call at Room 415 • GArfield 7221

GONOCOCCUS DIAGNOSIS

Gram Stained Smear
Culture
Complement Fixation
Skin Tests

▼

ZERA E. BOLIN, M.D.
Pathologist
490 POST STREET
EXbrook 7600 MOntrose 2105
SAN FRANCISCO

(Approved by San Francisco County Medical Society, California State Board of Health and American Medical Association)

24-HOUR SERVICE . . . . PHONE MARKET 2100

BOARD OF MEDICAL EXAMINERS

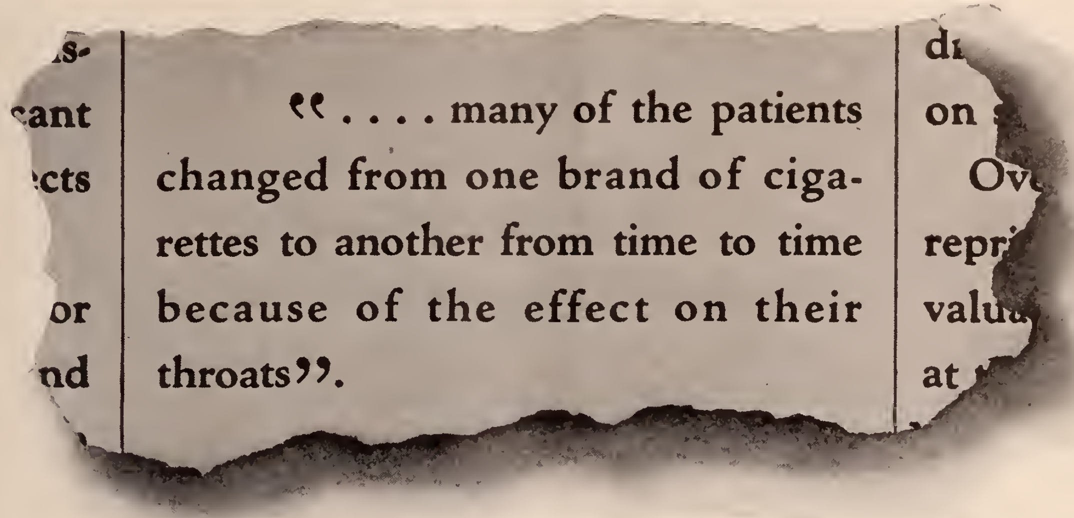
(Continued from Page 44)

trusses, claimed to cure all ruptures, for $50, police said. Charges were brought against Tenbrook when a user of a truss failed to find him at his address in San Francisco recently, according to police. The client had failed to receive expected benefits from the truss, and was seeking his money back, under a guarantee given by Tenbrook, it was reported." . . . (Eureka *Times,* March 6, 1940.)

"Inez L. Burns, wife of a former assemblyman and central figure in an 'abortion mill' case of two years ago, paid nearly $75,000 in federal court here today in back income taxes, penalties and fines. She was also given three-year federal penitentiary sentences on two counts of income tax evasion, but they were suspended when she paid two fines of $5,000 on each count. Mrs. Burns, also known as Inez Brown, pleaded guilty last month to the two indictments, charging she failed to file returns on two-thirds of her income from 1928 to 1935. Besides the $10,000 in fines, she paid $64,855 in tax claims, penalties and assessments. While the prison terms were suspended, she was denied probation by Federal Judge Harold Louderback, following a report by Charles Upton, chief probation officer. In her fight against charges of operating an 'abortion mill,' which were dismissed in 1938, court records set her 1936 assets at $202,956. She is the wife of Joseph Burns, former legislator." (San Francisco *Call-Bulletin,* March 16, 1940.) (Previous entry June, 1938.)

"Theodore King today had been found guilty by jury in short order of practicing medicine without a license. He

(Continued on Page 48)



"…. many of the patients changed from one brand of cigarettes to another from time to time because of the effect on their throats".

Laryngoscope, Feb. 1935
Vol. XLV, No. 2, 149-154

ON GUIDING PATIENTS IN THEIR CIGARETTE SMOKING

It is certainly worth knowing that tests reported in the same paper showed every case of irritation of the nose and throat due to smoking *cleared completely or definitely improved* when smokers changed to Philip Morris.

Write for reprints of published studies on the comparative irritant properties of cigarettes. Address Philip Morris & Co., Ltd., Inc., 119 Fifth Avenue, New York.

SAINT FRANCIS HOSPITAL

A General Hospital With Accommodations for Three Hundred Patients

And Operating THE MEDICAL OFFICE BUILDINGS, *Facing the Hospital*

Tenancy Restricted to the Medical and Dental Professions

TRUSTEES—C. R. BRICCA, M. D., *President;* T. H. O'CONNOR, M. D., *First Vice-President;* C. A. WALKER, M. D., *Second Vice-President;* CARL L. HOAG, M. D., *Secretary-Treasurer;* C. P. THOMPSON, M. D., *Assistant Secretary-Treasurer;* RAY H. KISTLER, M. D.; GEORGE W. PIERCE, M. D.; FRANK B. HAND, M. D.; RUSSELL C. RYAN, M. D.; THOMAS E. SHUMATE, M. D.; CAVINS D. HART, M. D.

Superintendent, V. W. OLNEY

Address Communications

SAINT FRANCIS HOSPITAL

Bush and Hyde Streets *Telephone* **PROSPECT 4321** **San Francisco**

The Alexander Sanatorium, Inc.

BELMONT, CALIFORNIA

Ideal climate, only 45 minutes from San Francisco, nestled in the beautiful hills of Belmont. Modern buildings surrounded by gorgeous gardens. Homelike accommodations. Every essential for the treatment of patients requiring rest provided.

Specializing in the treatment of nervous, mental, and debilitating states.
Specially equipped for metrazol and insulin therapy.

MRS. ANNETTE ALEXANDER, *President* *Telephone* Belmont 40

HOSPITAL AMBULANCE SERVICE

3923 Piedmont
OAKLAND

A Better Service
PIedmont 7744

BOARD OF MEDICAL EXAMINERS

(Continued from Page 46)

was ordered to return to court Friday for sentence on violation of the State Medical Act. King was tried on complaint of four women who testified he had treated them for heart ailments, and on one occasion had even performed a minor facial operation which left unsightly scars." (Los Angeles *Evening News,* March 13, 1940.)

"One year in federal jail at Terminal Island was the sentence given Dr. C. W. Farley, 47-year-old physician, yesterday when he pleaded guilty to drug sales before United States District Judge Campbell E. Beaumont. The physician, who maintained an office at 165 South La Brea Avenue, was arrested by federal and state narcotics agents for allegedly selling narcotics by prescription." (Los Angeles *Daily News,* March 12, 1940.) (Previous entries March and April, 1940.)

"Lawrence P. Lorraine, 44, convicted in Sacramento two years ago on a charge of performing an illegal operation, died last night at Folsom Prison." . . . (Sacramento *Bee,* March 20, 1940.) (Previous entries, January and February, 1935, May and June, 1938.)

News items dated Sacramento, March 22, stated that Governor Olson had on that date appointed "Dr. Alvin E. Cerf, San Francisco (to the) Board of Medical Examiners, replacing Dr. Frederick W. Didier, Wheatland."

"J. W. Williams, special agent of the State Board of Medical Examiners, charged Nelson LaPlant of Orland with violation of the business and professions code by treating the ill without a license. Williams said LaPlant posed as an osteopath and naturopath and used the title of doctor. LaPlant was arraigned before Justice of the Peace F. W. Sidener and was released on $100 bail. His trial was set for April 30." (Press dispatch dated Orland, April 11, printed *Sacramento Bee* same date.)

"The third district court of appeal today sustained a Los Angeles superior court ruling against Frances E. and Frederick W. Reed in their suit to recover nearly

(Continued on Page 50)

Karo Formulas for Safe Weaning

Karo	2 tsps.
Milk	6 ozs.
Water	2 ozs.

This is a formula for *gradual weaning*. The KARO mixture is first offered in place of one breast feeding for a week, then in place of two breast feedings the next week until complete weaning.

Karo	3 tblsps.
Milk	24 ozs.
Water	8 ozs.

This is a formula for *immediate weaning*. The KARO mixture is divided into 4 feedings, 8 ounces each, at 4-hour intervals, and gradually concentrated as the baby becomes adjusted to bottle feeding.

Inquiries from Physicians are invited
. . . for further information write

CORN PRODUCTS SALES COMPANY
17 BATTERY PLACE · NEW YORK CITY

Colfax School
for the
Tuberculous

COLFAX, CALIFORNIA

❮ There are two units, The Colfax Hospital and the Bushnell Sanatorium, for the treatment of Pulmonary Tuberculosis.

The Colfax School for the Tuberculous is located in the pine clad Sierra Nevada foothills, at an elevation of 2,400 feet; an elevation free from the fogs of the valleys and free from extremes of heat or cold.

This Institution supplies, among other advantages:

1. Individual care and supervision under skilled physicians.
2. Education as to the essentials of recovery from, and the prevention of the spread of, disease.
3. Complete laboratory and x-ray equipment.
4. Every proved method of treatment, including pneumothorax and phrenic nerve interruption. (Major thoracic surgery referred to skilled thoracic surgeons.)
5. An absence of institutional atmosphere.
6. Reasonable rates.

* * *

For further information write

ROBERT A. PEERS, M. D.
Medical Director
COLFAX, CALIFORNIA

* * *

F. LYNN SMITH, M.D.
Associate Medical Director

R. C. ATKINSON, M.D.
Consultant, General Surgery

EMILE HOLMAN, M.D.
(Stanford Hospital), Consultant, Thoracic Surgery

COMPTON SANITARIUM
(For Mental Illness)
LAS CAMPANAS HOSPITAL
(A General Hospital)
COMPTON, CALIF.
1052 West 6th Street Los Angeles
Telephone MIchigan 3454
GLENN MYERS, M.D. • PHILIP J. CUNNANE, M.D.
Medical Directors
RESIDENT MEDICAL STAFF
G. Creswell Burns, M.D. Russell Johnson, M.D.
Helen Rislow Burns, M.D. Robert M. Newhouse, M.D.
Byron L. Stewart, M.D.
APPROVED BY AMERICAN COLLEGE OF SURGEONS

BOARD OF MEDICAL EXAMINERS

(Continued from Page 48)

$17,000,000 from the State Board of Medical Examiners and one of the board's special officers. The Reeds charged William A. Byrne, the special officer, entered their home without a warrant in 1928, seizing a formula for the development of motion picture film, $3,000 in liberty bonds and two promissory notes worth $1,000. Byrne was said in the court summary to have told the Reeds the formula was of a medical nature and 'valuable evidence that you have been practicing medicine without a license.' The plaintiffs, who first brought action against Byrne and the Board in 1935, contended they lost $200,000 a month in film royalties over a seven-year period. The appellate court sustained the lower court's decision that the statute of limitations in the case expired and the Reeds' pleadings were faulty." (Sacramento *Bee,* April 11, 1940.) (Previous entries May, 1930; February, 1931; May and December, 1935; January, 1936.) The records of the Board of Medical Examiners show considerable information about Fred Reed and his so-called Gravitonic Life Ray Corporation, including an Order to Cease and Desist made by the Federal Trade Commission, Washington, D. C., their docket No. 3451.—(C. A. D., page 247.)

Tuberculosis in the Aged.—It is known that when old people are found to have tuberculosis it is almost impossible to teach them to take care of themselves and protect others from infection. They will not cover their mouths during a cough or sneeze, nor will they try to protect or destroy their sputum. Their idea is that they have lived all these years with this old cough, it will not hurt them and they do not see how they can hurt anyone else. Elderly people with a chronic cough and positive sputum are a menace to society and should be isolated.—C. L. Harrell, M. D., Virginia *Medical Monthly,* November, 1939.

Stabilizing Circulation in Brain.—Means of determining the state of the blood circulation in the brain during fever treatment and of maintaining it at its normal level are described by Oscar T. Wood, M. D., and Augustus McCravey, M. D., Philadelphia, in *The Journal of the American Medical Association.*

The pulse pressure was found by them to be the best means of determining the state of cerebral circulation. By properly timed spinal drainage, blood pressure and volume relationships within the brain can be maintained at a normal level and the dangerous phases of too little or too much blood therein can be prevented. "It is a well known fact," they say, "that serious permanent brain damage may occur when either state prevails."

INSULIN

. . . used under proper supervision lengthens lives of diabetic children

Prior to the discovery of Insulin, diabetes in a child led to severe restrictions in his mode of life and, in most cases, an early death. Today, in contrast, there are hundreds of happy, active diabetic children—leading practically normal lives with the aid of Insulin.

More institutions, more physicians, and more patients are using Insulin Squibb and Protamine Zinc Insulin *Squibb* than ever before. They rely on the quality and dependability of these Squibb Products.

INSULIN SQUIBB—An aqueous solution of the active, anti-diabetic principle obtained from pancreas. It is accurately assayed, uniformly potent, carefully purified, highly stable, and remarkably free from pigmentary impurities and proteinous reaction-producing substances. Insulin Squibb of the usual strengths is supplied in 10-cc. vials.

PROTAMINE ZINC INSULIN *Squibb*—Insulin Squibb to which protamine and zinc have been added. The product is carefully assayed and conforms to the specifications of the Insulin Committee, University of Toronto.

Protamine Zinc Insulin *Squibb*, 40 units per cc., is available in 10-cc. vials.

E·R·SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

"You're my third doctor who's switched to Cutter's Gonadin this week."
"Now that the price has dropped, more of my patients can afford it. There's never been any question about Gonadin being the most potent gonadotropic hormone."

GONADIN-CUTTER *WILL* RETURN TO NORMAL FUNCTION OVARIES AND TESTES THAT ARE CAPABLE OF STIMULATION

MANY CASES of sterility and menstrual disorders in the female, and sterility in the male, are due to insufficient pituitary stimulation. Endometrial biopsies, vaginal smears and sperm counts can give definite indications of such deficiency.

Used where indicated, Gonadin—the gonadotropic hormone from pregnant mares' serum—will produce results which cannot be expected from the urinary gonadotropic hormone.

Gonadin is prepared in solution, ready for injection. Like all other protein derivatives in solution, Gonadin slowly loses potency at a measureable rate. Sufficient excess unitage is added to insure full labeled strength at expiration date—at which time it may be exchanged, thus insuring a constant supply of *fresh* material. Gonadin is packaged in 600-unit cartons, each containing three 200 *Cole-Saunders* unit vials—which may be given in three 200-unit doses or six 100-unit doses.

CUTTER Laboratories BERKELEY · CHICAGO · NEW YORK

Manufacturers of fine biologicals and pharmaceutical specialties since 1897

NEXT ANNUAL SESSIONS
American Medical Association, New York, June 10–14, 1940
California Medical Association, Del Monte

CALIFORNIA
AND
WESTERN MEDICINE

JUN 21 1940
LIBRARY

Official Journal of the California Medical Association
FOUR FIFTY SUTTER, ROOM 2004, SAN FRANCISCO

VOLUME 52
NUMBER 6

JUNE · 1940

50 CENTS A COPY
$5.00 A YEAR

CONTENTS AND SUBJECT INDEX

EDITORIALS:

Coronado Annual Session of May 6–9, 1940 ... 249
1939 Report of the Board of Medical Examiners of the State of California ... 250
Medical Education in the United States ... 251
New Narcotic Regulations ... 252
On Various Topics ... 252

EDITORIAL COMMENT:

The Use of Electrical Cautery in Office Practice of Gynecology. By Abraham Bernstein, San Francisco ... 253

ORIGINAL ARTICLES:

Frontiers of Medicine Still Lie Ahead. By Charles A. Dukes, Oakland ... 254
Endocrinology: A Critical Appraisal. Part I. By Edward H. Rynearson, Rochester, Minnesota ... 257

MINUTES: HOUSE OF DELEGATES —ANNUAL SESSION, 1940:

First Meeting: Monday, May 6, 1940 ... 260
Organization ... 260
Council Report: Revisions ... 260
Resolutions:
  R. 33—Needy Members ... 261
  R. 32—By-Laws Amendment—Life Membership ... 261
  R. 34—Amendment to Constitution—Election of District Councilors ... 262
Reports of Officers and Committees ... 263
Unfinished Business: Constitutional Amendment ... 264
  Amendments to By-Laws ... 264
Resolutions:
  R. 1 (Shoemaker)—Headquarters Office ... 265
  R. 2 (Shepard)—Legislation—Hospitalization ... 265
  Proposed Amendments to Constitution (Cline) ... 266
  R. 3 (Cline)—Amendment to By-Laws ... 266
  R. 4 (Cline)—Amendment to By-Laws ... 267
  R. 5 (Cline)—Amendment to By-Laws ... 267
  R. 6 (Cline)—Secretarial Office ... 267
  R. 7 (Ayres)—Medical Care to Citizens on Relief ... 267
  R. 8 (Bear)—Secretarial and Editorial Management ... 268
  R. 9 (Lee)—Medical Care of Students ... 268
  R. 10 (Askey)—Committee on Public Health Education ... 268
  R. 11 (McClendon)—Basic Science Law ... 268
  R. 12 (Azevedo)—Observance of Constitutional Provisions ... 268
  R. 13 (Anderson)—Publications Committee ... 269
  R. 14 (Wiley)—Expert Testimony ... 269
  R. 15 (Wiley)—Malpractice Suits ... 269
  R. 16 (Wiley)—Public Health League ... 269
  R. 17 (Cooper)—Committee on Publications ... 270
  R. 18 (Barnard)—Change in Name of Section ... 270
  R. 19 (Compton)—Amendment to By-Laws—Transfer of Residence ... 270
  R. 20 (Compton)—Residence Requirement—By Transfer ... 270
  R. 21 (Compton)—Amendment to By-Laws ... 270
  R. 22 (Compton)—California Physicians' Service; Acquisition Policies ... 270
  R. 23 (Bullock)—Pound Legislation ... 271
  R. 24 (Bullock)—Legislation; Traffic Law Exemptions to Physicians ... 271
  R. 25 (Varden)—By-Laws Amendment—Past President ... 271
  Constitutional Amendment (Ruddock)—California Medical Association Delegates ... 272
  Constitutional Amendment (Ruddock)—Eligibility to Office ... 272
  R. 26 (Quaintance)—Public Health Education ... 272
  R. 27 (Ruth)—Continuance of Committee and Department of Public Relations ... 272
  R. 28 (Ghrist)—Postgraduate Activities ... 272
  R. 29 (Gernand)—A. M. A. Section on Anesthesiology ... 273
  R. 30 (Josephson)—Fees in County Hospitals ... 273
  R. 31 (Carr)—County Society: Disciplinary Action ... 273
Second Meeting: Wednesday Afternoon, May 8, 1940 ... 273
Annual Session in 1941: At Del Monte ... 273
Election of Officers:
  President-Elect: Henry S. Rogers of Petaluma ... 274
  Speaker of the House: Lowell S. Goin of Los Angeles ... 274
  Vice-Speaker of the House: E. Vincent Askey of Los Angeles ... 274
  Councilors ... 275
Standing Committee Appointments ... 276
A. M. A. Delegates and Alternates ... 277
Recess: Evening Meeting, Wednesday, May 8, 1940 ... 278
  Report of Reference Committee No. 1 (Committee on Reports of Officers and Standing Committees) ... 278
  Report of Reference Committee No. 2 (Committee on Reports of the Council and Secretary-Treasurer) ... 280
  Report of Reference Committee No. 3 (Committee on Amendments to the Constitution and By-Laws, Resolutions, New and Miscellaneous Business) ... 281

MINUTES OF THE COUNCIL:

Minutes of the Council Meeting, May 5, 1940 ... 297
Minutes of the Council Meeting, May 6, 1940 ... 299
Minutes of the Council Meeting, May 7, 1940 ... 300
Minutes of the Council Meeting, May 8, 1940 ... 301
Minutes of the Council Meeting, May 9, 1940 ... 301
County Societies ... 302
Woman's Auxiliary ... 305

MISCELLANY:

News ... 307
Letters ... 310
Twenty-Five Years Ago ... 312
Board of Medical Examiners of the State of California ... 312
California Medical Directories ... Adv. pages 2, 4, 6
Book Reviews ... Adv. page 15

ADVERTISEMENTS: (Index)

... Adv. page 8

Owned and Published Monthly by the California Medical Association
Copyright, 1940, by the California Medical Association
"Entered as second-class matter at the post office at San Francisco, under the Act of March 3, 1879." Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 10, 1918.

GREENS' EYE HOSPITAL

Completely equipped for the surgical and medical care of all cases pertaining to ophthalmology and otolaryngology.

Staff

OPHTHALMOLOGY

AARON S. GREEN, M. D.
MARTIN I. GREEN, M. D.
EINAR V. BLAK, M. D.
VINKO V. SUGLIAN, M. D.
DAVID KADESKY, M. D.
WILLIAM R. JEPSON, M. D.

•

OTOLARYNGOLOGY

JOHN H. CHILDREY, M. D.
ERNST WOLFES, M. D.

ADDRESS ALL COMMUNICATIONS TO THE SUPERINTENDENT

BUSH STREET AT OCTAVIA • SAN FRANCISCO • TELEPHONE WEst 4300

FRENCH HOSPITAL •

Geary Boulevard and Fifth Avenue
SAN FRANCISCO, CALIFORNIA

HENRY J. BAZERQUE, *President*
LAURENT LALANNE, *Secretary*
V. LABRUCHERIE, *Superintendent*
GRACE GREY, R.N., *Superintendent of Nurses*
A. H. McNULTY, M.D., *Chairman of the Staff*
COLEMAN A. BLOCK, M.D., *Secretary of Staff*
W. L. ROGERS, M.D., *Chief of Staff*

A general hospital of 225 beds operating an accredited school of nursing, admitting all classes of patients except those suffering from mental diseases. Organized in 1851 and is operated by the French Mutual Benevolent Society, through a Board of Directors, a chief executive officer and staff. Accredited for intern training by the American Medical Association and approved by the American College of Surgeons.

MEDICAL STAFF

Medicine

AIME N. FREGEAU, M.D.
FRANCIS ROCHEX, M.D.
JOSEPH H. D. ROGER, M.D.
ALEX THIBODEAU, M.D.
E. S. KILGORE, M.D., Consultant in General Medicine
HAROLD HAND, M.D., Consultant in Gastro-Enterology
THOMAS G. INMAN, M.D., Consultant in Neuropsychiatry
MELVIN R. SOMERS, M.D., Associate Consultant in Neuropsychiatry
JAY JACOBS, M.D., Dermatologist
CABOT BROWN, M.D., Consultant in Lung Diseases

Surgery

ASA W. COLLINS, M.D., F.A.C.S., Chief-Emeritus
H. M. GILFILLAN, M.D.
W. L. ROGERS, M.D.
E. B. TOWNE, M.D., Consultant in Neurological Surgery
EDMUND J. MORRISSEY, M.D., Consultant in Neurological Surgery
FRANK W. LUSIGNAN, M.D., Consultant in Neurological Surgery
FREDERICK A. FENDER, M.D., Consultant in Neurological Surgery
GEORGE WARREN PIERCE, M.D., Consultant in Plastic Surgery

Radiology

LLOYD B. CROW, M.D., Director

Urology

A. H. McNULTY, M.D.
ALVIN E. CERF, M.D.
AUGUST SPITALNY, M.D.
OSCAR F. NOLAN, M.D., Consultant
WILLIAM A. SUMNER, M.D., Consultant

Pathology

DAVID A. WOOD, M.D., Director

Pediatrics

BRADFORD F. DEARING, M.D.
M. STALLINGS, M.D., Pediatrics, Allergy

Anesthesia

HERMAN MARCUS, M.D., Chief
O. K. ALLEN, M.D.

House Visiting Department

COLEMAN A. BLOCK, M.D.
LOUIS D. RONCOVIERI, M. D.

Orthopedics

FRANK A. LOWE, M.D.
LEON O. PARKER, M.D.

Ophthalmology and Otolaryngology

E. C. FABRE-RAJOTTE, M.D., Chief
VICTOR d'ERCOLE, M.D., Associate
C. B. COWAN, M.D., Associate

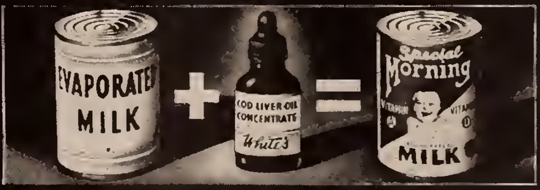
Obstetrics and Gynecology

CHESTER L. COOLEY, M.D.
M. A. FRANCOZ, M.D.
ELLIS D. HARMON, M.D.
HANS VON GELDERN, M.D., Consultant

Nature has made available in the Liver of the Cod a convenient source of Vitamins A and D

From this SAME NATURAL SOURCE is obtained the Vitamins A and D which are added to Special Morning Milk.

2000 U.S.P. Units Vitamin A
400 U.S.P. Units Vitamin D
Added to each tall (13 fl. oz.) can



SPECIAL MORNING MILK IS NOT ADVERTISED TO THE LAITY

Officers of the California Medical Association

General Officers

President—Harry H. Wilson, 1919 Wilshire Boulevard, Los Angeles.

President-Elect—Henry S. Rogers, 200 Fourth Street, Petaluma.

Speaker of House of Delegates—Lowell S. Goin, 414 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

Vice-Speaker of House of Delegates—E. Vincent Askey, 2212 West Third Street, Los Angeles.

Chairman of Council—Philip K. Gilman, 2000 Van Ness Avenue, San Francisco.

Vice-Chairman—Harry H. Wilson, 1919 Wilshire Boulevard, Los Angeles.

Chairman of Executive Committee—Philip K. Gilman, 2000 Van Ness Avenue, San Francisco.

Chairman of the Committee on Public Relations—Donald Cass, 5300 Hollywood Boulevard, Los Angeles.

Past-President—Charles A. Dukes, 601 Wakefield Building, 426 Seventeenth Street, Oakland.

Secretary-Treasurer—George H. Kress, 450 Sutter Street, Room 2004, San Francisco. Telephone DOuglas 0062.

Editor—George H. Kress, 450 Sutter Street, Room 2004, San Francisco.

General Counsel—Hartley F. Peart, Room 1800, 111 Sutter Street, San Francisco.

Associate General Counsel—Hubert T. Morrow, Van Nuys Building, 210 West Seventh Street, Los Angeles.

Councilors

(In addition to the elected district and at-large Councilors, the Council has as ex officio members, the general officers and the Chairman of the Committee on Public Relations. Chairman of Council, Karl L. Schaupp; Secretary, George H. Kress.)

District Councilors

First District—Imperial, Orange, Riverside, San Bernardino and San Diego Counties, Calvert L. Emmons (1941), 206 Emmons Building, Ontario.

Second District—Los Angeles, Inyo and Mono Counties, George D. Maner (1942), 657 South Westlake Avenue, Los Angeles.

Third District—Kern, San Luis Obispo, Santa Barbara and Ventura Counties, Louis A. Packard (1943), 563 Haberfelde Building, Bakersfield.

Fourth District—Calaveras, Fresno, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare and Tuolumne Counties, Axcel E. Anderson (1941), Medical Group Building, 1759 Fulton Street, Fresno.

Fifth District—Monterey, San Benito, San Mateo, Santa Clara and Santa Cruz Counties, R. Stanley Kneeshaw (1942), 404 Medico-Dental Building, 241 E. Santa Clara Street, San Jose.

Sixth District—San Francisco County, John W. Cline (1943), 1020 Medico-Dental Building, 490 Post Street, San Francisco.

Seventh District—Alameda and Contra Costa Counties, Oliver D. Hamlin (1941), 389 Thirtieth Street, Oakland.

Eighth District—Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Sutter, Tehama, Yolo and Yuba Counties, Frank A. MacDonald (1942), 822 Medico-Dental Building, 1127 Eleventh Street, Sacramento.

Ninth District—Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma and Trinity Counties, John W. Green (1943), Box 539, Vallejo.

Councilors-at-Large

C. O. Tanner (1942), 3255 Fourth Street, San Diego.

Edward B. Dewey (1943), Professional Building, 65 No. Madison Avenue, Pasadena.

Philip K. Gilman (1941), 2000 Van Ness Avenue, San Francisco.

E. Earl Moody (1941), 829 South Alvarado Street, Los Angeles.

Elbridge J. Best (1942), 384 Post Street, San Francisco.

Dewey R. Powell (1943), Room 501, 242 No. Sutter Street, Stockton.

Standing Committees

Executive Committee

The President, the President-elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Chairman of the Committee on Public Relations, the Past President, the Secretary-Treasurer, and the Editor. (Philip K. Gilman, chairman; George H. Kress, secretary.)

Auditing Committee

John W. Cline (Chairman)	San Francisco	1941
Elbridge J. Best	San Francisco	1941
Charles A. Dukes	Oakland	1941

Members of the Auditing Committee are appointed each year by the Chairman of the Council.

Committee on Associated Societies and Technical Groups

Edwin L. Bruck	San Francisco	1941
Willard H. Newman	San Diego	1942
John V. Barrow (Chairman)	Los Angeles	1943

Committee on Health and Public Instruction

Roy E. Thomas (Chairman)	Los Angeles	1941
William Dock	San Francisco	1942
J. C. Geiger	San Francisco	1943

Committee on History and Obituaries

Frank R. Makinson (Chairman)	Oakland	1941
J. Marion Read	San Francisco	1942
Hyman Miller	Los Angeles	1943

Secretary ex officio
Editor ex officio

Committee on Hospitals, Dispensaries and Clinics

George I. Dawson	Napa	1941
J. Norman O'Neill (Chairman)	Los Angeles	1942
Benjamin W. Black	Oakland	1943

Committee on Industrial Practice

Morton R. Gibbons	San Francisco	1941
Donald Cass (Chairman)	Los Angeles	1942
George H. Sanderson	Stockton	1943

Committee on Medical Defense

George G. Reinle (Chairman)	Oakland	1941
William J. Van Den Berg	Sacramento	1942
Lewis T. Bullock	Los Angeles	1943

Committee on Medical Economics

John H. Graves (Chairman)	San Francisco	1941
L. W. Hines	Santa Rosa	1942
Edward C. Pallette	Los Angeles	1943

Committee on Medical Education and Medical Institutions

B. O. Raulston	Los Angeles	1941
L. R. Chandler (Chairman)	San Francisco	1942
Fred H. Kruse	San Francisco	1943

Committee on Membership and Organization

George D. Maner (Chairman)	Los Angeles	1941
Dewey R. Powell	Stockton	1942
A. J. Cooper	San Diego	1943

Committee on Postgraduate Activities

F. E. Clough	San Bernardino	1941
H. E. Henderson	Santa Barbara	1942
Dwight L. Wilbur (Chairman)	San Francisco	1943

Secretary ex officio

Committee on Publications

A. A. Alexander	Oakland	1941
Francis E. Toomey (Chairman)	San Diego	1942
George W. Walker	Fresno	1943

Secretary ex officio
Editor ex officio

Committee on Public Policy and Legislation

Junius B. Harris (Chairman)	Sacramento	1941
T. Henshaw Kelly	San Francisco	1942
E. T. Remmen	Glendale	1943

President ex officio
President-Elect ex officio

Committee on Scientific Work

J. Homer Woolsey	Woodland	1941
Howard F. West	Los Angeles	1942
Lemuel P. Adams	Oakland	1943

Secretary of Section on General Medicine ex officio
Secretary of Section on General Surgery ex officio
George H. Kress, Secretary of California Medical Association, (Chairman) ex officio

Committee on Public Relations

The Committee on Public Relations consists of the chairmen of the following standing committees and of certain general officers of the Association, all serving ex officio. The chairman of the committee is Donald Cass, the secretary is George H. Kress. The chairman of the Committee on Public Relations is ex officio a member of the Council.

Roy E. Thomas	Chair., Com. on Health and Public Instruction
J. Norman O'Neill	Chair., Com. on Hospitals, Dispensaries, Clinics
Donald Cass	Chair., Com. on Industrial Practice
George G. Reinle	Chair., Com. on Medical Defense
George D. Maner	Chair., Com. on Membership and Organization
John H. Graves	Chair., Com. on Medical Economics
Junius B. Harris	Chair., Com. on Public Policy and Legislation
Charles A. Dukes	Chair., Cancer Commission
Dwight L. Wilbur	Chair., Com. on Postgraduate Activities
Harry H. Wilson	President of California Medical Association
Henry S. Rogers	President-elect
George H. Kress	Secretary-Treasurer

Communications for the Public Relations Department should be addressed to the Director, George H. Kress, M. D., Room 2004, 450 Sutter Street, San Francisco.

Cancer Commission

Orville N. Meland (Sec. for Southern Section)	Los Angeles	1941
A. Herman Zeiler	Los Angeles	1941
Gertrude Moore	Oakland	1941
Clarence J. Berne	Los Angeles	1942
Alson R. Kilgore	San Francisco	1942
Henry J. Ullmann	Santa Barbara	1942
Charles A. Dukes (Chairman)	Oakland	1943
Lyell C. Kinney (Vice-Chairman)	San Diego	1943
Otto H. Pflueger (Secretary)	San Francisco	1943

Communications for the Cancer Commission should be addressed to the Secretary, Otto H. Pflueger, M. D., Room 2004, 450 Sutter Street, San Francisco.

(Roster lists of officers of scientific sections, component county societies, Woman's Auxiliary, A. M. A. delegates, special committees, etc., are continued on advertising pages 4 and 6.)

Decholin
REG. U. S. PAT. OFF.

A True Choleretic
●
A Single Chemical Entity
●
Virtually Nontoxic

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

in CHOLANGITIS
is described in the New Third Edition of
"BILIARY TRACT DISTURBANCES"

The new, third edition of the brochure "Biliary Tract Disturbances" is based on more than 200 recently published reports and presents a concise but comprehensive review of the newer developments in the field of biliary tract disease. If you have not received your copy as yet, please write for it today.

Decholin (dehydrocholic acid) for oral use and Decholin sodium for intravenous administration are the only chemically pure bile acid derivatives accepted by the Council on Pharmacy and Chemistry. In non-calculous cholangitis, Decholin, through increasing the secretion of bile by the liver cells, promotes drainage of accumulated pus from the biliary tree, and reduces absorption of toxic end products of infection, thus producing objective as well as subjective improvement. Decholin is contraindicated in mechanical obstruction of the common and hepatic bile ducts.

Riedel-de Haen, Inc.
105 Hudson Street New York, N. Y.

California Physicians' Service

Headquarters Office of California Physicians' Service is located at 333 Pine Street, San Francisco. Los Angeles Office address: 1151 South Broadway.

Board of Trustees

Dr. Ray Lyman Wilbur............President
C. Kelly Canelo, M. D............Vice-President
Alson R. Kilgore, M. D............Secretary-Treasurer
T. Henshaw Kelly, M. D............Assistant Secretary-Treasurer
Samuel Ayres, Jr., M. D.
Glenn Myers, M. D.
Rt. Rev. Thomas J. O'Dwyer
Dewey R. Powell, M. D.

Administrative Members

A. E. Anderson, M. D.
Samuel Ayres, Jr., M. D.
William L. Bender, M. D.
E. Manchester Boddy
Lewis P. Bolander, M. D.
James B. Bullitt, M. D.
Rev. Ernest Caldecott
C. Kelly Canelo, M. D.
John S. Chain, M. D.
Clinton D. Collins, M. D.
C. Glenn Curtis, M. D.
L. P. Davlin, M. D.
J. F. Doughty, M. D.
N. T. Enloe, M. D.
Carl R. Erickson
Harry G. Ford, M. D.
John Anson Ford
Hugh F. Freidell, M. D.
Wm. Gibbs, M. D.
P. A. Gray, M. D.
John W. Green, M. D.
Carlos G. Hilliard, M. D.
Greg Hoskins, M. D.
Carl R. Howson, M. D.
George D. Huff, M. D.
Louis E. Jones, M. D.
T. Henshaw Kelly, M. D.
Alson R. Kilgore, M. D.
Lyell C. Kinney, M. D.
Dr. Tully C. Knoles
Daniel Koshland
John Lawler
George S. Martin, M. D.
Mrs. A. C. Mattei
J. B. McCarthy, M. D.
S. J. McClendon, M. D.
W. B. McKnight, M. D.
Carl Moore, M. D.
Wm. H. Moore, M. D.
Glenn Myers, M. D.
Rt. Rev. Thomas J. O'Dwyer
Wendall G. Olson, M. D.
Alfred L. Phillips, M. D.
Dewey R. Powell, M. D.
Dexter N. Richards, M. D.
J. G. Roberts, M. D.
Henry S. Rogers, M. D.
John C. Ruddock, M. D.
Frederick N. Scatena, M. D.
Dwight C. Sigworth, M. D.
Ernest Sloman, D. D. S.
John J. Smith, M. D.
W. K. Templeton, M. D.
Donald E. Thompson, M. D.
B. L. Trelstad, M. D.
Dr. Ray Lyman Wilbur
J. S. Woolford, M. D.
John H. Woolsey, M. D.

California Packet Library Services

In connection with postgraduate and other studies, the packet library facilities of the larger medical libraries of California may be mentioned. Letters regarding literature, etc., may be addressed to the librarians of the following institutions:

(Continued on Page 5)

ISOPHRIN
TRADE MARK REG. CALIF.

A non-irritating Solution used as a nasal spray or drops

ISOPHRIN is ¼% levo-meta-methylamino-ethanolphenol hydrochloride, $C_9H_{13}O_2N.HCl$ in a special isotonic solution prepared only by Broemmel's.

A synthetic substance of epinephrine-like action, but possesses the advantage that it is more stable, its effects are prolonged and it does not irritate the nasal mucosa or cause sneezing.

Prolonged contact with certain metals may cause discoloration, therefore use spray bottles with only glass or hard rubber fittings.

Supplied in original bottles of 1 oz.

●

BROEMMEL'S PHARMACEUTICALS
FITZHUGH BUILDING, SAN FRANCISCO, CAL.
GArfield 4417 GArfield 4418

ROSTER OF COUNTY MEDICAL SOCIETIES, CALIFORNIA MEDICAL ASSOCIATION

(County society secretaries are requested to promptly notify "California and Western Medicine" when changes are indicated in their roster information.)

Alameda County Medical Association

2404 Broadway, Oakland

President, A. A. Alexander, 1904 Franklin Street, Oakland.
Secretary, Gertrude Moore, 2404 Broadway, Oakland.
Meeting, *Third Monday, 8:15 p. m., Hunter Hall, Oakland.*

Butte County Medical Society

President, William W. Carey, 103 Hazel Street, Gridley.
Secretary, J. O. Chiapella, 131 Broadway, Chico.
Meeting, *Second Thursday.*

Contra Costa County Medical Society

President, Kaho Daily, 314 Tenth Street, Richmond.
Secretary, Clifford E. Dietderich, 1306 Pomona Avenue, Crockett.
Meeting, *Second Tuesday, 8:00 p. m.*

Fresno County Medical Society

President, Ray R. Dearborn, First National Bank Building, Madera.
Secretary, J. E. Young, 405 Rowell Building, Fresno.
Meeting, *First Tuesday, University-Sequoia Club, Fresno.*

Humboldt County Medical Society

President, John N. Chain, Fourth and E Streets, Eureka.
Secretary, Joseph S. Woolford, 350 E Street, Eureka.
Meeting, *First Thursday.*

Imperial County Medical Society

President, William A. Clarke, Holtville.
Secretary, Claude F. Peters, 722 Main Street, Brawley.
Meeting, *Third Tuesday, 7:00 p. m., Barbara Worth Hotel, El Centro.*

Inyo-Mono County Medical Society

President, Lloyd S. Bambauer, 705 Home Street, Bishop.
Secretary, Clarence L. Scott, 609 Elm Street, Bishop.
Meeting, *Fourth Wednesday, Methodist Church, Bishop, except December, January, February.*

Kern County Medical Society

President, C. S. Compton, 428 C Street, Bakersfield.
Secretary, Eric F. Colhy, Hopkins Building, Bakersfield.
Meeting, *Third Thursday, 8:00 p. m.*

Kings County Medical Society

President, P. K. Edmunds, Corcoran.
Secretary, William A. Johnstone, Hanford.
Meeting, *Second Monday, 8:00 p. m., Legion Hall, Hanford.*

Lassen-Plumas-Modoc County Medical Society

President, W. B. McKnight, Portola.
Secretary, Bernard S. Holm, Quincy.
Meeting, *On Call.*

Los Angeles County Medical Association

1925 Wilshire Boulevard, Los Angeles

President, Roy E. Thomas, 1136 W. Sixth Street, Los Angeles.
Secretary, L. A. Alesen, 1925 Wilshire Boulevard, Los Angeles.
Meetings, *First and Third Thursdays, 1925 Wilshire Boulevard, Los Angeles.*

Marin County Medical Society

President, Harry N. Hensler, Home Market Building, San Anselmo.
Secretary, Carl W. Clark, 510 B Street, San Rafael.
Meeting, *Fourth Thursday, 7:00 p. m., Marin Golf and Country Club.*

Mendocino-Lake County Medical Society

President, Dallas L. Wagner, 615 Main Street, Fort Bragg.
Secretary, Royal Scudder, Fort Bragg.
Meeting, *On Call.*

Merced County Medical Society

President, William E. Fountain, 557 Seventeenth Street, Merced.
Secretary, James A. Parker, Bank of America Building, Merced.
Meeting, *Third Thursday, Hotel Tioga, Merced.*

Monterey County Medical Society

President, Mast Wolfson, 215 Franklin Street, Monterey.
Secretary, Arnold Manor, 215 Franklin Street, Monterey.
Meeting, *First Thursday.*

Napa County Medical Society

President, Frank X. McGreane, Silverado Sanatorium, Calistoga.
Secretary, M. M. Booth, Bruck Building, St. Helena.
Meeting, *First Wednesday.*

Orange County Medical Society

President, John A. Wood, 605 No. Los Angeles Street, Anaheim.
Secretary, Glenn Curtis, 323 North Pomona Street, Brea.
Meeting, *First Tuesday, 8:00 p. m., Chapel of the Orange County Hospital, Orange.*

Placer County Medical Society

President, William M. Miller, Auburn.
Secretary, Robert A. Peers, Colfax.
Meeting, *At Call of President.*

Riverside County Medical Society

President, Thomas A. Card, 3616 Main Street, Riverside.
Secretary, W. Philip Corr, 3616 Main Street, Riverside.
Meeting, *Second Monday, 8:00 p. m., Library, Riverside Community Hospital.*

Sacramento Society for Medical Improvement

President, Norris R. Jones, M. D., 1127 Eleventh Street, Sacramento.
Secretary, Glenn E. Millar, 321 Physicians Building, Sacramento.
Meeting, *Third Tuesday, 8:30 p. m., Auditorium, Sacramento.*

San Benito County Medical Society

President, J. M. O'Donnell, Hollister.
Secretary, L. E. Smith, Hollister.
Meeting, *At Call of President.*

San Bernardino County Medical Society

President, Walter S. Cherry, Rialto.
Secretary, A. E. Varden, Medico-Dental Building, San Bernardino.
Meeting, *First Tuesday, 8:00 p. m., San Bernardino County Charity Hospital.*

San Diego County Medical Society

1410 Medico-Dental Building, 233 A Street, San Diego

President, Joseph Weinberger, Medico-Dental Building, 233 A Street, San Diego.
Secretary, C. V. Bernardini, 1410 Medico-Dental Building, 233 A Street, San Diego.
Meeting, *Second Tuesday, University Club.*

San Francisco County Medical Society

2180 Washington Street, San Francisco

President, William Reilly, 490 Post Street, San Francisco.
Secretary, L. Henry Garland, 2180 Washington Street, San Francisco.
Meetings, *Every Tuesday, 8:15 p. m., 2180 Washington Street, San Francisco.*

San Joaquin County Medical Society

President, Hugh J. Bolinger, Farmers and Merchants Bank Building, Lodi.
Secretary, George H. Rohrbacher, 1005 Medico-Dental Building, Stockton.
Meetings, *First Thursday, 8:15 p. m., Medico-Dental Club Rooms, Stockton.*

San Luis Obispo County Medical Society

President, F. W. Yocom, 732 Thirteenth Street, Paso Rohles.
Secretary, E. M. Bingham, County Health Department, San Luis Obispo.
Meeting, *Third Saturday, 6:30 p. m., Gold Dragon Cafe, San Luis Obispo.*

(Roster lists continued on advertising page 6)

San Mateo County Medical Society

President, Carl D. Benninghoven, Mills Memorial Hospital, San Mateo.
Secretary, Robert F. Monteith, 18 California Street, Redwood City.
Meeting, *Fourth Wednesday, Benjamin Franklin Hotel, San Mateo.*

Santa Barbara County Medical Society

President, Henry J. Profant, 1421 State Street, Santa Barhara.
Secretary, D. H. McNamara, 317 W. Pueblo Street, Santa Barbara.
Meeting, *Second Monday, Cottage Hospital.*

Santa Clara County Medical Society

President, Merlin T.-R. Maynard, 241 East Santa Clara Street, San Jose.
Secretary, Leslie B. Magoon, 652 East Santa Clara Street, San Jose.
Meeting, *Third Wednesday, 8:00 p. m., Medico-Dental Building, San Jose.*

Santa Cruz County Medical Society

President, A. F. Giherson, Watsonville.
Secretary, Samuel B. Randall, 84 Walnut Avenue, Santa Cruz.
Meeting, *First Tuesday of each month (except June, July and August), 7:30 p. m., Club Rio del Mar, Aptos.*

Shasta County Medical Society

President, Clarence C. Gerrard, Redding.
Secretary, Bertram L. Trelstad, 1536 Market Street, Redding.
Meeting, *Second Monday.*

Siskiyou County Medical Society

President, Charles Pius, Yreka.
Secretary, Victor W. Hart, 113 No. Oregon Street, Yreka.
Meeting, *Sunday on call.*

Solano County Medical Society

President, H. Randall Madeley, 727 Sonoma Street, Vallejo.
Secretary, John W. Green, Box 539, Vallejo.
Meeting, *Second Tuesday, 8:00 p. m., Casa de Vallejo Hotel, Vallejo.*

Sonoma County Medical Society

President, S. Z. Peoples, 159 Kentucky Street, Petaluma.
Secretary, T. E. Albers, 600 B Street, Santa Rosa.
Meeting, *Second Thursday.*

Stanislaus County Medical Society

President, Richard D. Husband, P. O. Box 709, Modesto.
Secretary, Hoyt R. Gant, 403 Beaty Building, Modesto.
Meeting, *Second Friday, 7:30 p. m., Hotel Hughson.*

Tehama County Medical Society

President, H. H. Beck, Corning.
Secretary, F. J. Bailey, Red Bluff.
Meeting, *At Call of President.*

Tulare County Medical Society

President, Ray E. Cronemiller, 160 South E Street, Exeter.
Secretary, Forrest G. Powell, 222 W. Willow Street, Visalia.
Meeting, *Sunday Evening once a month.*

Ventura County Medical Society

President, Harry E. Barker, 1484 East Main Street, Ventura.
Secretary, A. A. Morrison, 625 Main Street, Santa Paula.
Meeting, *Second Tuesday, Ventura County Country Club.*

Yolo-Colusa-Glenn County Medical Society

President, Charles F. Keith, Williams.
Secretary, W. J. Blevins, Jr., Woodland.
Meeting, *First Tuesday.*

Yuba-Sutter County Medical Society

President, Ben F. Miller, Yuba City.
Secretary, Leon M. Swift, I. O. O. F. Building, Marysville.
Meeting, *First Tuesday.*

LIVERMORE SANITARIUM

- The Hydropathic Department devoted to the treatment of general diseases excluding surgical and acute infectious cases. Special attention given functional and organic nervous diseases. A well equipped clinical laboratory and modern X-ray Department are in use for diagnosis.
- The Cottage Department (for mental patients) has its own facilities for hydropathic and other treatments. It consists of small cottages with homelike surroundings, permitting the segregation of patients in accordance with the type of psychosis. Also bungalows for individual patients, offering the highest class of accommodation with privacy and comfort.

GENERAL FEATURES

1. Climatic advantages not excelled in United States. Beautiful grounds and attractive surrounding country.
2. Indoor and outdoor gymnastics under the charge of an athletic director. An excellent Occupational Department.
3. A resident medical staff. A large and well trained nursing staff so that each patient is given careful individual attention.

Information and circulars upon request

Address: CLIFFORD W. MACK, M. D.
Medical Director
LIVERMORE, CALIFORNIA
Telephone 313

CITY OFFICES:

SAN FRANCISCO
450 Sutter Street
DOuglas 3824

OAKLAND
1624 Franklin Street
GLencourt 5989

(Continued from Page 3)

University of California Medical Library, Medical Center, San Francisco.

Lane Medical Library (Stanford), 2398 Sacramento Street, San Francisco.

Barlow Medical Library (Los Angeles County Medical Association), 634 South Westlake, Los Angeles.

Nonprofit Hospitalization Corporations

In California, the three nonprofit hospitalization corporations named below are in operation:

Associated Hospital Service of Southern California, 1151 South Broadway, Los Angeles.

Insurance Association of Approved Hospitals, 369 Pine Street, San Francisco; 675 East Santa Clara, San Jose; Easton Building, Oakland.

Intercoast Hospitalization Insurance Association, 1127 "J" Street, Sacramento.

The Effect of Quick Freezing on the Nutritive Values of Foods.—At the request of the Council on Foods of the American Medical Association, Dr. Mary Swartz Rose has prepared a review of available evidence on the nutritive value of quick-frozen foods. Doctor Rose reports that quick freezing is a mode of food preservation which affords the consumer fresh material, free from inedible waste and held in cold storage until delivery. The number of microorganisms in foods is greatly reduced by quick freezing. Extensive studies indicate that there is little danger from foods frozen and held in storage at temperatures below 32 F., but refreezing of products once defrosted is not a safe practice. Vitamin A values in foods are conserved by quick freezing. Vitamin B_1 (thiamin) is not affected by the freezing, but considerable loss may occur in the processes of preparing food for quick freezing such as blanching of vegetables. To conserve vitamin B_1, the blanching time should be as short as is compatible with a product satisfactory in other respects. Little, if any, loss

(Continued on Page 7)

℞

Accuracy
Quality
Reliability

The Owl Drug Co
130 STORES ON THE PACIFIC COAST

OFFICERS OF SCIENTIFIC SECTIONS, CALIFORNIA MEDICAL ASSOCIATION

Request is made that any member who desires to submit papers before an annual session section, write in regard thereto, to respective section secretary, as soon as convenient after the close of an annual session.

Anesthesiology

Chairman, Adena C. Dutton, 2400 Pacific Avenue, San Francisco.
Secretary, Charles F. McCuskey, 1561 Pueblo Drive, Glendale.

Dermatology and Syphilology

Chairman, Nelson Paul Anderson, 2007 Wilshire Boulevard, Los Angeles.
Vice-Chairman, Frederick G. Novy, Jr., 411 Thirtieth Street, Oakland.
Secretary, Julius R. Scholtz, 1930 Wilshire Boulevard, Los Angeles.

Eye, Ear, Nose and Throat

Chairman, Dewey R. Powell, 242 No. Sutter Street, Stockton.
Vice-Chairman, Warren D. Horner, Medico-Dental Bldg., 490 Post St., San Francisco.
Secretary, Harry J. Wiley, 2701 Florence Street, Huntington Park.

General Medicine

Chairman, William H. Barrow, 1400 Medico-Dental Building, San Diego.
Secretary, Russell V. Lee, 300 Hamilton Avenue, Palo Alto.

General Surgery

Chairman, Clarence E. Rees, 2001 Fourth Avenue, San Diego.
Secretary, Frederick S. Foote, 490 Post Street, San Francisco.
Assistant Secretary, Frank J. Breslin, 2007 Wilshire Boulevard, Los Angeles.

Industrial Medicine and Surgery

Chairman, George H. Sanderson, 242 North Sutter Street, Stockton.
Vice-Chairman, John S. Stephens, 1136 W. Sixth Street, Los Angeles.
Secretary, Wilbur J. Cox, 450 Sutter Street, San Francisco.

Neuropsychiatry

Chairman, George S. Johnson, Stanford University Hospital, San Francisco.
Secretary, R. B. Raney, 727 West Seventh Street, Los Angeles.

Obstetrics and Gynecology

Chairman, John N. Ewer, 411 Thirtieth Street, Oakland.
Vice-Chairman, William Benbow Thompson, 1930 Wilshire Boulevard, Los Angeles.
Secretary, C. F. Fluhmann, Stanford University Hospital, San Francisco.

Pathology and Bacteriology

Chairman, Paul H. Guttman, 1127 Eleventh Street, Sacramento.
Secretary, Roy W. Hammack, 657 South Westlake Boulevard, Los Angeles.
Assistant Secretary, John W. Budd, 2131 West Third Street, Los Angeles.

Pediatrics

Chairman, Hartzell H. Ray, 23 Second Avenue, San Mateo.
Secretary, W. W. Belford, 601 Medico-Dental Building, San Diego.
Assistant Secretary, John J. Miller, 2000 Van Ness Avenue, San Francisco.

Radiology

Chairman, Robert R. Newell, Stanford University Hospital, San Francisco.
Secretary, Carl D. Benninghoven, Mills Memorial Hospital, San Mateo.
Assistant Secretary, Ray A. Carter, Los Angeles County General Hospital, Los Angeles.

Urology

Chairman, John A. Dougherty, 3115 Webster Street, Oakland.
Secretary, Lyle G. Craig, 65 North Madison Avenue, Pasadena.

California Medical Association Delegates and Alternates to the American Medical Association

DELEGATES		ALTERNATES
George G. Reinle, Oakland	(1939-1940)	Frank R. Makinson, Oakland
Edward M. Pallette, Sr., Los Angeles	(1939-1940)	William H. Kiger, Los Angeles
Robert A. Peers, Colfax	(1939-1940)	F. F. Gundrum, Sacramento
William R. Molony, Sr., Los Angeles	(1939-1940)	John C. Ruddock, Los Angeles
Elbridge J. Best, San Francisco	(1940-1941)	Robert S. Stone, San Francisco
Lyell C. Kinney, San Diego	(1940-1941)	Bon. O. Adams, Riverside
Lowell S. Goin, Los Angeles	(1940-1941)	Roy E. Thomas, Los Angeles

Special Committees

Committee on Public Health Education

Frank R. Makinson, Chairman	Oakland
Karl L. Schaupp, Secretary	San Francisco
Samuel Ayres, Jr	Los Angeles
Thomas A. Card	Riverside
Lowell S. Goin	Los Angeles
Junius B. Harris	Sacramento
Dewey R. Powell	Stockton
Charles A. Dukes (ex officio)	Oakland

Public Relations Counsel to C. P. H. E.

Mr. Ross Marshall, 408 South Spring Street, Los Angeles (telephone TUcker 2312); and 244 Kearny Street, San Francisco (telephone YUkon 2212).

Committee on Syphilis

Howard Morrow, Chairman	San Francisco
Charles W. Barnett	San Francisco
William H. Goeckerman	Los Angeles

Committee on Life Membership Plan

Robert A. Peers, Chairman	Colfax
A. Bennett Cooke	Los Angeles
G. W. Walker	Fresno

Committee on Needy Members

Axcel E. Anderson, Chairman	Fresno
Elizabeth M. Hohl	Los Angeles
Robert A. Peers	Colfax

Woman's Auxiliary to the California Medical Association

State Auxiliary Officers

President, Mrs. Frederick N. Scatena, 1453 Forty-fifth Street, Sacramento.
President-Elect, Mrs. A. E. Anderson, 1035 Cambridge Street, Fresno.
First Vice-President, Mrs. Harry O. Hund, 1304 Grand Avenue, San Rafael.
Second Vice-President, Mrs. Frank Baxter, 33 Bowling Drive, Oakland.
Recording Secretary, Mrs. G. Wendell Olsen, 219 Buena Vista Drive, Fullerton.
Corresponding Secretary, Mrs. G. A. Spencer, 1915 Twenty-first Street, Sacramento.
Treasurer, Mrs. C. G. Stadfield, 1314 N. Highland Avenue, Los Angeles.

Officers of County Auxiliaries

Alameda County—President, Mrs. George Calvin, 406 Bellevue Avenue, Oakland.
Butte County—President, Mrs. N. T. Enloe, 488 East Third Street, Chico.
Contra Costa County—President, Mrs. Kaho Daily, 2367 Carquinez Avenue, Richmond.
Fresno County—President, Mrs. Kenneth J. Staniford, 437 Olive Avenue, Fresno.
Humboldt County—President, Mrs. John W. Chain, Eureka.
Kern County—President, Mrs. J. J. McCarthy, 2026 C Street, Bakersfield.
Kings County—President, Mrs. C. T. Rosson, Jr., N. Redington Street, Hanford.
Lassen-Plumas-Modoc County—Pres., Mrs. G. R. Fortson, 912 Lassen St., Susanville.
Los Angeles County—President, Mrs. E. Eric Larson, 126 Fremont Place, Los Angeles.
Marin County—President, Mrs. C. A. DeLancey, 1 Culloden Park Road, San Rafael.
Merced County—President, Mrs. C. E. Fitz Gibbon, 650 Twenty-sixth Street, Merced.
Monterey County—President, Mrs. Raymond V. Rukke, 135 Franklin Street, Monterey.
Orange County—President, Mrs. Edward Lee Russell, 1439 Louise Street, Santa Ana.
Riverside County—President, Mrs. W. W. Roblee, 3177 Orange Avenue, Riverside.
Sacramento County—President, Mrs. Norris R. Jones, 2725 Coleman Way, Sacramento.
San Diego County—President, Mrs. William C. Cooke, 2770 Sixth Avenue, San Diego.
San Francisco County—President, Mrs. E. J. Morrissey, 2540 Filbert St., San Francisco.
San Joaquin County—President, Mrs. Hudson Smythe, 1605 N. Hunter St., Stockton.
San Luis Obispo County—Pres., Mrs. G. D. Kelker, 1305 Marsh St., San Luis Obispo.
San Mateo County—President, Mrs. George Sevenman, 225 Catalpa Avenue, San Mateo.
Santa Barbara County—President, Mrs. E. L. Markthaler, 2304 State St., Santa Barbara.
Santa Clara County—President, Mrs. Phillip L. Wise, 199 S. Sixteenth Street, San Jose.
Santa Cruz County—President, Mrs. F. P. Shenk, 450 Escalona Drive, Santa Cruz.
Solano County—President, Mrs. H. Randall Madeley, 711 Georgia Street, Vallejo.
Sonoma County—President, Mrs. E. Dwight Barnett, Proctor Heights, Santa Rosa.
Stanislaus County — President, Mrs. Hans Hartman, 715 Magnolia Avenue, Modesto.
Tulare County—President, Mrs. J. C. McClure, Box 36, Lindsay.
Ventura County — President, Mrs. A. J. Strong, Santa Paula.

Nevada State Medical Association

President, C. W. West, Reno.
President-Elect, H. A. Paradis, Sparks.
Sec.-Treas., Horace J. Brown, Box 698, Reno.

Miscellaneous California Medical Organizations

Department of Public Health of the State of California

San Francisco—State Office Building, McAllister and Larkin streets, UNderhill 8700.

Sacramento—State Office Building, Tenth and L streets, CApital 2800.

Los Angeles—State Office Building, 217 West First Street, MAdison 1281.

President, Howard Morrow, San Francisco.

Director, Walter M. Dickie, State Building, San Francisco.

California Northern District Medical Society

President—John H. White, Chico.

Secretary—J. Homer Woolsey, Woodland Clinic, Woodland.

Board of Medical Examiners of the State of California

San Francisco, Rm. 214, 515 Van Ness Ave.

Los Angeles, 906 State Building.

Sacramento, Business and Professional Bldg., 1020 N Street.

President, William R. Molony, Sr., Los Angeles.

Secretary, C. B. Pinkham, Room 214, 515 Van Ness Avenue, San Francisco.

Southern California Medical Association

President, John C. Ruddock, 1930 Wilshire Boulevard, Los Angeles.

Secretary, John B. Doyle, 501 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

The Public Health League of California

Executive Secretary, Ben H. Read, San Francisco office, 244 Kearny Street, phone SUtter 8470. Los Angeles office, Room 563, 1151 South Broadway, phone PRospect 5711

California State Department of Employment

Headquarters Office: 1025 P Street, Sacramento; telephone Capitol 2800.
Los Angeles Office: 1123 South Hill Street, telephone RIchmond 4181.
San Francisco Office: 154 Sansome Street, telephone EXbrook 5656.
Competent personnel available through these offices. If in need of an office assistant, registered nurse, or office nurse, call the nearest office of the California Department of Employment.

SILVER PICRATE

Wyeth

HAS SHOWN A CONVINCING RECORD* OF EFFECTIVENESS IN ACUTE ANTERIOR URETHRITIS

due to Neisseria gonorrheae • Trichomonas vaginalis
Monilia albicans

Silver Picrate is a crystalline compound of silver in definite chemical combination with picric acid. Dosage form for use in anterior urethritis: Wyeth's Silver Picrate Crystals in an aqueous solution of 0.5 percent.

Supplied at all pharmacies in vials of 2 grams

Complete literature on Silver Picrate as used in genitourinary and gynecological practice will be mailed on request.

*"Treatment of Acute Anterior Urethritis with Silver Picrate," Knight and Shelanski, AMERICAN JOURNAL OF SYPHILIS, GONORRHEA AND VENEREAL DISEASES, Vol. 23, No. 2, pages 201-206, March, 1939.

JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA, PA.

(Continued from Page 5)

of vitamin G (riboflavin) has been observed in the quick-frozen vegetables investigated. Vitamin C (ascorbic acid) in fruits appears to be conserved by quick freezing and storage at low temperatures. Loss of vitamin C in vegetables depends partly on the completeness of the destruction of the ascorbic acid oxidase in the blanching process and partly on the conditions under which the vegetable is allowed to thaw. Loss in thawing can be avoided by cooking without defrosting. Partly on the basis of Doctor Rose's report, the Council has voted to give consideration to quick-frozen vegetables and fruits with a view to inclusion in the list of accepted foods.—*The Journal of the American Medical Association,* p. 1356, April 6. 1940.

Contraindications to Estrogen Therapy.—Malignant growths of the mammary gland and the uterus have been induced in rodents with estrogens by numerous investigators. Some physicians, however, have doubted that the therapeutic administration of estrogens in the human being could result in the development of similar malignant growths. It has been pointed out that, theoretically, tremendous dosages of estrogens might be required to induce human cancer, when calculated according to body weight. No doubt estrogens have been used intensively for relatively too short a time to warrant the conclusion that mere absence of reports from the literature justified a disregard for the possible consequences of estrogenic therapy. Recently two significant reports have appeared which should indicate the possible dangers of administration of estrogens; one reports a case of mammary cancer following prolonged use of estrogens, and the other reports the appearance of carcinoma of the cervix in three patients among forty-three who were treated with estrogens for

(Continued on Page 10)

Doctor:

Good records are Easy to Keep. Our New Financial Record Book, Patient Record Cards, and Case History Sheets *will help make it easy for your patients to pay their bills.* Save yourself Worry by using our System and Record Forms.

IT PAYS TO DEAL WITH A RELIABLE ORGANIZATION

National Professional Bureau, Ltd.
(Established 1928)
Suite 315 450 Sutter Street
TELEPHONE DOUGLAS 4571

ALPHABETICAL LIST OF ADVERTISERS

Members of the California Medical Association can aid their JOURNAL and the firms who advertise therein, by coöperation as indicated in the footnote on this page

PAGE
Acousticon 38
Adams Mineral Springs 36
Alexander Sanatorium, Inc., The 28
Alum Rock Sanatorium 9
American Can Company 17
Arrowhead Springs Hotel and Spa 20
Barry Co., The James H. 39
Baxter, Inc., Don 33
Bolin, M. D., Zera E., Pathological Service 37
Broemmel's Laboratories 3
Butler Building 25
California Sanatorium 34
Calso Water Company 37
Canyon Sanatorium 26
Classified Advertisements 12
Colfax School for the Tuberculous 40
Compton Sanitarium and Las Campanas Hospital 40
Cook County Graduate School of Medicine 9
Crocker First National Bank 25
Cutter Laboratory 4 Cover
Doctors' Business Bureau 26
Frederick Stearns & Co. 13
French Hospital 2 Cover
Greens' Eye Hospital 2 Cover
Hittenberger Co., C. H. 9
Hospital Abulance Service 20
Hospitals and Sanatoriums 10
Ingram Laboratories 11
Jenkel-Davidson Optical Co. 15
King Ambulance Company 35
Lactogen 23
La Loma Feliz 12
Las Encinas Sanitarium 38
Lilly & Co., Inc., Eli 32
Livermore Sanitarium 5
Los Angeles Tumor Institute 40
Luzier's 35
M. & R. Dietetic Laboratories, Inc. 3 Cover
Mead Johnson & Co. 31
Medical Engineering Company 30
Medical Placement Bureau 38
Medical Protective Co., The 20
Morning Milk Co. 1
National Association of Chewing Gum Manufacturers 28
National Professional Bureau, Ltd. 7
Nestle's Milk Products, Inc. 23
New York Polyclinic Medical School and Hospital 9
Noble Placement Agency 12
Officers of the California Medical Association 2, 4, 6
Officers of Miscellaneous Medical Associations 6
Owl Drug Co., The 5
Park Sanitarium 36
Parke, Davis & Co. 19
Petrolagar 29
Physicians' Casualty Association and Physicians' Health Association 22
Postgraduate Instruction 9
Pottenger Sanatorium 35
Richardson Mineral Springs 34
Riedel de Haen, Inc. 3
Riggs Optical Company 16
Saint Francis Hospital 30
Similac 3 Cover
S. M. A. Corporation 21
Soiland, Costolow, and Meland, Doctors 39
Stacey, J. W., Medical Books 15
Stearns & Company, Frederick 13
St. Luke's Hospital 34
St. Mary's Hospital 37
Stuart Oxygen Company 18
Summit Medical Building 15
Twin Pines 10
Upjohn Company, The 27
Vegex 11
Vitamin Food Co. 11
Westinghouse X-Ray Co. 24
Wilson Laboratory, The 14
Wyeth & Brothers, Inc., John 7
Zweegman School for Medical Secretaries 12

COÖPERATE WITH YOUR ADVERTISERS

CALIFORNIA AND WESTERN MEDICINE, the official publication of your Association, is made possible in part by reason of the coöperation of business firms and institutions who use advertising space. Their purpose is to direct attention to their products and services to present and future patrons.

Members and readers are urged to give preference to and to patronize these advertisers. When ordering goods, mention CALIFORNIA AND WESTERN MEDICINE.

This coöperation will please the advertiser, increase advertising income, and enable your Association to increase the value of this JOURNAL to members and readers.

A SERVICE AGENCY—FOR READERS

The JOURNAL of the California State Medical Association and the Coöoperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital, or we will refer your request to the proper department of the A. M. A. for reply.

We invite and urge you to use this Service. It is absolutely *free* to every member of the California Medical Association. The Coöperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in CALIFORNIA AND WESTERN MEDICINE, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This A. M. A. Service Bureau will give you the information. Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to write direct to the Coöperative Medical Advertising Bureau, 535 N. Dearborn Street, Chicago, Illinois. CALIFORNIA AND WESTERN MEDICINE and the A. M. A. Service Bureau desire to serve *you*.

THE NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL
(Organized 1881)
(The Pioneer Post-Graduate Medical Institution in America)

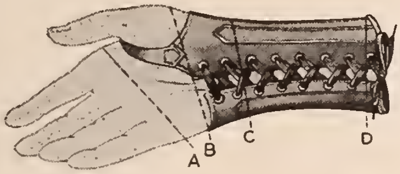
Obstetrics and Gynecology

A full-time course. In Obstetrics: Lectures; prenatal clinics, witnessing normal and operative deliveries; operative obstetrics (manikin). Gynecology: Lectures; touch clinics; witnessing operations; examination of patients, pre-operatively; follow-up in wards post-operatively. Obstetrical and Gynecological pathology. Regional anesthesia (cadaver). Attendance at conferences in Obstetrics and Gynecology. Operative Gynecology on the cadaver.

FOR THE
GENERAL PRACTITIONER

Intensive full-time instruction in those subjects which are of particular interest to the physician in general practice. The course covers all branches of Medicine and Surgery.

For Information Address: MEDICAL EXECUTIVE OFFICER, 345 West 50th Street, New York City



Molded Leather Wristlet . . .

that extends partially on to the hand and has a web thumb strap to hold it in position. Reinforced with small metal stays. To order by mail or phone, take measurements as indicated in the accompanying illustration.

C. H. HITTENBERGER CO.

1117 Market Street 460 Post Street
SAN FRANCISCO
421 - 19th Street » Oakland

Cook County
Graduate School of Medicine
(IN AFFILIATION WITH COOK COUNTY HOSPITAL)
Incorporated not for profit

Announces Continuous Courses

SURGERY—Two Weeks' Intensive Course in Surgical Technique with practice on living tissue every two weeks. General Courses One, Two, Three and Six Months; Clinical Courses; Special Courses.

MEDICINE—Two Weeks' Intensive Course, starting October 7th. Two Weeks' Gastro-Enterology, starting October 21st. One Month Course Electrocardiography and Heart Disease every month. Two Weeks' Intensive Course Electrocardiography and Heart Disease, starting August 5th. Four Weeks' Intensive Course in Cardio-Vascular Renal Diseases, Nervous Diseases, Diseases of Lung Pleura, Pericardium and Gastro-Intestinal Tract, starting August 5th.

FRACTURES AND TRAUMATIC SURGERY—Ten-Day Intensive Course, starting September 23rd. Informal Course every week.

GYNECOLOGY — Two Weeks' Intensive Course, starting October 7th. Four Weeks' Personal Course, starting August 26th.

OBSTETRICS—Two Weeks' Intensive Course, starting October 21st. Informal Course every week.

OTOLARYNGOLOGY — Two Weeks' Intensive Course, starting September 9th. Informal and Personal Courses every week.

OPHTHALMOLOGY—Two Weeks' Intensive Course, statring September 23rd. Informal Course every week.

ROENTGENOLOGY—Special Courses X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

General, Intensive and Special Courses in All Branches of Medicine, Surgery and the Specialties

●

TEACHING FACULTY—ATTENDING STAFF OF COOK COUNTY HOSPITAL
Address—Registrar, 427 So. Honore Street, Chicago, Ill.

ALUM ROCK SANATORIUM
FOR DISEASES OF THE CHEST
SAN JOSE, CALIFORNIA

Telephone
MAYFAIR 321

A small select sanatorium for the treatment of Tuberculosis and other chest diseases.

Each patient receives individual study and care. The referring physician receives regular clinical reports.

Climate is ideal. Located at 1,000 ft. elevation, 6 miles east of San Jose, overlooking the Santa Clara Valley. A folder will be sent on request.

Resident Staff:
Buford H. Wardrip, M.D., San Jose
Supt. and Medical Director

Visiting Staff:
Philip King Brown, M.D., San Francisco
Harold Guyon Trimble, M.D., Oakland
Cabot Brown, M.D., San Francisco
J. Lloyd Eaton, M.D., Oakland

HOSPITALS AND SANATORIUMS

The Institutions here listed have announcements in this issue of CALIFORNIA AND WESTERN MEDICINE. For Index, see advertising page 8.

ALEXANDER SANITARIUM
Nervous and Mental Diseases
Belmont, California

ALUM ROCK SANATORIUM
For Treatment of Diseases of the Chest
San Jose, California

CALIFORNIA SANITARIUM
For Treatment of Tuberculosis
Belmont, California

CANYON SANATORIUM
For Treatment of Tuberculosis
Redwood City, California

COLFAX SCHOOL FOR THE TUBERCULOUS
For the Treatment of Tuberculosis
Colfax, California

COMPTON SANATORIUM AND LAS CAMPANAS HOSPITAL
Neuropsychiatric and General
Compton, California

FRANKLIN HOSPITAL
Limited General Hospital
Fourteenth and Noe Streets, San Francisco

FRENCH HOSPITAL
General Hospital
Geary at Fifth Avenue, San Francisco

GREENS' EYE HOSPITAL
Consultation, Diagnosis and Treatment of Diseases of the Eye
Bush and Octavia Streets, San Francisco

LAS ENCINAS SANITARIUM
Nervous and General Diseases
Las Encinas, Pasadena, California

LIVERMORE SANITARIUM
Nervous and General Diseases
Livermore, California

POTTENGER SANATORIUM AND CLINIC
For the Treatment of Tuberculosis
Monrovia, California

PARK SANITARIUM
Mental and Nervous Alcoholic and Drug Addictions
1500 Page Street, San Francisco, California

SAINT FRANCIS HOSPITAL
Limited General Hospital
Bush and Hyde Streets, San Francisco

ST. LUKE'S HOSPITAL
Limited General Hospital
27th and Valencia Streets, San Francisco

ST. MARY'S HOSPITAL
General Hospital
2200 Hayes Street, San Francisco

TWIN PINES
Convalescent and Neuropsychiatric
Belmont, California

BELMONT **Twin Pines** CALIFORNIA
Fatigue states, neuroses, and selected mental cases.
ALLEN WILLIAMS, M. D. *Internal Medicine*
Telephone BELMONT 111
WILL REBEC, M. D. *Psychiatry*

(Continued from Page 7)

kraurosis vulvae and senile vaginitis. The Council on Pharmacy and Chemistry and *The Journal* have repeatedly warned against the indiscriminate and prolonged use of estrogens and have emphasized the possible occurrence of mammary carcinoma in patients who are susceptible to the development of such malignant growths. It would be unwise to consider that there is safety in using small doses of estrogens, since it is quite possible that the same harm may be obtained through the use of small doses of estrogen if they are maintained over a long period. While there appears little or no evidence to indicate that normal women may develop such malignant growths, it would be well for the physician to realize that this is by no means an impossibility in patients who have a personal or familial history of genital or mammary cancer. It has been reported that the new synthetic estrogen diethylstilbestrol is far more active than the natural estrone and estradiol in the production of uterine and extra-uterine fibroids in guinea pigs. There is no evidence, however, that it is more carcinogenic than these substances.—*The Journal of the American Medical Association,* p. 1560, April 20, 1940.

Calls "Socialized Medicine" Good Slogan for a Bad Remedy.—"Advocates of social theories have learned that a slogan is worth a thousand words of argument and many volumes of facts in selling ideas. Thus the phrase 'socialized medicine' is being urged in the attack on the private practice of medicine," *The Journal of the American Medical Association* declares.

"The term is almost perfectly indefinite; it may mean almost anything in the field of medicine that the listener wants it to mean. Defined as properly used in the social sciences, the term can refer only to such medical services as can be helpfully applied to the whole population, are supported by public funds and are properly administered by public authorities. Illustrations would be confined largely to public health and institutional care. This is not, however, what is meant by those who use the slogan. Such services are not, of course, opposed by organized medicine. On the contrary, they have been created and are maintained largely by the organized medical profession.

"The 'goods' which this slogan seeks to sell are really compulsory sickness insurance. This has been found difficult to sell under its original label. Like most quack remedies, it is advertised as a panacea with careful concealment of its actual content and little demonstration of tested results where applied. Many centuries of sad experience with medical panaceas have made physicians suspicious of social ones. Like medical cure-alls, the panacea of compulsory health insurance has failed to produce promised results. Panaceas and slogans are not needed to meet the difficulties in the distribution of the cost of medical care.

"Scientific unbiased studies and carefully controlled experimentation may help us find solutions for our varied problems. These are the means by which medicine has made such marvelous progress in the conquest of disease and death. These are the methods now being applied by the same profession to the economic problems of medicine.

"The more accurate description of 'politicalized medicine' or 'state managed medicine' should be substituted for the misleading slogan 'socialized medicine'; this will help to clear the air for a sane discussion of present problems."

The Summertime Use of Mead's Oleum Percomorphum.—During the hot weather, when fat tolerance is lowest, many physicians have found it a successful practice to transfer cod-liver-oil patients to Mead's Oleum Percomorphum.

Due to its negligible oil content and its small dosage, this product does not upset the digestion, so that even the most squeamish patient can "stomach" it without protest.

VEGEX
for
B VITAMINS

Autolyzed Brewers' Yeast Extract with salt, added iron salt and pure vegetable flavoring. A level teaspoonful supplies 3 calories. Vegex is free of starch and sugar.

VEGEX ANALYSIS

	Per Cent
Protein (N × 6.25)	32.6
Fat	0.8
Calories per ounce	40
Sodium Chloride	11.1
Phosphorus as P	2.62
Potassium as K	2.18
Calcium as Ca	0.098
Iron as Fe	0.048
Magnesium as Mg	0.13
Copper	0.00275
Manganese	Distinct Traces

B VITAMINS TESTS

Average per gram, 45 Sherman B_1 and B_2 (G) units; 800 plus International B_1 units per ounce. 3½% in a B complex free ration gives good growth, reproduction and successful rearing.

A PROVEN SOURCE
of the
VITAMIN B COMPLEX
—*Easily Administered*

● A wealth of medical literature contributes evidence that adequate nutrition requires the whole of the vitamin B complex and that Vegex supplies it in a dependable, easily administered form. Vegex is a natural source of the whole vitamin B complex. It is separated and condensed from the cells of grain-grown brewer's yeast. Vegex has proved its efficacy both in clinical tests and in the physicians' daily practice.

Your patients will like the simple way it can be added to their diets—in hot milk, soups or broth. Vegex is easily borne, aids appetite and lactation.

Five per cent of Vegex in dried whole milk maintains a normal red blood cell count, and a normal Hemoglobin percentage.

Send for clinical or professional samples.

VITAMIN FOOD COMPANY, INCORPORATED
122 Hudson Street, New York, N. Y.
Please send me a professional sample of VEGEX.
DR...
ADDRESS...

Chiropractors Now Want Authority to Treat Federal Employees.—"Now the chiropractors are importuning Congress to let them try their stuff on injured federal employees entitled to benefits under the United States Employees' Compensation Act," *The Journal of the American Medical Asociation* reports. "A bill to accomplish that end, H. R. 8963, has been introduced by Representative Tolan of California and is pending in the House Committee on the Judiciary. In support of the enactment of this bill its chiropractic proponents might, if they desire to give the committee accurate information, point to the fact that during 1939 the legislatures of five states refused to pass legislation to permit chiropractors to treat workmen's compensation cases, including incidentally the state legislature of California that approximately 75 per cent of all chiropractors who have attempted to pass basic science examinations have miserably failed; that not a single chiropractor has qualified for licensure in the District of Columbia, after examination, since the healing arts practice act established adequate licensure requirements in 1929; that a representative chiropractor once testified under oath that he could prevent head lice by chiropractice adjustments.

"The osteopaths obtained favorable action by the Seventy-fifth Congress on their bill to permit them to treat beneficiaries of the United States Employees' Compensation Act. Unfortunately the Senate had been misinformed that opposition to the bill had been withdrawn because of an amendment that was utterly meaningless. Prompt and vigorous protests filed with the House Committee on the Judiciary against enactment of Representative Tolan's chiropractic bill may prevent a further dilution of the quality of medical care to which injured federal employees are entitled under the act that the bill proposes to amend."

Safeguard the health both of body and soul.—Cleobulus.

For parenteral treatment and prophylaxis of Vitamin B (complex) deficiencies:

THEX
(INJECTABLE)

Each one (1) cc. represents:
Thiamine HCl (B_1)..........Five (5) mgms.
Riboflavin (B_2)..........One-half (.5) mgms.
Nicotinic Acid..........Ten (10) mgms.

For use either intramuscularly or intravenously.

Available in both ten (10) cc. and thirty (30) cc. AMPULOID serum vials.

For Parenteral Medication:
SPECIFY 'AMPULOIDS'

INGRAM LABORATORIES, Inc.
278 POST STREET, SAN FRANCISCO
DOuglas 1700

CLASSIFIED ADVERTISEMENTS

Rates for these insertions are $4 for fifty words or less; additional words 5 cents each.

Copy for classified advertisements should be received not later than the fifteenth of the month preceding issue.

COACHING FOR STATE BOARDS—MEDICAL AND Dental. Arthur H. White, M. D., Suite 1005, Flood Building, San Francisco.

DERMATOLOGIST DESIRES PARTNERSHIP, ASSISTantship or association with established dermatologist. Will consider any ethical group connection or locum tenens; three years' excellent full-time course training in dermatology. Also well trained in general allergy, fungus diseases of the skin, endocrinology and working with psychoneurotics. Has California license. Fellow of American Academy of Dermatology and Syphilology. American Medical Association, and of New England Psychiatric Society. Address Box 520, California and Western Medicine, 450 Sutter Street, San Francisco.

LOCATION WANTED—A PHYSICIAN WITH TWELVE years' very successful general practice in present location wishes to relocate because of reasons beyond his control. Capable of up-to-date practice. Interested in ethical association or purchase of better than average practice. Can make substantial investment and is available at once. Also locum tenens. Address, Box 600, California and Western Medicine, 450 Sutter Street, San Francisco.

FOR SALE—THE FOLLOWING COMPLETE X-RAY OUTfit. This includes Victor Universal Junior X-Ray machine with motor-driven rectifier and remote control; Acme motor-driven timer; combined vertical and horizontal Bush Fluoroscopic table with tube stand and side rail; one Coolidge radiator tube; one Coolidge Universal tube; complete set high tension overhead with meters attached; lead-lined casette holder; complete set stone developing tanks; film drawers; and large variety casettes with intensifying screens. Cost $2,200. Selling price, $500. Address, Box 610, California and Western Medicine, 450 Sutter Street, San Francisco, California.

FOR RENT—DESIRABLE OFFICE LOCATION IN LA Jolla, San Diego County, California. Small office building. Five well established physicians therein. Common reception room. Good opening especially for E. E. N. T. Address Mrs. A. C. Jackson, 801 Silverado, La Jolla, California.

POSITION WANTED—LABORATORY TECHNICIAN and doctor's assistant; office experience; salary open. Frances Heinzelmann, 1485 Pine Street, San Francisco, phone ORdway 3234.

Use of Benzene Can be Controlled to Eliminate Poison Hazards.—Benzene and its derivatives, which constitute a serious industrial health hazard when used under improper supervision, can be perfectly controlled so as to eliminate any possibility of poisoning, P. A. Davis, M. D., Akron, Ohio, states in *The Journal of the American Medical Association.*

Benzene is used as a solvent for paints, lacquers, varnish, rubber and fats, in color printing, as a cleaning agent for clothes, as a motor fuel and in the chemical manufacturing industry. It should not be confused with benzine or gasoline, which is derived from petroleum.

When inhaled in high concentrations, benzene may cause sudden death by acute poisoning of the blood and blood-forming organs and involvement of the nervous system and other organs. Lower concentrations inhaled over a period of time produce a slow but chronic poisoning.

"The hazard can be perfectly controlled," Doctor Davis declares, "by proper ventilation, substitution of less poisonous solvents, the early removal of anyone showing slight symptoms of poisoning determined by frequent examination, proper education of the supervisors and workers, close coöperation between the production and medical departments and the establishment of physical standards for persons hired to work with benzene or any of its compounds.

"The human system can tolerate minute amounts of benzene over a period of many months if proper aeration and elimination are instituted. In other words, a small

(Continued on Page 14)

ZWEEGMAN SCHOOL for MEDICAL SECRETARIES
431 Sutter Street • SAN FRANCISCO, CALIFORNIA

The Original School for Training Medical Secretaries

Public Medical Stenographic and Mimeographic Service available at all times.

DAY AND NIGHT CLASSES INFORMATION ON REQUEST Telephone EXbrook 5053

NOBLE PLACEMENT AGENCY
TRAINED MEDICAL, DENTAL AND COMMERCIAL PERSONNEL

681 Market Street • San Francisco
GArfield 4278 LYDIA NOBLE, Director

La Loma Feliz

SANTA BARBARA • CALIFORNIA

Residential school, Kindergarten through College Preparatory, for boys and girls handicapped by heart disease, asthma, and kindred ailments.

INA M. RICHTER, M. D., *Medical Director* JOHN A. ROBINSON, *Senior Master*

"On Topical Application

neosynephrin hydrochloride produces constriction of longer duration than that caused by ephedrine hydrochloride, and there are no apparent undesired effects."

W. M. Fitzhugh, Jr., *Archives of Otolaryngology, Oct. 1936*

◆

"According to Tainter, neo-synephrin is by far the best shrinking agent for the nasal mucosa, being about 12 times as effective as ephedrine in producing ischemia, and the duration of its action is from 3 to 4 times as long. Our results verify his."

R. E. Ashley, *Southwestern Medicine, Sept. 1936*

◆

"It is my belief that neosynephrin in one-fourth to one per cent solution produces less reaction and more lasting shrinkage than the other drugs mentioned."

K. M. Houser, *Pennsylvania Med. Jl., May 1938*

◆

"Certain of the newer synthetic derivatives, such as neosynephrin, are relatively stable, require no preservatives, have a low toxicity, and are highly satisfactory substitutes."

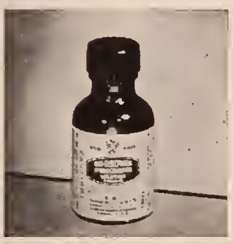
M. H. Seevers (*Editorial*), *Wisconsin Med. Jl., Nov. 1939*

◆

"1-meta-synephrin is more stable in solution than epinephrine and is less toxic to mucous surfaces."

E. M. Boyd, *J. Pharmacol. & Exper. Therap., June 1937*

ACCEPTED
AMERICAN MEDICAL ASSN



SOLUTION

¼% in saline solution for dropper or spray (1 oz. bottle)
1% in saline solution for resistant cases (1-oz. bottle)

EMULSION

¼% (1-oz. bottle)

JELLY

½% (in collapsible tubes with nasal applicator)

NEO-SYNEPHRIN HYDROCHLORIDE

(LAEVO-ALPHA-HYDROXY-BETA-METHYL-AMINO-3-HYDROXY-ETHYLBENZENE HYDROCHLORIDE)

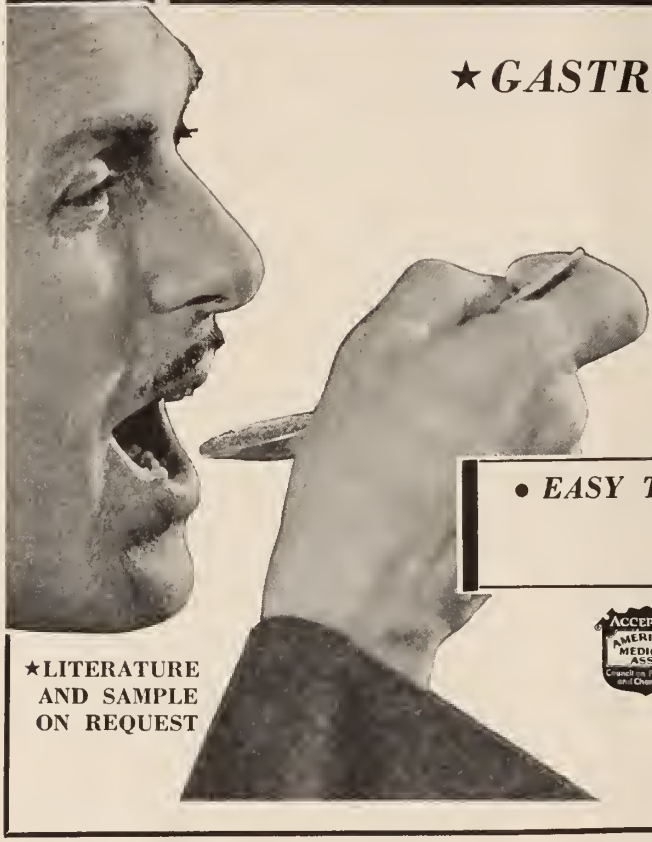
. . . for Nasal Decongestion in

COLDS • SINUSITIS • ALLERGIC RHINITIS

FREDERICK STEARNS & COMPANY

DETROIT, MICHIGAN

NEW YORK KANSAS CITY SAN FRANCISCO
WINDSOR, ONTARIO SYDNEY, AUSTRALIA



A RATIONAL *Ulcer Therapy*

★*GASTRIC MUCIN GRANULES*

★*Prepared under license from the Gastric Mucin Committee of Northwestern University*

- *EASY TO TAKE*
- *INEXPENSIVE*
- *TIME TESTED*

★LITERATURE AND SAMPLE ON REQUEST

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

THE WILSON LABORATORIES

4221 S. Western Avenue . . . CHICAGO, ILL.
1608 E. Fifteenth St. . LOS ANGELES, CALIF.
869 Folsom St. . . SAN FRANCISCO, CALIF.

(Continued from Page 12)

factor of immunity develops through an equilibrium between intake and output of absorbed material. Just as soon as a minute increase of intake over output develops, symptoms begin to appear."

Some of these symptoms are a peculiar brackish taste, slight giddiness, unsteady vision and slight headache, nausea and vomiting, dizziness, weakness, nervousness, excessive fatigue, tremors of the hands, loss of equilibrium in the dark, stomach and intestinal disturbances, numbness, tingling, drowsiness and in later stages insomnia, loss of weight, anemia, skin eruptions, kidney inflammation, labored breathing, and coma.

"Within one generation the shadow of syphilis can be lifted from our children if the mothers of America cooperate whole-heartedly and if the health agencies are allowed to use to the fullest extent modern weapons to fight syphilis," Dr. R. A. Vonderlehr, Assistant Surgeon-General of the United States Public Health Service, recently said in observance of Child Health Day.

Every year more than 25,000 babies die of syphilis either at or before birth or within the first year of life. About 60,000 more babies are born alive, but infected with the pale germs of syphilis.

To meet this "challenge of syphilis children," Doctor Vonderlehr urged intense activity at three points: (1) Education about the facts for everyone; (2) location of every case of syphilis, by utilizing the full value of the blood test; (3) adequate treatment for every case of syphilis.

Stating that ten out of eleven of the tragedies of syphilis in children can be avoided if treatment of pregnant women is begun early enough, the chief of the federal venereal disease control program listed seven things which every woman should know and do:

1. Insist upon a complete physical examination before marriage for both herself and her husband, including a blood test for syphilis. Syphilis can wreck marriage.
2. Go to the doctor at the first sign of pregnancy. It does no harm to see a doctor after you have missed a period even though you should not be pregnant. The sooner you are in the doctor's care the more he can help you, the safer your baby's health.
3. During each pregnancy you should insist upon a blood test for syphilis as early as possible. The test should be repeated in the seventh month.
4. Start treatment immediately upon detection of a syphilitic infection. Treatment must be continued without interruption at least until the birth of the child.
5. If the mother has syphilis, be sure there are careful periodic examinations and supervision of the infant after birth. These are necessary to guard against possible late symptoms of congenital syphilis.
6. Treatment of the infected mother must continue after the pregnancy period to insure permanent cure.
7. Syphilis can be cured only by competent treatment. Consult a good physician. Self-treatment will not help you, and will make cure more difficult. The quack doctor cannot cure syphilis, and he is only after your money.

"Surgeon-General Parran has repeatedly pointed out that 'Syphilis control is still a task for the whole people.' Today the finding and treating of all cases of syphilis is a big job for the health department, the private physicians, and the social agencies. In this task, the active and sympathetic interest of the citizenry is urgently needed," Doctor Vonderlehr concluded.

BOOK REVIEWS

BOOKS RECEIVED

Chemotherapy and Serum Therapy of Pneumonia. By Frederick T. Lord, M. D., Clinical Professor of Medicine, Emeritus, Harvard Medical School; Member of the Board of Consultation, Massachusetts General Hospital; Elliott S. Robinson, M. D., Ph. D., Director, Division of Biologic Laboratories, Massachusetts Department of Public Health; and Roderick Heffron, M. D., Medical Associate, The Commonwealth Fund; formerly Field Director, Pneumonia Study and Service, Massachusetts Department of Public Health. Cloth. Pp. 174. Price $1.00. New York: The Commonwealth Fund, 1940.

Diabetes. Practical Suggestions for Doctor and Patient. By Edward L. Bortz, A. B., M. D., F. A. C. P., Associate Professor of Medicine, Graduate School of Medicine, University of Pennsylvania; Chief of Medical Service B, The Lankenau Hospital, Philadelphia; Assistant Editor, The Cyclopedia of Medicine. With a foreword by George Morris Piersol, B. S., M. D., F. A. C. P., Professor of Medicine, Graduate School of Medicine, University of Pennsylvania; Editor in Chief, The Cyclopedia of Medicine. Second edition, revised and enlarged. Cloth. Pp. 296, illustrated. Price $2.50. Philadelphia: F. A. Davis Company, 1940.

The Displacement Method of Sinus Diagnosis and Treatment. By Arthur W. Proetz, A. B., M. D., Professor of Chemical Otolaryngology in the Washington University School of Medicine, Fellow of the American Laryngological Association, The American Otological Society, The American Laryngological, Rhinological and Otological Society, The American Academy of Ophthalmology and Otolaryngology, etc. Cloth. Pp. 296, illustrated. Saint Iouis: Annals Publishing Company, 1939.

Minor Surgery. By Frederick Christopher, S. B., M. D., F. A. C. S., Associate Professor of Surgery at the Northwestern University Medical School, Chicago; Chief Surgeon at the Evanston Hospital. With a foreword by Allen N. Kanavel, M. D., F. A. C. S. Fourth edition, reset with 639 illustrations. Cloth. Pp. 990. Philadelphia: W. B. Saunders Company, 1940.

A Check List for the Survey of Health and Physical Education Programs in Secondary Schools. By Terry H. Dearborn, School of Hygiene and Physical Education, Stanford University; Health Coördinator, San Francisco Junior College. Paper. Pp. 23. Price 60 cents. Stanford University: Stanford University Press, 1940.

Opportunities for Medical Practice in the United States. Including a rank-order listing of states according to their relative capacity to absorb more physicians. By Daniel Harris, Ph. D., Vocational Counselor. Paper. Pp. 12. Price 50 cents. New York City: Daniel Harris, Ph. D., 225 West Eighty-sixth Street, 1940.

BOOK REVIEWS

Diseases of the Gall-Bladder and Bile Ducts. By Waltman Waters, B. S., M. D., M. S., in Surgery, Sc. D., F. A. C. S., Head of Section in Division of Surgery, The Mayo Clinic; Professor of Surgery, The Mayo Foundation (University of Minnesota), and Albert M. Snell, B. S., M. D., M. S., in Medicine, F. A. C. P., Head of Section in Division of Medicine, The Mayo Clinic; Professor of Medicine, The Mayo Foundation (University of Minnesota). Cloth. Pp. 645, with 342 illustrations on 195 figures. Price $10. Philadelphia: W. B. Saunders Company, 1940.

This volume, authored by the heads of the Surgical and Medical departments, respectively, of the Mayo Clinic, summarizes the experience of that institution since W. J. Mayo in 1899 reported on 106 patients with gall-bladder disease operated upon.

It includes an historical review, a chapter on the anatomy and physiology of the bile tracts, and a chapter on diag-

(Continued on Next Page)

GIVE YOUR PRACTICE THE ADVANTAGES
of a DISTINCTIVE and
PERMANENT ADDRESS
plus accessibility—easy parking—quiet—unobstructed light and a delightful view.

SUMMIT MEDICAL BUILDING
A few suites
still available at
moderate
rentals
TEMPLEBAR 4060 · 400 29th STREET, OAKLAND

NEW MEDICAL BOOKS

Barr: Modern Medical Therapy, 3 vols. . .	$35.00
Comroe: Arthritis and Allied Conditions .	8.50
Gessell: First Five Years of Life	3.50
Mullen: Handbook of Treatment	4.50
Pack and Livingston: Treatment of Cancer and Allied Diseases, 3 vols.	36.00
Robbins: Cyclopropane Anesthesia . . .	3.00
Semon: Atlas of Common Skin Diseases .	12.00

Gladly Sent on Approval

J. W. STACEY, INC.
MEDICAL AND SCIENTIFIC BOOKS
236-238 Flood Building San Francisco

DOCTOR'S DIGEST ℞
—a service for the busy M.D.

Many busy physicians save time by reading *The Doctor's Digest.* This Jenkel-Davidson publication presents selected, briefed eye and ear articles from over 50 medical journals. We will send it to you at no cost; just mention *California & Western Medicine* in your letter.

Jenkel-Davidson Optical Co.
MAIN STORE: 366 POST STREET, SAN FRANCISCO
ALSO: SACRAMENTO · OAKLAND · BERKELEY · ALAMEDA
BURLINGAME · PALO ALTO · SAN JOSE

FOR SATISFIED PATIENTS

Patients come to you with the hope of accomplishing one aim—getting the best possible vision. Your skill and experience qualify you to make an adequate refraction. To satisfy patients then, it remains necessary only that your prescription be accurately reproduced in lenses and mountings. Riggs technicians are skilled in the use of Bausch & Lomb products in critically accurate prescription work.

In Soft-Lite, too

RIGGS OPTICAL COMPANY

Distributors of BAUSCH & LOMB *Products*

ESTABLISHED IN 85 WESTERN CITIES

BOOK REVIEWS

(Continued from Preceding Page)

nosis, including a separate chapter on cholecystography. The chapter on functional tests is excellent. All types of gall-bladder disease are considered, and the medical as well as the surgical treatment is described.

It is very hard to say that this or that chapter is particularly good, as the contents are uniformly excellent. However, the illustrations on pages 403, 404, 406, 407 and 413 furnish an almost complete discussion of the means of avoiding accidental injuries to the duct. The cuts on pages 406 and 407 appear in the late E. Starr Judd's article on gall-bladder disease in Lewis' Surgery, and might well be incorporated in any article on removal of the gall-bladder. These illustrations show the anatomy of the cystic duct and the technique of isolating and ligating the cystic duct and artery. The pictures are clear and, while diagrammatic, they still look enough like the living structures to be easily interpreted.

On page 413 is a typical illustration of a gall-bladder adherent to the cystic duct. This is not an uncommon picture, and in these cases an unskilled operator may easily cut the common duct, mistaking it for the cystic duct. If the rules laid down for isolating the cystic duct are carried out, however, the true picture is readily seen.

Preoperative and postoperative treatment are fully considered, and the chapter includes the recent work on vitamins, particularly vitamin K.

This is a book which should appeal to the mature surgeon or internist, as well as to the younger men in these specialties. It is of almost equal value, too, to the general practitioner, who sees only an occasional case of gall-bladder disease. The book is well arranged, the print is large and clear, and the illustrations are adequate. It is an ideal volume for one's private library, as well as for a medical library.—Charles M. Fox.

An Introduction to Medical Mycology. By George M. Lewis, M. D., Member of the American Dermatological Association, Inc.; Fellow of the American College of Physicians, of the American Medical Association and of the New York Academy of Medicine; Member of the Manhattan Dermatological Society; Associate and Assistant Attending Dermatologist, New York Post-Graduate Medical School and Hospital, Columbia University; Instructor in Medicine (Dermatology), Cornell University; Attending Dermatologist to St. Claire's Hospital, etc., and Mary E. Hopper, M. D., Assistant in Mycology, Skin and Cancer Unit, New York Post-Graduate School and Hospital, Columbia University. Cloth. Pp. 333, with 71 full-page plates. Price $5.50, postpaid. Chicago: The Year Book Publishers, Inc., 1939.

With an ever-increasing clinical knowledge of mycotic diseases among specialists, the medical world is becoming more and more impressed with the necessity for a general knowledge of these diseases among the profession at large. It is already a very familiar field to the dermatologist, but to many the possibility of fungus infection in other parts of the body is not kept sufficiently in mind. The authors of this book have covered the subject in a concise, clear, and not too technical form. Classifications are clarified, clinical and experimental data are presented interestingly. The section on laboratory procedure is a workable reference for those doing this type of laboratory work. The book is quite worth while, and will make a valuable addition to the library of any physician.

Clinical Biochemistry. By Abraham Cantarow, M. D., Associate Professor of Medicine, Jefferson Medical College; Biochemist, Jefferson Hospital; and Max Trumper, Ph. D., Clinical Chemist and Toxicologist; formerly in charge of the Laboratories of Biochemistry of the Jefferson Medical College and Hospital. With a foreword by Hobart A. Reinmann, M. D., Professor of Medicine, Jefferson Medical College. Second edition, revised. Cloth. Pp. 666. Price $6.00 net. Philadelphia: W. B. Saunders Company, 1939.

This book puts concisely the scientific explanation of the clinical laboratory procedures which form a very necessary part of the practice of modern medicine. The data compiled are entirely reliable and up to the minute. It matters not in what branch of medicine the physician is specializing, he will find the information contained in this to be invaluable, and it should be in every man's possession.

(Continued on Page 18)

THE INORGANIC OR MINERAL ELEMENTS IN NUTRITION

"The functions of minerals are so important that they may well be said to control life itself." (1)

● With this terse statement, a recent monograph summarizes the importance of minerals in animal metabolism.

Earlier physiologists considered the following list of inorganic elements to be fairly complete as far as animal nutrition was concerned:

Calcium
Iron
Iodine
Sodium
Potassium
Magnesium
Phosphorus
Chlorine
Sulfur

However, copper, manganese, zinc, and apparently cobalt must now be added to this list of elements considered indispensable or desirable in nutrition. Also, analyses of animal tissues have disclosed the presence of the so-called "trace elements" (aluminum, silicon, arsenic, fluorine, bromine, barium, rubidium, nickel, and selenium). Which of these perform definite roles in mammalian metabolism and which are present as contaminants, future research alone can decide (2).

Although the specific functions of all the essential minerals may not be completely known, it is apparent that many of these inorganic elements—in the form of their salts or ions—are associated with vital body activities. Thus, the initiation and continuance of cardiac function, the maintenance of osmotic relationships of tissues and of the acid-alkaline balance, and the formation of bony and calcareous tissue and of hemoglobin are a few of the vital functions of the minerals (1). It should be evident that the above quotation is in no wise an overstatement of the importance of the minerals in nutrition.

As to their occurrence in nature, the minerals are rather widely distributed in foods, although the extent to which they may occur—even in the same food variety—is known to be variable (3). No one food or class of foods has been richly endowed with *all* the elements essential in nutrition. Consequently, to insure an optimal intake of minerals the diet should be planned to include—in so far as possible—all food classes.

In the preparation of foods for the table, attention should be given to preservation of their mineral values. Because of their water-soluble nature, certain minerals may be lost to the cooking water during food preparation. Therefore, to obtain the full mineral benefits of foods, the cooking water containing the extracted minerals should in some way be utilized.

During commercial canning, food is cooked in a limited amount of water or brine while contained in the sealed can. Thus, solution losses of inorganic elements are controlled and by using the entire contents of the container the consumer will obtain all the mineral values of the food packed therein. This provision in practically all commercial canning procedures renders canned foods valuable and convenient in formulation of diets calculated to supply optimal amounts of the inorganic elements essential for complete human nutrition.

AMERICAN CAN COMPANY

230 Park Avenue, New York, N. Y.

REFERENCES

(1) 1939. Mineral Metabolism, Alfred T. Shohl, Reinhold, New York.
(2) 1940. Nutrition Abstracts and Reviews 9, 515.
(3) 1938. Univ. Colorado Studies 25, 181.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixtieth in a series, which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

WHEN A LIFE DEPENDS ON OXYGEN

Then, it is comforting to know that your telephone call—day or night—to our nearest establishment produces immediate action.

We lose no time. You get the most approved equipment; oxygen to use in it, and the services of a trained man who attends to installation.

As the largest California-owned manufacturer of Oxygen, we have perfected this service—and at the lowest cost consistent with its vital importance.

Stuart Oxygen Co.
SAN FRANCISCO · OAKLAND · FRESNO · LOS ANGELES
Manufacturers of a Complete Line of Medical Gases

BOOK REVIEWS

(Continued from Page 16)

Manual of Dermatology. By Carroll S. Wright, B. S., M. D., Professor of Dermatology and Syphilology, Temple University School of Medicine; Associate Professor of Dermatology and Syphilology, Graduate School of Medicine, University of Pennsylvania; Fellow of the College of Physicians of Philadelphia; Member of the American Dermatological Association; American Academy of Dermatology, Society for Investigative Dermatology; Consulting Dermatologist, Temple University Hospital, Philadelphia Municipal Hospital, Shriners' Hospital, Widener Home for Crippled Children, Elwyn Training School, Vineland Training School, Pennsylvania Institution for the Blind. Cloth. Pp. 376. Price $4.00. Philadelphia: The Blakiston Company, 1940.

Doctor Wright's volume is, as the title states, a manual wherein the well-recognized dermatological facts are recited for the student and the general practitioner, who should find it a valuable addition to their reading and reference libraries. Origin of terminology is briefly discussed in many chapters. This should lend interest to the medical student, and help in fixing the condition in his memory. The book is profusely illustrated for a small text and the photographs are clear, with well-selected subjects, and give a good impression of the appearance of the respective conditions. There are many tables listing differential diagnostic points of similarly appearing diseases. This should prove helpful in a confusing case. Having seen many late effects of long-continued arsenical medication, it would seem unwise to suggest it to the general practitioner, in the treatment of such chronic diseases as dermatitis herpetiformis, pemphigus, psoriasis, pruritus, lichen planus, vitiligo, and chronic eczema. However, the author does warn, on one occasion, that arsenic is dangerous and much abused. Excepting for this, the suggestions for therapy are good. They consist of one or two outlines of treatment and avoid the multiplicity of remedies, which proves so confusing in the larger texts. The arrangement follows the standard recognized classifications. The index is complete and most conditions are cross-indexed under common names. For many years there was a dearth of texts of this type; now there are enough of them that the medical student should no longer be required to purchase a fifteen-dollar volume.—Hiram D. Newton.

British Empire Cancer Campaign.—Sixteenth Annual Report of the Grand Council. At the request of the Grand Council, this Annual Report has been edited by Mr. J. P. Lockhart-Mummery, M.A., M. B., B. Ch., F. R. C. S., F. A. C. S. Paper. Pp. 368. London, S. W. 1: British Empire Cancer Campaign, 1939.

The sixteenth annual Report of the Grand Council of the British Empire Cancer Campaign is a volume of some 366 pages. The text is admirably arranged and much important information is given, which should be of special interest to organizations and committees carrying on similar work in the United States.

Cardiovascular Diseases. Their Diagnosis and Treatment. By David Scherf, M. D., and Linn J. Boyd, M. D., F. A. C. P., Associate Professor of Clinical Medicine and Professor of Medicine, respectively, the New York Medical College, and Flower and Fifth Avenue Hospitals, New York. Cloth. Pp. 458. Price $6.25. St. Louis: The C. V. Mosby Company, 1939.

This volume on heart disease is, in summary, a well-considered opinion of these qualified authors, wherein brev-

(Continued on Page 20)

Research must look both ways

Sound research needs Janus-like ability to see in two directions at once—backward for experience—forward for opportunities. Parke, Davis & Company looks *back* on seventy years of research activity—*forward* to new and greater achievement.

The introduction of chemical and physiologic standardization—Adrenalin and Pituitrin—the separation of Pitocin and Pitressin—Mapharsen, Meningococcus Antitoxin—these are a few of the contributions from the Parke-Davis Research Laboratories. Each represents an important chapter in our research experience.

This record must continue; our program points toward tomorrow. Research facilities are constantly being enlarged, activities broadened. Our goal is well defined—to contribute to future medical progress.

PARKE, DAVIS & COMPANY

PIONEERS IN RESEARCH ON MEDICINAL PRODUCTS

PROFESSIONAL PROTECTION

SINCE 1899
SPECIALIZED
SERVICE

A DOCTOR SAYS:

"It was worth all I have ever paid you to feel that I had trained people to look to in the case of such an affair. I have only the heartiest of thanks for your help."

THE
MEDICAL PROTECTIVE COMPANY
OF FORT WAYNE, INDIANA
WHEATON, ILLINOIS

Dr. Hugh Cabot in *American Magazine* says:
"GIVE THE PATIENT A BREAK"

And he is right. . . . Why not suggest

ARROWHEAD
Springs
HOTEL and SPA
OPEN YEAR 'ROUND

to your patients. Your instructions to our medical staff will be followed in detail.

The Hot Waters, Mineral Steam Caves and Mud Baths are the equal of the best spas in the world. A cordial invitation to be our guest is extended to subscribers of this magazine and members of the California Medical Association. Complimentary rooms and baths will be available on request.

Write for illustrated booklet.

Harry S. Ward, Manager
ARROWHEAD SPRINGS, CALIFORNIA

HOSPITAL AMBULANCE SERVICE

3923 Piedmont
OAKLAND

A Better Service
PIedmont 7744

BOOK REVIEWS

(Continued from Page 18)

ity of discussion of many subjects is both a handicap and an advantage. The discussion of dyspnea, with its emphasis on the central nervous system origin of paroxysmal nocturnal dyspnea, is most valuable. But their statement (page 176), "myocarditis is a common disease," is one of the evidences of their personal beliefs. The chief value of the book is that it presents the authors' opinions based on their own experiences with diseases of the heart and blood vessels commonly observed in private practice. Bibliographies are purposely omitted. Electrocardiography is left for other books to discuss. The book is recommended for all who are interested in the practical management of clinical heart disease.—Philip Corr.

A Handbook of Elementary Psychobiology and Psychiatry. By Edward G. Billings, B. S., M. D., M. D. Cum Laude (Indiana), Assistant Professor of Psychiatry, University of Colorado School of Medicine; Director, The Psychiatric Liaison Department of the Colorado General and Psychopathic Hospitals; Psychiatric Consultant to the Child Research Council. Denver: U. S. P. H. Psychiatric Consultant to the Federal District Court of Denver. Cloth. Pp. 271. Price $2.00. New York: The Macmillan Company.

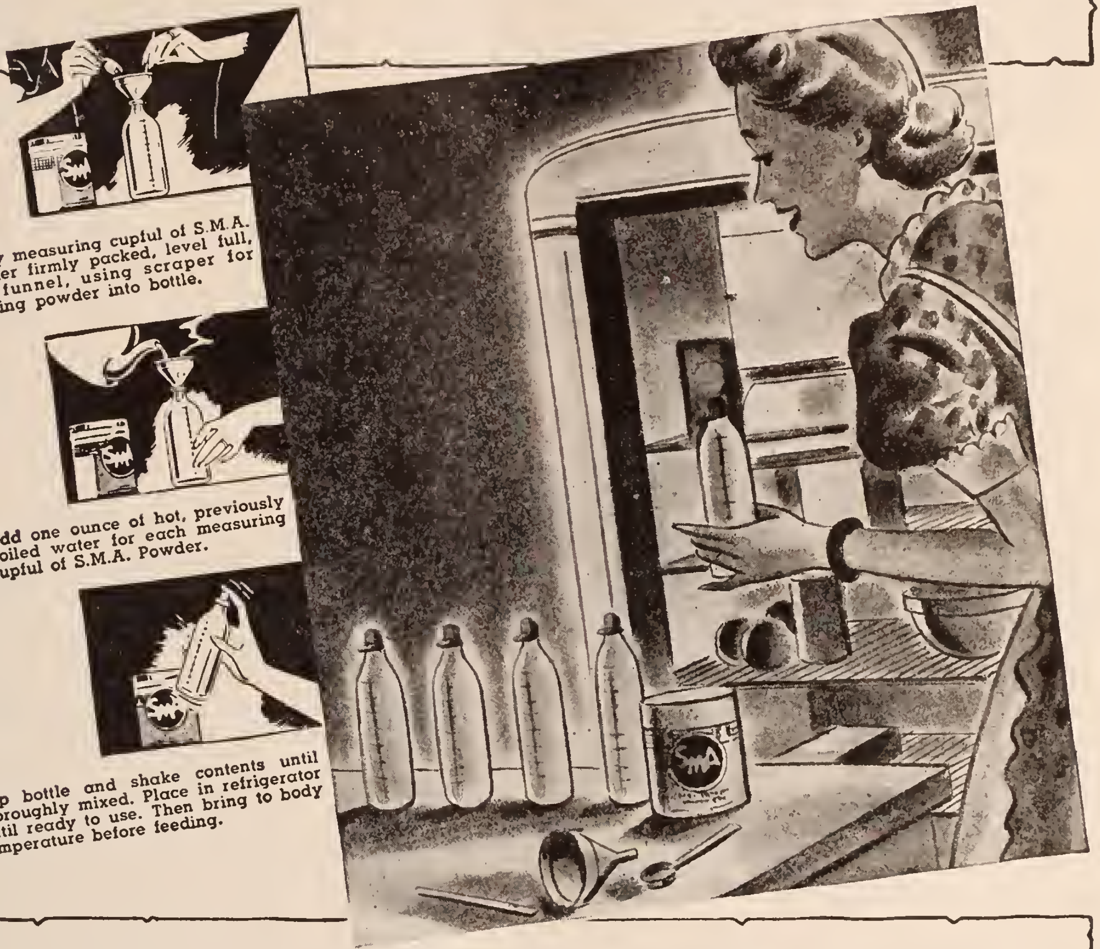
This handbook is a compact and inclusive outline of the subject. It should be of considerable value as a guide to the understanding of psychiatry by the general practitioner, for the writer is an internist as well as a psychiatrist, and, therefore, conversant with the common psychiatric problems which arise in medical practice. It is a good source for orientation for further reading. The writer defines the terms used in the study of psychobiology; familiarizes the reader with the technics of the psychiatrist in obtaining a history, and in examination procedures; outlines psychopathology and enlarges upon Adolf Meyer's "distributive therapy" type of psychoanalysis. It eliminates controversial problems and much theory of unknown etiologies, but leaves the impression that psychobiology and psychiatry are still in their infancy, with ever-changing concepts to be expected. The bibliography should be helpful to students as well as physicians who wish to pursue the subject further.—M. H. C.

United States Naval Medical Bulletin. Compiled and published under the authority of Naval Appropriation Act for fiscal year 1940. Vol. XXXVIII, No. 1, January, 1940. Paper. Pp. 150. Price 25 cents. Washington, D. C.: United States Government Printing Office, 1940.

The United States Naval Medical Bulletin is a quarterly medical journal published since 1907 under direction of the Medical Department of the Navy, for the information and guidance of the officers of both the Navy Medical and Navy Hospital Corps. The Bulletin serves as a medium of expression for accounts of researches, observations, and experiences of various members of the Medical Department.

(Continued on Page 22)

S.M.A. SAVES TIME—SAVES MONEY



Empty measuring cupful of S.M.A. Powder firmly packed, level full, into funnel, using scraper for pushing powder into bottle.

Add one ounce of hot, previously boiled water for each measuring cupful of S.M.A. Powder.

Cap bottle and shake contents until thoroughly mixed. Place in refrigerator until ready to use. Then bring to body temperature before feeding.

Enough For 24 Hours Made up at Beginning of Day

S.M.A. is so easy to prepare. Enough for the entire 24 hour period may be made up at the beginning of the day and stored in the refrigerator until ready to feed. It should then be brought to body temperature and fed at prescribed intervals.

S.M.A. is economical, too, because, aside from orange or tomato juice for the required vitamin C, no other vitamin supplements are usually necessary. S.M.A. provides vitamins A, B_1 and D in amounts sufficient for the normal, full-term infant. When kept in the refrigerator, it retains its nutritional value indefinitely.

S.M.A. IS ECONOMICAL. INFANTS RELISH IT, DIGEST IT EASILY AND THRIVE ON IT.

S. M. A. is a food for infants — derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

S.M.A. CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILLINOIS

Bequest Forms: Unto the California Medical Association*

FORM OF CLAUSE OF WILL PROVIDING FOR CASH BEQUEST

I hereby give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California, the sum of $——— to be known as the ——— Gift, to be used and expended by said corporation for scientific, educational, or hospital purposes.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR CASH BEQUEST

I give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California, the sum of $———, to be held as a fund, to be known as the [here insert name desired] Fund, the principal whereof shall from time to time be invested to the best advantage compatible with safety, and the income whereof shall be used and applied for scientific, educational, or hospital purposes.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR BEQUEST OF PERSONAL PROPERTY

I give and bequeath unto Trustees Of The California Medical Association, a nonprofit corporation of California [here describe the property], the same, or the proceeds thereof, to be held as a perpetual fund, to be known as the [here insert name desired] Fund, the income whereof shall be used and applied for scientific, educational, or hospital purposes. The said corporation shall have the power to sell said property and to invest and reinvest the proceeds arising from the sale thereof from time to time as it may deem advisable for the purpose of producing as large an income as may be compatible with safety.

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR DEVISE OF REAL PROPERTY

I give and devise unto Trustees Of The California Medical Association, a nonprofit corporation of California, to aid and further its scientific, educational, and hospital purposes, and to be known as the ——— Gift, the following described real property situate in the County of ———, State of California, and more particularly described as follows, to wit:

* * *

FORM OF CLAUSE OF WILL PROVIDING FOR DEVISE OF REAL PROPERTY

I give and devise unto Trustees Of The California Medical Association, a nonprofit corporation of California [here describe the property], the same, or the proceeds thereof, to be held as a perpetual fund, to be known as the [here insert name desired] Fund, the income whereof shall be used for and applied to the support and maintenance of scientific, educational, or hospital purposes. The said corporation shall have the power to sell said property and to invest and reinvest the proceeds arising from the sale thereof from time to time as it may deem advisable for the purpose of producing as large an income as may be compatible with safety.

---

* These Bequest Forms were discussed editorially in California and Western Medicine, for March, 1936, p. 145, and June, 1936, p. 460.

86c out of each $1.00 gross income used for members benefit

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

P H OMAHA — HOSPITAL ACCIDENT SICKNESS { INSURANCE — P C OMAHA

For ethical practitioners exclusively

(50,000 POLICIES IN FORCE)

Liberal Hospital Expense Coverage for $10.00 per Year

$5,000.00 ACCIDENTAL DEATH
$25.00 weekly indemnity, accident and sickness
For $33.00 per year

$10,000.00 ACCIDENTAL DEATH
$50.00 weekly indemnity, accident and sickness
For $66.00 per year

$15,000.00 ACCIDENTAL DEATH
$75.00 weekly indemnity, accident and sickness
For $99.00 per year

38 years under the same management
$1,850,000 INVESTED ASSETS
$9,000,000 PAID FOR CLAIMS
$200,000 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability.

Send for applications, Doctor, to

400 FIRST NATIONAL BANK BUILDING • OMAHA, NEBRASKA

BOOK REVIEWS

(Continued from Page 20)

Each issue is made up of special articles relating to naval medicine, new equipment, and conditions peculiar to the naval service; and there is a department for exchange of statistical data in the service, comments on notes, topics, and books of interest to the naval surgeon, both active and reserve.

The Bulletin is edited by an officer, a member of the Medical Corps, U. S. Navy, under the supervision of the Surgeon-General and the Secretary of the Navy.

Papers and opinions presented are those of the contributing authors, and are not direct expressions of the Navy Department.

The printing and binding having been done at the U. S. Government Printing Office, the Bulletin may be purchased for 25 cents each from the Superintendent of Documents, Washington, D. C.—James E. Reeves.

TWENTY-FIVE YEARS AGO

(Continued from Text Page 312)

thing. We will be delighted to receive suggestions. What are the topics which would most interest you? What is there that you would especially like to know about? It is immaterial whether there has been progress or not, so that the truth about things today be known. Send in your suggestions or comments, and we will be glad to take them up for consideration.

* * *

Appendicitis and the Law.—A number of states have considered, in their respective legislatures, proposed bills which would make it more or less of an offense for a surgeon to operate for appendicitis and not produce from the abdomen of the patient, an obviously diseased appendix. Fortunately for the general average of common sense,

(Continued on Page 25)

When *Mothers' Milk* is not available...

USE LACTOGEN

It is universally recognized that the milk from the cow is a very satisfactory and successful substitute for mothers' milk if offered in proper form and proportion. That is why Lactogen is made wholly from fresh cows' milk.

Taken from tuberculin-tested herds, the milk used in making Lactogen is completely checked for cleanliness and freshness before acceptance . . . then processed in shining, spotless, stainless steel drying chambers under ideal modern conditions of control and sanitation.

Lactogen is fresh, whole cows' milk, fortified with additional milk fat and milk sugar to match human milk proportions of fat, protein, and carbohydrates.

Lactogen is an easily digestible food. The characteristics of the casein are changed to form fine and flaky curds, and the fat globules are physically broken down.

Lactogen is especially convenient and safe. It may be used even where there is no refrigeration. Its preparation is simple, even for the most inexperienced mother.

NO ADVERTISING OR FEEDING DIRECTIONS, EXCEPT TO PHYSICIANS

For free samples and literature, send your professional blank to "Lactogen Department."

NESTLÉ'S MILK PRODUCTS, INC.

155 EAST 44TH ST., NEW YORK, N. Y.

Does it do all routine diagnostic x-ray work—simply?

Is it flexible to position and simple to operate?

Is it built for minimum space and simple installation?

Is it priced for real economy and simple to buy?

You'll find the answer to these and other questions in the Simplex Bulletin No. 380. The coupon will bring you a copy.

Westinghouse X-Ray Company, Inc.
LONG ISLAND CITY, NEW YORK

Please send me Bulletin No. 380, without obligation, of course. ☐
Where may I see the Simplex in actual, practical operation? ☐

....

....

BUTLER BUILDING

GEARY AND STOCKTON STREETS • AT UNION SQUARE

"Now, you don't need to be so impatient about getting over to that Fair again. You can be thankful your doctor's office is in the Butler Building, because it doesn't take you out of your way to get there!"

Easy to reach, convenient for you and your patients, Butler Building has offices, single or in suite, ideally adapted to professional needs.

Call at the building . . . or Telephone DOuglas 5686

Buckbee Thorne & Co.

Agents

151 SUTTER STREET • SAN FRANCISCO

TWENTY-FIVE YEARS AGO

(Continued from Page 22)

none of these bills has passed or received markedly serious consideration. It is the duty of every one of us to aid in the education of the general public on these matters, and we can only do that work by thoroughly understanding the facts and by careful, persistent and patient discussion of them with those laymen with whom we come in contact. . . .

* * *

Harrison Narcotic Law.—Many letters are still being received asking what a physician may or may not do under the Harrison law? As a matter of fact, the law has in no way invaded the rights of the physician; it has only said that he must not be sloppy about his records, and this is a good thing. Too many physicians are too careless about keeping records of anything relating to their work, and this the JOURNAL has deplored on more than one occasion. . . .

* * *

Industrial Sickness Insurance.—The JOURNAL pointed out some time ago that, in all probability, a law would be passed in this State, before very long, extending compulsory insurance to disease on very much the same lines as it now applies to industrial accidents. That movement has already begun in the passage of an amendment to the present industrial accident law making it include industrial diseases as well as accidents. How these diseases shall be catalogued—what shall be and what shall not be considered an industrial diseases—is, of course, a matter for future study and adjustment by the commission. . . .

* * *

Medical Milk Commissions.—The American Association of Medical Milk Commissions will hold its annual meeting

(Continued on Next Page)

How We Help the Professions to Save *Valuable Time*

You and your assistants are under constant pressure for time. We can help you in a real way with our Bank-by-Mail Service, enabling you to do most of your banking when convenient, day or night, right in your office. Why not open an account today, by mail?

CROCKER FIRST NATIONAL BANK
OF SAN FRANCISCO
California's Oldest National Bank
Member Federal Deposit Insurance Corporation

DEUCES WILD!

if you are lucky, you win

When you place your Credit and Collection problems in the hands of YOUR BUREAU, there is no such thing as "luck" involved. You are absolutely SURE of the best and safest service and most satisfactory results.

WHY GAMBLE?

BE WISE and BUREAU-IZE!

Spreckels Building
TRinity 1252
LOS ANGELES

Times Building
LONG BEACH

The DOCTORS BUSINESS BUREAU
Established 1916

153 Kearny Street
GArfield 0460
SAN FRANCISCO

Latham Square Building
OAKLAND

CANYON SANATORIUM
REDWOOD CITY, CALIFORNIA

◆

For the Treatment of Diseases of the Chest

◆

"The summers are not too hot nor the winters too cold. Climatically, Canyon Sanatorium is an ideal location."

PHILIP H. PIERSON, M.D.
Medical Director

EDWARD S. SCHULZE, M. D.
Resident Physician

LEO ELOESSER, M. D.
Surgical Consultant

MR. ARNOLD W. SCHEIER
Business Manager

Rates and Booklets on Request

Redwood City, Calif.
Redwood 1600

San Francisco Office
490 Post St., Suite 1228, GA 2127

TWENTY-FIVE YEARS AGO

(Continued from Preceding Page)

this year in San Francisco, June 17, and in Berkeley, June 18, and on June 19 the Commissions will meet on Mt. Tamalpais. There will be a large number of the most prominent enthusiasts for pure milk the country over, in attendance, and it is expected that this will be one of the most satisfactory meetings the association has ever held. Dr. T. C. McCleave, of Berkeley, California, is president of the association.

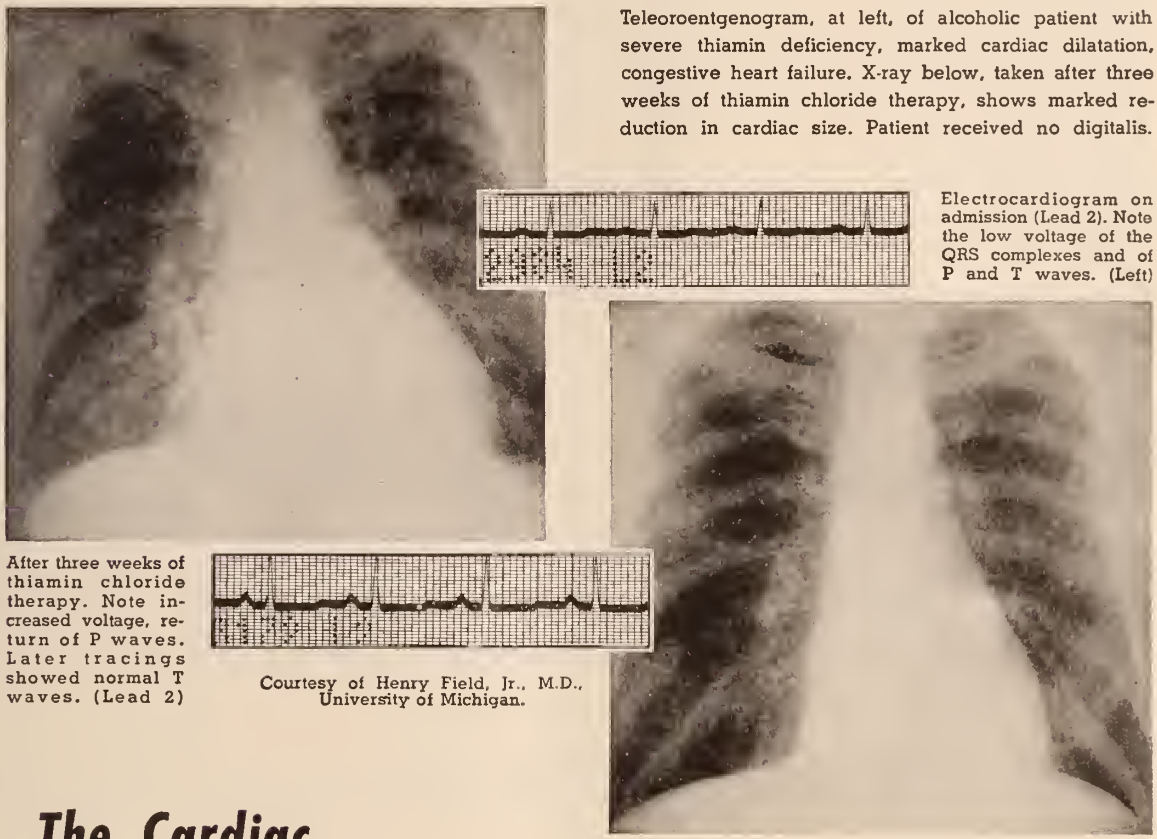
From an Original Article on "Morphin-Scopolamin Anesthesia in Obstetrics," by Louis I. Breitstein, M. D., San Francisco.—I have been requested to prepare a paper on this subject by several members of the Society who are aware of the fact that I am working with these drugs, employing the technic advocated by Gauss and Kronig of Freiburg. At the present time I am not in a position to advance any fast and fixed conclusions, as my cases are all too few, numbering but fourteen; but I have received enough encouragement to impel me to continue the work, and I shall reserve a final judgment until I can quote from results in one hundred cases. . . .

From an Original Article on "A Possible Explanation of the Conflicting Reports on Twilight Sleep," by Stella Lehr, M. D., Berkeley.—A number of physicians haxe expressed opposing views on the "twilight sleep." My observations in Freiburg and subsequent experience in New York have convinced me of the necessity of an explanation. My personal experience afforded me a satisfactory explanation, and I offer it to you for your consideration.

(Continued on Page 28)

STUDIES IN THE AVITAMINOSES

This page is the sixth of a series on vitamin deficiencies presented by the research division of The Upjohn Company because of the profession's widespread interest in the subject. A full color, two-page insert on the same subject appears in the May 25 issue of The Journal of the American Medical Association.



Teleoroentgenogram, at left, of alcoholic patient with severe thiamin deficiency, marked cardiac dilatation, congestive heart failure. X-ray below, taken after three weeks of thiamin chloride therapy, shows marked reduction in cardiac size. Patient received no digitalis.

Electrocardiogram on admission (Lead 2). Note the low voltage of the QRS complexes and of P and T waves. (Left)

After three weeks of thiamin chloride therapy. Note increased voltage, return of P waves. Later tracings showed normal T waves. (Lead 2)

Courtesy of Henry Field, Jr., M.D., University of Michigan.

The Cardiac Manifestations of Vitamin B_1 Deficiency

Vitamin B_1 apparently exerts no specific influence upon the normal heart, but profound deficiency resulting from drastic deprivation may lead to cardiac derangements which are as characteristic as the neural changes at times resulting from thiamin deprivation. In the cases reported, physical examination disclosed that the heart was enlarged to both the right and the left, although on postmortem examination of patients who died of extreme deficiency the enlargement was seen predominantly in the right auricle and ventricle. The former was dilated and paper thin; the wall of the latter appeared thickened and its chamber enlarged. Some difference of opinion exists concerning the mechanism of the increase in cardiac size, since both hypertrophy and edema have been observed by different investigators.

The clinician, through whose courtesy the x-rays and electrocardiograms shown above are made available, states that administration of thiamin chloride promptly led to reduction in the cardiac silhouette.

UPJOHN

Doctor—wholesome CHEWING GUM is a pleasing, inexpensive way to bring smiles!
HERE, HAVE SOME CHEWING GUM... EVERYBODY LIKES TO CHEW GUM!
O-O-O-OH THANK YOU, DOCTOR. YOU'RE JUST GREAT!
U-69

To make young patients like you, thereby gaining their confidence, is an important part of any doctor's job.

A friendly greeting helps a lot. And many physicians find that a cheerful "Goodbye" accompanied by a stick of delicious Chewing Gum does much to create the good-will your whole profession values so highly.

In addition to that, doctor, Chewing Gum, as you know, exercises the teeth, helps cleanse and brighten them and is a refreshing pleasure.

Enjoy Chewing Gum yourself, Doctor.
It's just right-sized to carry in your pocket.

•

National Association of Chewing Gum Manufacturers, Staten Island, New York

The Alexander Sanatorium, Inc.

BELMONT, CALIFORNIA

Ideal climate, only 45 minutes from San Francisco, nestled in the beautiful hills of Belmont. Modern buildings surrounded by gorgeous gardens. Homelike accommodations. Every essential for the treatment of patients requiring rest provided.

Specializing in the treatment of nervous, mental, and debilitating states.
Specially equipped for metrazol and insulin therapy.

MRS. ANNETTE ALEXANDER, *President* *Telephone* Belmont 40

TWENTY-FIVE YEARS AGO

(Continued from Page 26)

It is very simple. There are two methods of giving the twilight sleep—diametrically opposed in principle.

First: The original Gauss-Kronig method, having for its keynote individualization of dosage; the drugs administered in the smallest possible amount to meet the varying susceptibility of the patient, morphin and scopolamin being used; and morphin given only with the first dose.

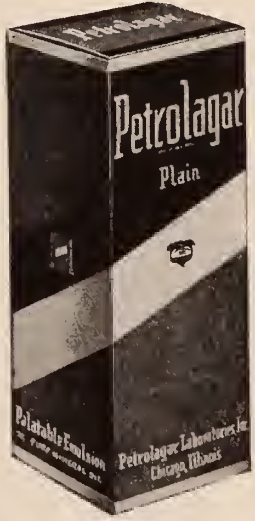
Second: The Siegel method, having for its keynote standardization; the drugs administered in stated doses at regular intervals disregarding the susceptibility of the patient; narcophin substituted for morphin, and repeated with every third dose. . . .

From an Original Article on "Observations on the Dämmerschlaf or Twilight Sleep," by B. F. Sandow, M. D., Oakland.—It is the imperative duty of the physician to relieve pain, whatever the indication and whatever the cause, and it is the obvious duty of the obstetrician to alleviate the pains of childbirth. This principle has been recognized from the earliest times, when our art was in its most primitive state, and attempts at pain mitigation and palliation have been made among the uncivilized and the aborigines. . . .

From an Original Article on "The Silver Iodid Emulsion in Pyelography," by Leon Joseph Roth, M. D., Los Angeles.—Recent surgical experiences and animal experiments have demonstrated that there exists an element of danger in the introduction of collargol solutions into the renal pelvis. The results of some of these injections have been of such serious nature that fatal issues have followed. Postoperative and postmortem examinations of renal specimens

(Continued on Page 30)

Away from Home



★★ Petrolagar

Vacations mean a change of diet, water, exercise. Daily routine is altered and bowel Habit Time interrupted. This combination of circumstances tends to have a constipating effect.

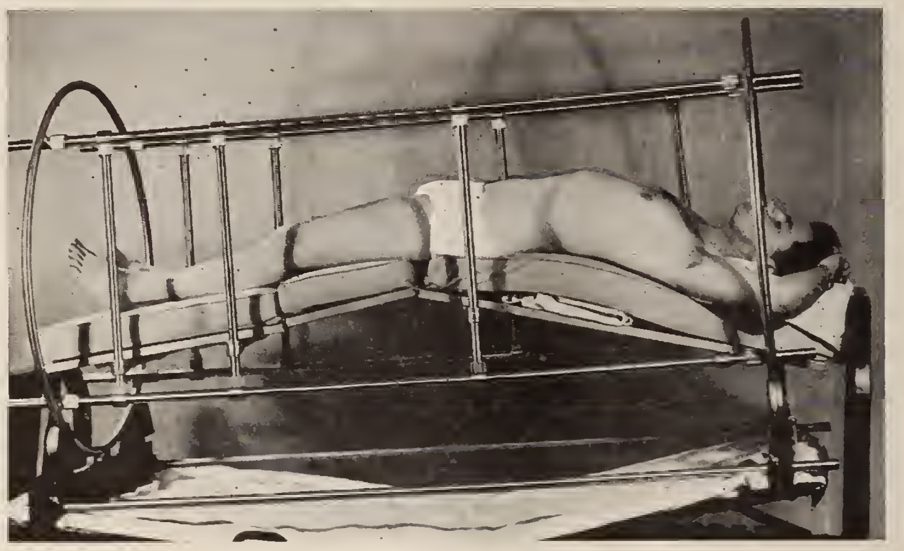
Instead of quick acting harsh catharsis, the gentle softening action of Petrolagar promotes motility and encourages a regular, comfortably passed stool.

Petrolagar is miscible with liquids. It may be given orally or in an enema to assist in the restoration of a regular Habit Time of Bowel Movement.

Petrolagar . . . Liquid petrolatum 65 cc. emulsified with 0.4 Gm. agar in a menstruum to make 100 cc.

Petrolagar Laboratories, Inc. • 8134 McCormick Boulevard • Chicago, Illinois

BECAUSE of the interest shown in the Knox Rotating Fracture Frame, as demonstrated by Dr. Stuart C. Knox at the convention of the California Medical Association at Coronado, arrangements have been completed to make this device available on a purchase or rental basis.



Address inquiries to the

MEDICAL ENGINEERING COMPANY

6625 ROMAINE STREET HOLLYWOOD, CALIFORNIA

SAINT FRANCIS HOSPITAL

A General Hospital With Accommodations for Three Hundred Patients

And Operating THE MEDICAL OFFICE BUILDINGS, *Facing the Hospital*

Tenancy Restricted to the Medical and Dental Professions

TRUSTEES—C. R. Bricca, M. D., *President;* T. H. O'Connor, M. D., *First Vice-President;* C. A. Walker, M. D., *Second Vice-President;* Carl L. Hoag, M. D., *Secretary-Treasurer;* C. P. Thompson, M. D., *Assistant Secretary-Treasurer;* Ray H. Kistler, M. D.; George W. Pierce, M. D.; Frank B. Hand, M. D.; Russell C. Ryan, M. D.; Thomas E. Shumate, M. D.; Cavins D. Hart, M. D.

Superintendent, V. W. OLNEY

Address Communications

SAINT FRANCIS HOSPITAL

Bush and Hyde Streets *Telephone* PROSPECT 4321 San Francisco

TWENTY-FIVE YEARS AGO

(Continued from Page 28)

have shown diffuse infiltration of the solution into the pyramids, and renal structure generally, with collections in the cortex and subcapsular region. This has produced infarcts and necroses. . . .

From an Original Article on "Some Experimental Data on the Morestin Treatment of Peritonitis," by Saxton Pope, M. D., San Francisco.—At the Société de Chirurgie in May, 1913, Morestin read a report of two cases of peritonitis treated by the use of ether intra-abdominally. The work was done by Témoin at the Bichat Hospital; and the procedure consisted simply of sponging out the soiled peritoneal cavity with ether, and leaving a quantity of this fluid in the abdomen. Morestin had been using this treatment since 1901 and felt convinced of its usefulness. . . .

While this work is rather tardy and its findings unnecessary to convince many surgeons of the fallacy of the Morestin method, in view of its recommendation to army surgeons in the present war, and with the hope that it may deter some of the unwary from using this risky procedure, it is here placed before you for consideration.

From an Original Article on "Streptococcic Infections," by J. La Rue Robinson, M. D., Reno, Nevada.—The purpose of this paper is to bring before the Society some of the most recent findings concerning the morphology, cultural characteristics and pathology of the streptococcus group. . . .

(Continued in Back Advertising Section, Page 34)

He Likes PABLUM

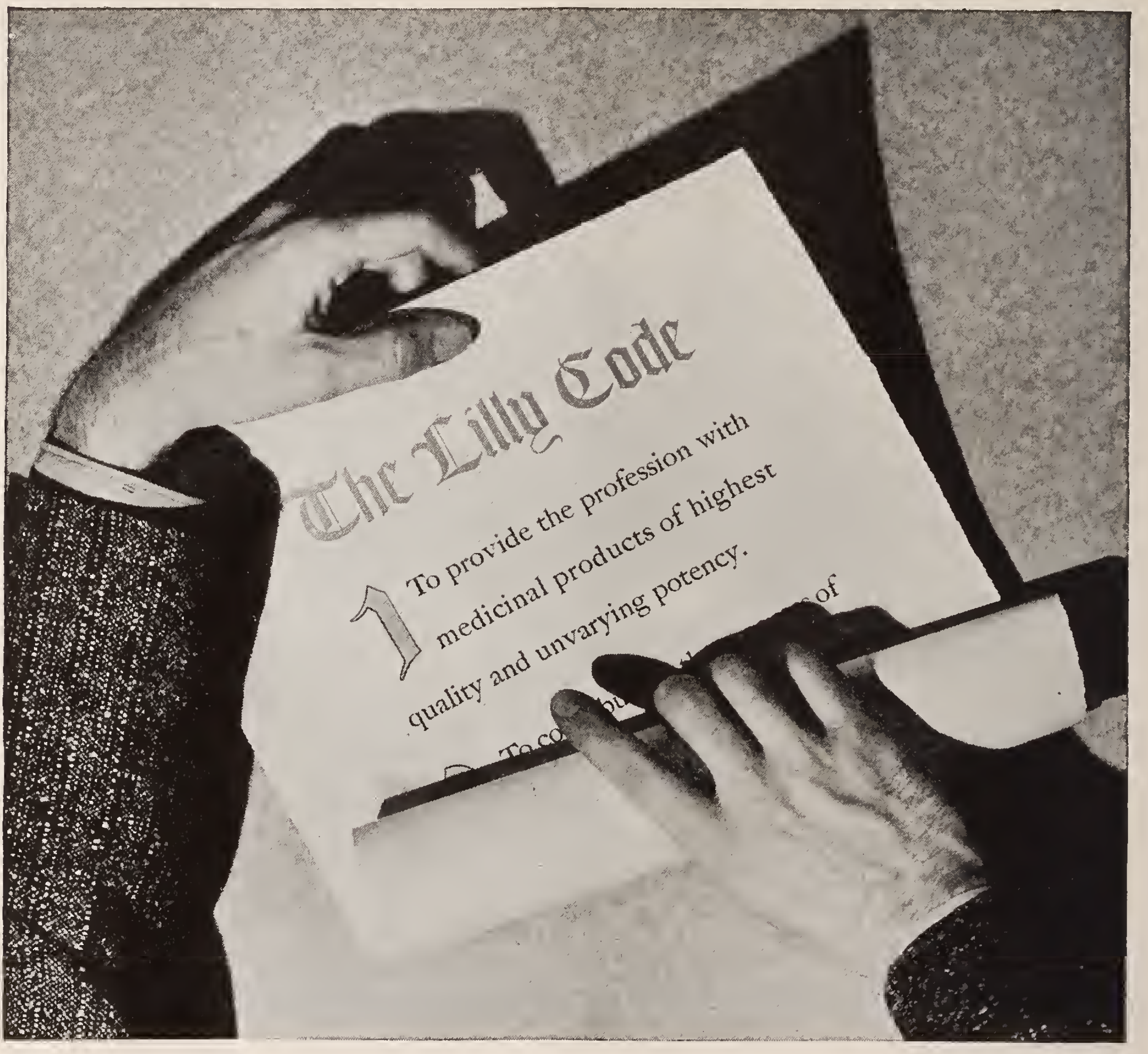
It is a fortunate provision of Nature that at the time the infant is ready to receive the nutritional benefits of cereal, his taste is unspoiled by sweets, pastry, condiments, tobacco, alcohol and other things to which adult palates and constitutions have become conditioned.

Many a parent, with limited knowledge of nutrition, attempts to do the baby's tasting for him. Partial to sweets, the mother sweetens her child's cereal. Disliking cod liver oil, she wrinkles her nose and sighs: "Poor child, to have to take such awful stuff!" The child is quick to learn by example, and soon may become poor indeed—in nutrition, as well as in mental habits and psychological adjustment.

Appreciating the importance and difficulties of the physician's problem in establishing and maintaining good eating habits, Mead Johnson & Company continue to supply Pablum in its natural form. No sugar is added. There is no corresponding dilution of the present protein, mineral and vitamin content of Pablum. Is this not worth while?

Copyright 1939, Mead Johnson & Co., Evansville, Ind., U. S. A.

PABLUM IS NOW SUPPLIED IN TWO NEW SIZES: (1) 1 lb. 2 oz., replacing the 1 lb. size, and offering 2 extra ounces without additional charge; and (2) the new ½ lb. size. This size is small enough to be easily grasped in one hand, is convenient for traveling, and requires only a small outlay of money. Both sizes are more economical in comparison with the former 1 lb. size.



The Lilly Code

1 To provide the profession with medicinal products of highest quality and unvarying potency.

Orally Administered Bismuth in the Treatment of Syphilis

Pulvules Sobisminol Mass, Lilly,* in a dose of two or three pulvules three times daily, rapidly produce a high urinary bismuth excretion and exert a powerful antisyphilitic effect. To guard against inadequate treatment through irregularity of administration, Sobisminol Mass may best be regarded as an adjunct to parenteral therapy.

A convenient test kit for determination of urinary excretion of bismuth is available.

*Contains a complex organic bismuth compound resulting from the interaction of sodium bismuthate, tri-isopropanolamine, and propylene glycol.

ELI LILLY AND COMPANY

PRINCIPAL OFFICES AND LABORATORIES • INDIANAPOLIS, INDIANA, U. S. A.

CALIFORNIA
AND
WESTERN MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

VOL. 52 JUNE, 1940 NO. 6

California and Western Medicine
Owned and Published by the
CALIFORNIA MEDICAL ASSOCIATION
Four Fifty Sutter, Room 2004, San Francisco, Phone DOuglas 0062

Address editorial, business, and advertising communications to Dr. George H. Kress as per address above.

EDITOR . . . . GEORGE H. KRESS

Committee on Publications

A. A. Alexander	Oakland	1941
Francis E. Toomey	San Diego	1942
G. W. Walker	Fresno	1943

Secretary-Editor, ex officio

Advertisements.—The Journal is published on the seventh of the month. Advertising copy must be received not later than the fifteenth of the month preceding issue. Advertising rates will be sent on request.

BUSINESS MANAGER . . . . . GEORGE H. KRESS

Advertising Representative for Northern California
L. J. FLYNN, 544 Market Street, San Francisco (DOuglas 0577)

Copyright, 1940, by the California Medical Association

Subscription prices, $5 ($6 for foreign countries); single copies, 50 cents.

Volumes begin with the first of January and the first of July. Subscriptions may commence at any time.

Change of Address.—Request for change of address should give both the old and the new address. No change in any address on the mailing list will be made until such change is requested by county secretaries or by the member concerned.

Responsibility for Statements and Conclusions in Original Articles.—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the Journal and the demands on its space may permit. The right to reduce or reject any article is always reserved.

Contributions—Exclusive Publication.—Articles are accepted for publication on condition that they are contributed solely to this Journal. New copy must be sent to the editorial office not later than the fifteenth day of the month preceding the date of publication.

Contributions—Length of Articles: Extra Costs.—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

	PAGE
Editorials	249
Editorial Comment	253
Original Articles	254
California Medical Association	260
House of Delegates Minutes	260
Council Minutes	297
County Societies	302
Woman's Auxiliary	305
News	307
Letters	310
Twenty-Five Years Ago; State Examining Board	312
Index to Advertisements . . . . . . Adv. p.	8

EDITORIALS[†]

CORONADO ANNUAL SESSION OF MAY 6–9, 1940

Coronado Annual Session Well Attended.—The records of the sixty-ninth annual session of the California Medical Association, held at Coronado, in San Diego County, now belong to the history of the past. Registration figures totaled 1,674, including 1,254 members of the California Medical Association, 76 guest physicians, 270 members of the Woman's Auxiliary, 21 medical students, and 53 exhibitors. The general opinion as to this year's session is one of approval, both regarding the scientific assemblies and the entertainment and other features, and this in spite of handicaps due not only to the limited number of available meeting rooms (a defect it was necessary to overcome by planning and constructing seven new rooms), but also because the many pillars in the lobby necessitated considerable thought in order to create booths for technical displays that would be satisfactory to the commercial exhibitors.

* * *

Innovation of General Sessions Each Morning a Success.—The new plan of having four general sessions, one each morning, with no meetings by any of the twelve scientific sections of the Association or affiliated organizations to distract, was carried through with gratifying results, as was evident from the large and interested audiences. As is well known to members who have attended the annual sessions, a decided falling off in attendance at meetings held on the last, or Thursday morning, of an annual session has been observed in former years. Such was not the case this year at Coronado, either on Thursday morning, or even on Thursday afternoon; at which latter time there was a well-attended meeting of the Section on General Surgery. Sections should feel free to carry their programs over into Thursday afternoon.

* * *

Preliminary Meetings of Study Groups on Sunday.—The preliminary conferences and study groups whose members met on Sunday—immediately preceding the opening meeting on Monday morning—were also well attended. For example, there were more pathology conference applicants, who had brought their microscopes, than could be accommodated. The need of preliminary registration, then, for these valuable Sunday courses becomes increasingly important for all who wish to participate therein; and members who are interested should promptly send in their applications when the "Pre-Convention Bulletin" first gives the necessary information.

[†] Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

In addition to the pathologic and radiologic conference and study groups, which have been holding Sunday sessions during the past several years, two well-attended "Clinical Meetings on Cancer" were held, and also, a new conference on "Skin Pathology." The California Heart Association was rewarded with good audiences, but, due to the need of larger accommodations, it has under contemplation the plan of henceforth holding its meetings on Sunday.

Appreciation is expressed to the members and organizations who coöperated through presentation of exhibits in the scientific sections. Planning for scientific exhibits at next year's Del Monte session should not be delayed.

Because of lack of rooms of adequate number and size to accommodate the twelve scientific sections and other official activities of the Association, practically all holding meetings each afternoon, it is evident that affiliated organizations and groups desiring to gather together at the same time and place as the annual session, will hereafter be obliged to hold their sessions on Saturday and Sunday, immediately preceding the opening day of the Association's annual conference. Such readjustment should not work much hardship, because weekend absences from private practice are more easily arranged by most physicians. Also, a Saturday-Sunday arrangement will have appeal to many members who wish to be present not only at the accessory meetings referred to, but also at one or two days of the Association's annual session. Moreover, such fitting-in of programs, held at the same time of the year by affiliated or collateral specialty groups, makes for economy in expense and time for all desiring to attend. Since meeting rooms set aside for the Association's groups are all available for collateral organizations on Saturday or Sunday, the serious problem of providing ample accommodations would then be solved.

* * *

Annual Session of 1941 at Del Monte.—It will be gratifying to many to learn that next year the California Medical Association will meet at Hotel del Monte. If contemplated changes in construction are carried through by the Hotel management, it should be possible to provide better facilities than heretofore at this delightful meeting place in the Monterey region. The dates of convening, probably some time in May, 1941, will be determined later by the Council (most likely at its June meeting).

* * *

The Association Welcomes President Harry H. Wilson, President-Elect Henry S. Rogers, and Other Officers.—Welcome is extended to the officers and committeemen upon whom have now devolved the obligations of office through election or appointment at Coronado, and whose names appear in the minutes of the official proceedings, as given on other pages in this issue.*

President-Elect Harry H. Wilson of Los Angeles took over the duties of the President upon the adjournment of the House of Delegates on Wednesday evening, May 8. To Doctor Wilson, therefore, are extended the good wishes of the members of the Association throughout the State for a year of successful service, and also their assurance of cordial coöperation in all endeavors that will continue to make the California Medical Association a powerful force in the advancement of public health and medical-practice needs and activities in this commonwealth.

A hearty welcome is also extended to President-Elect Henry S. Rogers of the Sonoma County Medical Society, whose long record of efficient and generous service brought to him this merited honor.

Thanks, likewise, go to the retiring president, Charles A. Dukes of Oakland, who gave of himself unsparingly during the past two years to contact the members of the component county societies, and to outline to them the policies to which the American and California Medical Associations have long committed themselves.

The newly elected members of the Association Council are: Louis A. Packard (Third District), Bakersfield; R. Stanley Kneeshaw (Fifth District), San Jose; John W. Cline (Sixth District), San Francisco; John W. Green (Ninth District), Vallejo; Edward B. Dewey (Councilor-at-large), Los Angeles; Dewey R. Powell (Councilor-at-large), Stockton; and to them and to delegates and committeemen who now take on their respective work, cordial welcome is likewise extended.

* * *

Thanks to the Local Committee on Arrangements.—Comments on the Coronado annual session would be incomplete if reference were not made to the cordial coöperation given to the Association Secretary by the officers and members of the San Diego County Medical Society, and by the local Committee on Arrangements, of which Councilor C. O. Tanner was chairman. Their attention to parking, entertainment and other details played a real part in the success of the sixty-ninth annual session; and the handsomely illustrated and informative "Bulletin of the San Diego County Medical Society: Special 1940 Convention Edition," brought out by F. E. Toomey and P. E. Wedgewood, is worthy of special mention.

All in all, the 1940 annual session at Hotel del Coronado measured up in excellent fashion to the best traditions of the past.

1939 REPORT OF THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA

A report of the California Board of Medical Examiners should always be of interest to members of the medical profession of the state. This Board, as at present constituted, consists of the

---

* For minutes of the House of Delegates, see page 260; of Council minutes, page 297.

following members: William R. Molony, Sr., M.D. (president), Los Angeles; Clark L. Abbott, M.D. (vice-president), Oakland; Charles B. Pinkham, M.D. (secretary-treasurer), San Francisco; Alvin E. Cerf, M.D., San Francisco; Fred R. DeLappe, M.D., Modesto; Percival Dolman, M.D., San Francisco; William H. Geistweit, M.D., San Diego; Charles E. Schoff, M.D., Sacramento; William A. Swim, M.D., Los Angeles; George Thomason, M.D., Los Angeles.

The Board of Medical Examiners operates under the general supervision of the Director of the California Department of Professional and Vocational Standards, and, in addition to its regular members, there is a clerical staff and also an investigation department, consisting of three special and two assistant agents—two for northern California, having headquarters at 515 Van Ness Avenue, San Francisco; and three for southern California, having offices at 906 State Building, Los Angeles.

At midnight of September 19, 1939, eleven new statutes relating to the California Medical Practice Act became laws. A statute of especial interest was Senate Bill 234, now on the legal codes as Chapter 281, Statutes 1939, which relieves graduates of Canadian medical schools from the internship requirements demanded of those hailing from foreign medical schools.

In 1938, 408 physicians filed applications for registration, but last year only 338 submitted such applications, or 70 less than during the previous year.

In 1939, 200 physicians were licensed through reciprocity certificates, the New York Board being credited with 23 licentiates; Nebraska, 22; and Illinois, 21.

A total of seventy physicians who had been licensed by the California Board of Examiners applied for reciprocity certificates, to be presented to examining board in other states.

A responsibility of the State Board of Medical Examiners, taken on in 1939 through a law enacted in that year, has to do with the registration of dispensing opticians (Chapter 955, Statutes 1939). Under the new statute, a total of ninety-two certificates were issued and registered to dispensing opticians.

As regards written examinations of applicants who appeared before the California Board in 1939, the following comment is made concerning the four Class A medical schools in California:

> The University of Southern California School of Medicine made a perfect examination score in 1939, as they did in the year 1938. The University of California Medical School graduates took second place and the College of Medical Evangelists ranked third. The percentage of failures for graduates of medical schools outside of California was the same as the prior year, *i. e.*, 9 per cent.

Fifty-one graduates of foreign medical schools took the written examinations in 1939, twenty-three coming from Canadian schools (McGill, 22; Alberta, 1).

Interesting information is also given in the reports of the legal and investigation departments for the northern and southern sections of the state. During the year, ten physicians submitted legal changes in their names; and during the year 1939, of medical graduates licensed to practice in California, death came to 263.

MEDICAL EDUCATION IN THE UNITED STATES

The Council on Medical Education and Hospitals of the American Medical Association recently brought off the press a volume discussing medical education in the United States for the period 1934-1939, attention being called to the progress that had been made in medical schools in this country from the time the American Medical Association, in 1901, took up its initial survey of such institutions.

The number of approved schools in the United States and Canada, existing at the present time, is 87, a total of 375 medical schools now being extinct or not approved.

There are 66 schools of medicine in the United States in which four-year courses are given, and 57 of these are affiliated with universities; and as regards this latter group, 24 receive tax-support in addition to other endowment. These tax-supported institutions include 21 state and 3 municipal universities. In the group of 33 nonuniversity medical schools, 8 have received partial support through church affiliations.

The reports do not favor the plan of medical school organization and administration in which preclinical studies are carried on in one city and the work of the clinical branches of the last two years in another; it being contended that such division is neither good for the university nor for the advancement of medical education.

The survey brought out the interesting fact that salaries for professors in basic-science departments of medical schools range from $2,240 to $16,000.

In a discussion of student personnel, note was made that applicants for matriculation are more than twice as many as can be accepted with existing facilities. Attention was also called to the modern-day, careful inspection of the scholastic qualifications of the prospective medical students, not only through examination of college credits submitted, but through evaluation of aptitude tests and of other scholastic records.

Of the sixty-six schools conferring the degree of Doctor of Medicine, only fourteen demand a year of internship before the degree is granted. In this group are listed the four California Class A medical schools: California, Stanford, the University of Southern California, and the College of Medical Evangelists.

The value of clerkships during the clinical years and the importance of adequate library and clinical facilities are also stressed.

The annual maintenance cost of the sixty-four schools of medicine offering a four-year course come to $21,491,248 of which amount, $17,047,865 were allocated to instructional costs.

An analysis of the cost, per student, in credit hours in professional schools shows that medical education is more expensive than that of other professions: the credit-hour outlay per student being listed as $26.96 in medicine, as against $15.87 in dentistry, $11.05 in law, $10.52 in engineering, and $5.92 in commerce.

Income sources that may be drawn upon in medical schools attached to state and municipal universities amount to $693.91 for each student; but in medical schools not so affiliated, the income sources are available up to $1,230.78 per student.

The average of general hospital beds available per student was 14.2; the figure for San Francisco given as 24.5, and for Los Angeles, 19.7 beds.

The reports contain much other information of value, and the data cited above should be of interest both to recent and older graduates. Physicians attached to medical faculties, therefore, may wish to scan further the text of the departmental surveys.

NEW NARCOTIC REGULATIONS

Instructions Should Be Read.—On page 306, in this issue of the Official Journal, appears a notice received from the Division of Narcotic Enforcement of the State of California* regarding the new regulations governing the writing of prescriptions for narcotic drugs, which will go into effect on July 1, 1940, as provided in a law enacted by the California Legislature in 1939. All physicians who are authorized to write narcotic prescriptions will receive their first forms and instructions from the Department. Thereafter, request must be made for the blanks.

Special attention is called to this new law and its provisions, since nonobservance by a physician may lead to more than embarrassment with the constituted state authorities, whose duty it is to enforce the provisions of the Act. Take time, therefore, to read the announcements by the State Narcotic Department, whose officials, through Chief Paul E. Madden, have endeavored to provide blanks that may be given to patients without revealing the nature of the drugs prescribed. Cordial coöperation between members of the medical profession, the state authorities and others concerned, will go far in eliminating misunderstanding and friction.

ON VARIOUS TOPICS

Accidental Deaths in California in 1939.—Last year California recorded 6,092 deaths due to accidents in a total of 77,093 deaths from all causes. Among the deaths due to accidents, 408 were of occupational nature, 1,645 occurred in the home, 2,831 were due to public motor-vehicle causes, and 1,151 to public factors, exclusive of motor-vehicle relationship.

It is interesting to note that, in California, deaths due to accidents were exceeded in number only by the following: diseases of the circulatory system (25,703), this figure showing, if subdivided by major age groups: 3,415 deaths between ages 65 and 69; 3,739 between 70 and 74; 3,930 between 75 and 79; 3,010 between 80 and 84; other age groups in lesser numbers; cancer (9,652); and diseases of the nervous system (6,931). Worthy of special note, also, is the fact that, in spite of the lure the State of California holds for patients afflicted with tuberculosis, there were, in 1939, only 3,906 deaths due to tuberculosis in all its forms.

By age periods, the principal cause of death between the age group 1 to 39 was due to accidents; tuberculosis having second place in the age period 5 to 39.

* * *

Honorary Membership to Lay Citizens in Medical Societies.—A recent letter sent to its members by the Wayne County Medical Society (Detroit), in announcing a meeting program, contained these paragraphs:

> The necessity of the medical profession using its every influence in helping to maintain the American way of life in America is increasingly important. The theme of the evening will center around the citizenship of the doctor and the present importance of the influence of the medical profession, not alone as relating to domestic problems but in its relationship to international problems. . . .
>
> Five honorary memberships will be given to outstanding citizens, representing aspects of life important to the medical profession and America, viz.: Business, the Judiciary, Civic and Political Affairs, and the Arts and Sciences.

Mention is made of the action taken by this prominent component county medical society because it may be worthy of consideration by other units in organized medicine. If such type of membership is adopted by a medical society, it naturally follows that the bestowal of the honors should have received most careful preliminary thought; and also that the presentation of the honorary memberships be done with dignity, and in proper time and place. Nor should it be forgotten, in connection with any organization, that "honorary membership" is esteemed, in good part, in proportion to the reputation of those who are the recipients of such honors. When such a form of membership is authorized, its worth should be properly maintained to make it of real value to a medical association.

* * *

Alabama Resolution Concerning the Patenting of Drugs or Medical Appliances.—A resolution recently received, and appearing below, will probably cause considerable discussion; since much can be said in favor of moderate royalties when levied by nonprofit foundations, and the proceeds of which are used to promote further research in medicine. A pertinent query which could be put, therefore, is this: Can the profits from royalties demanded by nonprofit foundations, whose objects are the advancement of medical science, do greater good for humanity than would accrue if such royalties were not demanded?

The nonprofit foundations usually stipulate that the quality of their products shall be maintained, that being one of the reasons patents are taken out. It is to be regretted, of course, if the royalties demanded are of such excessive amount as to work hardship on the sick.

---

* Address of the Department is 156 State Building, San Francisco.

Narcotic laws are listed under Division 10 of Health and Safety Code. Under Chapter 1097, Statutes of 1939, and amendments: Chapter 60, approved April 7, 1939; Chapter 1097, approved July 25, 1939; and Chapter 1079, approved July 25, 1939.

Resolutions follow:

The Medical Association of the State of Alabama begs to call to your attention the following important resolution adopted by it on April 18, 1940:

Whereas, There is a growing tendency to patent drugs in the name of universities and foundations in connection with universities; and

Whereas, These patents are presented to the institutions by the discoverers; and

Whereas, The discoverers of the products are usually medical men; and

Whereas, The effect of the patents is to increase the price of the drugs because of the royalties imposed by the said foundations; and

Whereas, A considerable proportion of patients in need of the new products are prevented from buying them by reason of the necessarily high prices asked; and

Whereas, This hardship is imposed upon the needy public through the acts of the discoverers under the guise of foundations; be it

Resolved, That the Medical Association of the State of Alabama condemns as unethical the patenting of drugs or medical appliances for profit whether the patent be held by a physician or be transferred by him to some university or medical research foundation, since the result is the same, namely, the deprivation of the needy sick of the benefits of many new medical discoveries through the acts of medical men; and be it further

Resolved, That copies of these resolutions be sent to the leading medical associations and journals, to the leading medical colleges of the United States and Canada, and to the secretaries of all state medical associations as well as to that of the District of Columbia.

* * *

The Case for Private Medicine.—The news service of the Chamber of Commerce of the United States recently called attention to an illustrated article of twenty-two pages in the May issue of its official publication, *Nation's Business,* having the caption, "The Case for Private Medicine," the reprints of which may be secured at 10 cents per single copy, \$6 per hundred; or \$5 per hundred in lots of 1,000 or more.*

The article presents an excellent summary of a much-discussed subject, and the distribution of the pamphlet to citizens of influence in local communities and organizations is worthy of consideration. The expense involved is slight, in comparison with the good that could be achieved. A copy of the pamphlet on the reception-room table of every physician would carry on educational work of real value. All practitioners, then, who care to keep themselves informed concerning legislative trends in relation to medical practice and the public health may well send for a copy of this valuable reprint. It is good reading, obtainable at very moderate cost.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 260.

Note.—In compliance with the recommendations of the Survey Committee that the "Official Journal" contain not more than 96 pages, recent issues have been so limited. This June number exceeds the 96-page size by one 8-page form. The importance of the official minutes of the House of Delegates necessitated the use of extra pages. Regular departments have been correspondingly decreased.

EDITORIAL COMMENT†

THE USE OF ELECTRICAL CAUTERY IN OFFICE PRACTICE OF GYNECOLOGY

The cautery is a valuable adjunct in the gynecologic care of patients. It is useful to destroy unhealthy granulations or infected tissue; destroys retention cysts in the cervix. It may also be used to excise small growths.

Cauterization should never be performed on an acute or subacute inflammation of the cervix. Acute or subacute salpingitis contraindicates the use of the cautery. Some authors report good results from cautery treatment of chronic endocervicitis during pregnancy; nevertheless, I would hesitate to use it at this time, since the patient might abort subsequently and believe that the loss of the pregnancy had resulted from the cautery treatment. A retroflexion of the uterus interferes with drainage of the cervix, and patients with retroflexion should not be cauterized unless the uterus can be replaced and supported with a proper pessary.

Many types of cautery have been used. Hanner prefers the Paquelin cautery. However, the thin-bladed cautery knife, first recommended by Dickinson, is the most satisfactory. Different types of tips are needed for different conditions. A patulous cervix, with chronic endocervicitis, requires a blade at least three-fourths of an inch long. A fine-pointed tip or a small loop may be used to open and destroy superficial cysts. A fine tip is used to destroy Skene's ducts. A cautery handle with a pressure control is necessary.

The technique involved is as follows:

A suitable bivalve speculum is introduced into the vagina, and the mucous discharge thoroughly removed with cotton balls. A suitable cautery tip is selected and the transformer connected. Occasionally it is necessary to grasp the cervix with a single-toothed Volsella. The cautery tip is then placed against the area to be incised and the current turned on by pressing the contact button on the cautery handle. As a rule it is only necessary to cauterize the glands near the external os and the area of erosion. Nabothian cysts are punctured and destroyed.

Patients, as a rule, complain of very little pain. If an extended procedure is necessary, the patient should be taken to the hospital and a general anesthetic administered.

350 Post Street.

Abraham Bernstein,
San Francisco.

---

* Address: Chamber of Commerce of the United States, Washington, D. C.

† This department of California and Western Medicine presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

ORIGINAL ARTICLES

FRONTIERS OF MEDICINE STILL LIE AHEAD*

ADDRESS OF THE PRESIDENT

By CHARLES A. DUKES, M.D.
Oakland

SPEAKING before the medical graduates of the University of the Pacific in 1862, Dr. Henry Gibbons said: "You enter the profession at the most interesting period that has ever marked its history. It is the day of great achievements."

These words are as applicable today as when they were uttered by Doctor Gibbons seventy-eight years ago. Today and every day is always the day of great achievement in medicine. The frontiers of medicine still lie ahead!

MEDICINE'S STRUGGLE

There are many here who have watched the struggle of medicine upward, from the clinging witchery of ignorance, fear and superstition, to become the greatest factor for the advancement of the human race in the world today; and indeed, this struggle has contributed in no small measure to that advancement here in California. Yours is a glory that shall inspire future generations, even as you were inspired to higher achievements by the great men of yesterday.

TOMORROW WILL BE AS TODAY

To the younger physician, standing on the threshold of tomorrow, let me say we wish you well and cheer you on, and perhaps watch you enviously; for when the tomorrows become your todays, you, too, will have begun to blaze new and glorious trails in the onward march of medicine.

Much has been accomplished: much, much more remains to be accomplished.

Let me suggest that the fate of Aesculapius, the Greek god of medicine, is not likely to be yours. Aesculapius, you will recall, became so proficient in the healing art that Pluto accused him of diminishing the number of shades in Hades; and he was, therefore, destroyed by the thunderbolt of Zeus.

MISINTERPRETATIONS OF PARÉ AND GROSS

Paré, in the preface to his work on surgery in 1582, said, in effect, that, excepting for unimportant details, nothing more was to be added to the science of surgery.

Within the memory of living man, in 1882, three hundred years after Paré's discouraging pronunciamento, Dr. Samuel D. Gross, as president of the American Surgical Society, boldly stated: "All avenues of approach to surgery have been investigated."

Nothing was left for the surgeons in the future, beyond acquiring what was already known, but perfecting their technique. Yet I should not have the time, even if you had the patience, to recount the achievements in surgery during our brief span of time on earth.

CALIFORNIA MEDICINE IN ITS INDIAN, SPANISH, AND AMERICAN PERIODS

The years have not been so many since the only medicine practiced in California was that of Indian lore. Then came the days of the Spanish Californians and, finally, the Americans. Again, within the memory of many here today, the first telephone in a physician's office was installed—an event, by the way, which inspired no little acrimonious discussion among the more conservative of our profession.

CALIFORNIA EPISODES

Nor have the years been so many since the San Francisco fathers soberly debated the advisability of spending money for a hospital when it was sorely needed for a jail—finally, compromising by renting an abandoned ship in the harbor!

About this time the Chinese brought to our shores, along with their various diseases, the medicine of their forefathers, not the least of which was Li Po Ti's famous "cure" for cancer, which included such tasty remedies as pickled lizards, rattlesnake's tails, bird's claws, and coffin nails. For a good many years, until the newly formed medical societies began to evince a civic consciousness, quackery in its every form flourished openly in the large population centers.

That seems a long time ago. But 1901 was not so very far back, and then we found San Francisco plague-ridden, with city and state and federal authorities locked in a bitter struggle. Said some: A quarantine against plague-carrying ships would retard commercial progress, the word would spread and the fair name of the city would be clouded. The Governor of California, spokesman for certain interests, in the face of undeniable proof presented by bacteriologists of the State Board of Health, therefore declared there was no plague. It required a neutral federal commission, plus the untiring efforts of the medical profession, to establish a quarantine and, of course, a state-wide scandal resulted. It is significant, I think, that a physician sat in the governor's chair after the next election. He was Dr. George C. Pardee, today one of Oakland's most valuable citizens, honored by his fellowmen for unselfish devotion to the welfare of his community. As Governor at the time of the San Francisco fire, Doctor Pardee safeguarded the health of the city through prompt sanitary measures and thus prevented the fire disaster from becoming also a health disaster overnight.

CALIFORNIA MEDICINE: AMERICAN PERIOD

Medical history, like any other history, is valuable only in proportion to the understanding we are able to derive from it. California's medical history, due to a variety of natural factors, is perhaps more exciting than that of any other state. We have spoken of the development of medicine through three occupancies—Indian, Spanish Californian, and American. Through the early period of the American phase the spirit of adventure and the lure of easy riches were the paramount motivating forces in the land. I suspect that many a good physician responded to the spirit of the times and was lost to his profession.

---

* Address of the President, sixty-ninth annual session of California Medical Association, May 6–9, 1940, Coronado.

Yet all through that period we hear the occasional bells of truth ring forth—harbinger of a better tomorrow. We see grave and earnest men in this pioneer land quietly devoting their lives to the science of medicine as they knew it: ever reaching outward for new truths; struggling against the clutching talons of superstition and ignorance that stretched out from the past; knowing, in their hearts, that they were as children on the threshold of a new and thrilling future. Even as you and I!

We may say to ourselves that life was simple then. But life was *not* simple. Life never is simple to the living generation, and is less so now than ever before. The physician of early California was obliged to practice under the most trying difficulties, not all of them physical; even then the birth pains of social change were beginning to be felt. To us, it may seem that all the elements of social change were being gestated in the womb of time, to be laid finally, squalling, on our doorstep.

CALIFORNIA PHYSICIANS' SERVICE

Just as we have dedicated ourselves to the advancement of scientific medicine, so we have recently devoted a part of our time and energies to this strange new child, which is neither of scientific birth nor medical parentage. We have taken this nameless offspring into our home and have placed it under the care of a competent nurse in the form of the California Physicians' Service.

The young physician about to take over his share of the obligations of medicine in California will not, if he is wise, congratulate himself that he will be rid of this particular one. On the other hand, he will do well to take a postgraduate course in social medicine and its care and upbringing. Just as the tomorrows will bring better methods and techniques, new discoveries in medicine and surgery, so will they bring new problems in the economic relationship of the physician to the people.

DRAPER'S CONCEPT OF A PHYSICIAN

In this connection, I like to ponder the wisdom of George Draper, who said: "A priest is said to be a man of God. But a physician is properly a man of men. He must live with men, work with them, fight with them, crawl, walk, and run with them, know the stench of their bones and the music of their souls, and accept them. Only thus can he learn neither to fear nor to despise anything they may do or be. Only thus can the doctor apprehend the nature and language of men."

These words I interpret as a warning to those among us who prefer to live remotely with the gods, as individuals above and removed from the common clay. If we are properly men of the people, we cannot live remote from the people. Their problems become ours; we must not hold ourselves aloof. We perhaps remained aloof too long when, in the black depression years, distant rumblings presaged a changing era in the field of medical and hospital service for a rapidly expanding, low-income group.

THE AMERICAN PHYSICIAN OF TODAY

Speaking on this subject, Dr. Nathan B. Van Etten, now President of the American Medical Association, had this to say:

> The American physician represents the most highly educated group of the community, but he rarely functions as a citizen. How can the medical profession expect consideration from our lawmakers while the physician stands aloof from the actual exercise of citizenship? It seems more important now than at any time in our history that physicians should take positions of leadership in public activities. Someone has said recently that many people pass unconsciously from adolescence to obsolescence. Unless American physicians can be aroused from their civic adolescence, a similar judgment will be their inheritance.

Doctor Van Etten's words merit serious consideration. While it is true that here in California a good many physicians are giving a share of their time to public affairs, it is equally true that they represent a very small minority of the profession. I should say, however, that the giving by a physician of his time and efforts toward a solution of the economic problem as it applies to the physician and his patient, is doing the part of a good citizen.

The medical profession has been accused of being out of step with the times. That is a false accusation. Our business is to heal and to prevent sickness, and unless we can reach that goal our work has gone for naught. The painter strives to achieve a great painting, the poet a great poem, the writer a great book; and it is so with us. We strive to fulfil the obligations which go with our calling—to heal, to make well, to prevent illness.

MEDICAL ECONOMICS

It is unfortunate that in the noble profession to which we are dedicated, the matter of paying for medical care must be considered a prime essential. Yet such is the case. The physician also has a family to support, and his personal problems are no different from those of the patients who come to his office. Yet he is fully aware of the necessity for some plan, some system, by which the average man can receive medical and hospital care, and at the same time retain his self-respect as a good citizen.

The necessity for such a plan was driven home to me on a recent tour of the State in which, in my official capacity, I visited the medical societies of thirty-four counties.

MEDICAL SERVICE THROUGH CALIFORNIA PHYSICIANS' SERVICE

One of the country's outstanding experiments in the budgeting of medical costs is the California Physicians' Service, sponsored by the California Medical Association. The California Physicians' Service does not make any change in the costs of medicine and hospital, but does show the way for the patient to meet his bills, and therefore, of course, tends greatly to enlarge the physicians' field of endeavor. Again I wish to emphasize this point: the California Physicians' Service does not represent an effort to reduce income to the member physicians. Its set-up is designed to aid equally the beneficiary member and the physician member, without loss to the former of the usual high quality of service to which he is entitled, nor to the latter of the usual prerogatives of the physician. It is strictly a nonprofit institution and is operated on a very small overhead. It maintains in every way the time-tried relationship of physician and patient.

This activity, of which you will hear more this morning, needs and deserves the active coöperation and participation of every physician.

If a changing manner of payment for medical services is an inevitable and integral part of modern times, then it follows that the charging of exorbitant fees has no place in the picture; for this practice not only tends to alienate the public, but also is being frowned upon by our profession. I have undertaken to show that the medical profession can no longer remain remote from the people. More and more, through various channels, we are taking the public into our confidence. But no physician can long succeed who regards his patients as a gold-bearing placer mine, to be worked to the fullest and then cast aside for fresh ground.

VITAL STATISTICS IN THE UNITED STATES

Under the American system of medical service, American people have become the healthiest in the world. They live from 15 to 20 per cent longer than the people of any other country. At the same time the cost of medical care in this country has been greatly reduced, and this without disturbing the relationship of physician and patient. American medicine has met every new emergency in the economic field, just as it has in the medical field. The American medical profession stands ready at all times to serve, regardless of ability to pay, and the sooner politicians acknowledge this truth the sooner will the problems be solved. We have made amazing strides in this direction, but the goal has not yet been reached. The answer may lie with the future generations of physicians. At least we have dealt with the problem to the best of our collective abilities, and I believe to the great and lasting benefit of the public we serve.

CANCER COMMISSION OF THE CALIFORNIA MEDICAL ASSOCIATION

I am sure I would be remiss in my duties as president if I did not mention the work of the California Cancer Commission. You will have examined the Commission's published report and its various committees—all of whom I want to thank for the part they have taken in amassing the information which went into its pages. In fact, 250 physicians took part in the survey, which brought home to California all the available knowledge of cancer, filtered and tested for truth, that it might serve as a guide and a working model for future generations. The Commission made what it believes to be the first organized attempt in this country to set forth the opinion of the medical profession, rather than of one individual or clinic, or even of one specialty.

There is one highly significant statement in the introduction to the Commission's findings which I wish here to emphasize for the especial attention of the younger physicians. It is this:

". . . many questions of cancer therapy cannot be answered finally today for lack of sufficient experience."

And also this concluding statement:

"It is the hope of the Commission that, in a future review of these studies, in the light of accumulated world experience, it may be possible to answer more fully many of these unsettled questions." The Commission hopes to make this review at an early date.

It is not too much to hope that physicians of the younger generation will live to see the day when all questions concerning cancer will have been answered as in many other diseases, such as typhoid, diphtheria, and tuberculosis.

The great laboratories and clinics of the world have provided sound bases upon which to build. Notable results have been achieved here in California in the treatment of early cases, due to perfected technique in surgery, and in x-ray and radium therapy. I, for one, cannot accept any skeptical theory that the end has been reached; or, as the good Doctor Gross would say: "All avenues have been investigated." On the other hand, I believe that the accomplishments of today will be the inspiration and incentive of tomorrow. In this spirit the search for the causes of cancer will move inevitably forward.

FIRST USE OF DIPHTHERIA ANTITOXIN IN SAN FRANCISCO

To the best of my knowledge, Dr. Joseph Oakland Hirschfelder was the first to administer diphtheria antitoxin in San Francisco. This was about 1895. He was then Professor of Clinical Medicine at Cooper Medical College. He brought antitoxin from Europe for use in his clinic. This was a milestone in the life of your speaker, who at that time was undergraduate clerk in Doctor Hirschfelder's clinic and, as such, witnessed this epochal event. A true Californian, Doctor Hirschfelder was the first white child born in Oakland and was graduated from the University of California. He was a courageous pioneer in medicine, whose name will always sparkle through the pages of medical history.

OTHER ACHIEVEMENTS

We have seen the plague, typhoid, and malaria stamped out and the health of communities safeguarded through proper sanitation measures. Heart and brain surgery have achieved new heights. The mysteries of yesterday have become the knowledge of today.

Modern medicine has been called "the child of the nineteenth century." It has advanced to a point where no man can know or practice every branch, and the growth of specialism is the inevitable result. It behooves the young physician to evaluate his inclinations and training for some particular branch, lest he find himself in the unenviable position of an impecunious Jack-of-all-trades, his long years of training largely wasted.

THE TODAYS AND THE TOMORROWS

We have heard it said that there are no more frontiers in America. But that refers to physical frontiers. In medicine, the frontiers are farther and farther beyond the horizon, giving lie to the lament that youth no longer has a chance. These are the tomorrows that are destined to become your glorious todays, for, as I have said, today is always the day of great achievements in medicine.

A PRAYER OF THE PHYSICIAN

In conclusion, I should like to recite the following "Prayer of the Physician," the author of which is unknown to me:

> O God, I pray that I may have absolute intellectual honesty. Let others fumble, shuffle and evade, but let me, the physician, cleave to the clean truth, assume no knowledge I have not, and claim no skill I do not possess.
>
> Cleanse me from all credulities, all fatuous enthusiasms, all stubborness, vanities, egotism, prejudices, and whatever else may clog the sound processes of my mind. These be dirt: make my personality as aseptic as my instruments.
>
> Give me heart, but let my feeling be such as shall come over me as an investment of power, to make my thoughts clear and cold as stars, and my hand skillful and strong as steel.
>
> Deliver me from professionalism, so that I may be always human, and thus minister to sickly minds as well as to ailing bodies.
>
> Give me a constant realization of my responsibility. People believe in me. Into my hands they lay their lives. Let me, of all men, be sober and walk in the fear of eternal justice. Let no culpable ignorance of mine, no neglect, nor love of ease, spoil the worth of my high calling.
>
> Give me the joy of healing. I know how far short I am of being a good man, but make me a good doctor. Give me that love and eagerness and pride in my work, without which the practice of my profession will be fatal to me and to those under my care.
>
> Give me a due and decent self-esteem that I may regard no man's occupation higher than mine—envying not the king upon his throne, so long as I am prime minister to the suffering.
>
> Deliver me from playing at precedence: from hankering for praise and prominence: from sensitiveness, and all like forms of toxic selfishness.
>
> Give me money: not so little that I cannot have the leisure I need to put quality into my service; not so much that I shall grow fat in head and leaden in heart, and sell my sense of ministry for the flesh-pots of indulgence.
>
> Give me courage, but hold me back from overconfidence.
>
> Let me so discharge the duties of my office that I shall not be ashamed to look any man or woman in the face. Grant that when, at death, I lay down my task, I shall go to what judgment awaits me, strong in the consciousness that I have done something towards alleviating the incurable tragedy of life. Amen.

601 Wakefield Building.

ENDOCRINOLOGY: A CRITICAL APPRAISAL*

By Edward H. Rynearson, M.D.
Rochester, Minnesota

PART I

It is impossible to include in a single paper of reasonable length a complete review of all that is known of the endocrine glands; it will be necessary to deal briefly with some of them. An effort will be made to emphasize facts and to acknowledge assumptions. The cold hard truth is that few facts are known about some of the endocrine glands; why not admit it? Why must some pseudopharmaceutical firms give the impression in their pseudoscientific publications that endocrinology is an exact science and that administration of their preparations will effect a cure? For example, let it be stated that there is no good evidence that the oral administration of any anterior pituitary substance ever helped any patient in any way, except, perhaps, through the medium of suggestion. Why not acknowledge that much of the "endocrine therapy for glandular imbalance" is entirely worthless? Furthermore, let us as members of the medical profession be honest enough to admit that with recent advances in chemotherapy some of the material placed at our disposal may, if improperly used, be definitely harmful.

These intemperate remarks are not meant to reflect doubt on the excellent work being conducted by well-trained men; nor do they refer to the excellence of most of the articles appearing in established publications. They constitute, rather, an appeal that we, as physicians, utilize our powers of discrimination in separating the good from the bad, the true from the false. Let us be honest with ourselves and our patients by admitting our own incomplete knowledge; honesty is preferable to omniscience.

While no claim will be made to completeness, the following is an effort to list some of the accepted facts regarding the endocrine glands. Space prevents detailed discussion of any of them and some will be dealt with in a most cursory fashion.

THE THYROID

This gland and the syndromes which result from either its hyperfunction or its hypofunction are well recognized and, for the most part, are well treated. The treatment of choice for all adenomatous goiters with or without hyperthyroidism and for all cases of exophthalmic goiter is the surgical resection of the offending gland. Results of no other treatment can compare with the good results which follow the skillful surgical removal of a goiter. It should be added that all adenomatous goiters without hyperthyroidism should be removed, for many of these become active some time during the individual's life and virtually every case of carcinoma of the thyroid has its origin in an

---

* From the Division of Medicine, The Mayo Clinic, Rochester, Minnesota.

Read before the sixty-ninth annual session, California Medical Association, Coronado, May 6–9, 1940.

"innocent" adenoma. Deaths from thyroid disease now are occurring largely in cases in which a goiter has been neglected. The patient may have assumed the responsibility of permitting the goiter to remain or he may have been told "don't bother anything which isn't bothering you." In another group of cases in which death from goiter may occur, an effort has been made to treat the hyperfunction with the prolonged use of Lugol's solution. Lugol's solution should rarely be given to any patient with a goiter unless the patient has the distinct understanding that this treatment is simply a form of preoperative preparation and consents to proceeding with the thyroidectomy as soon as the ultimate improvement has been effected. The simple colloid enlargement of adolescent children is an exception to these remarks.

In its most marked state the underfunction of the thyroid produces the syndrome of myxedema, a condition which should be easily recognized and which responds satisfactorily to the judicious use of thyroid extract. For every patient with true myxedema, however, there are one hundred patients who have a low basal metabolic rate without myxedema, and in many instances the low basal metabolic rate is a part of their general clinical picture rather than the cause of their trouble. Raising the basal metabolic rate of individuals who do not have myxedema may or may not produce any clinical signs of improvement. Most patients with myxedema are completely relieved of all symptoms with a daily dosage of 2 grains or less (0.13 gram) of desiccated thyroid extract; many patients with low basal metabolic rates without myxedema require two or three times this amount, and then their symptoms may not be relieved.

THE PARATHYROID

Parathyroid Deficiency.

Parathyroid insufficiency usually follows the surgical removal of, or damage to, the parathyroid glands; it occurs following thyroidectomy in about .05 per cent of the cases. There are also a few instances of spontaneous hypoparathyroidism. The treatment of parathyroid insufficiency is quite satisfactory. Most of the patients respond very well to the use of calcium by mouth, the most inexpensive form of which is calcium lactate. Calcium lactate is effective only when it is in complete solution, and this can be accomplished only by dissolving it in very hot water. The amount of calcium lactate required varies with the degree of calcium deficiency; the condition of one patient may be well controlled with four teaspoonfuls a day and that of others during the acute stage may require twenty teaspoonfuls or more. Absorption of the calcium is aided by the addition of vitamin D, which can be administered most cheaply and easily in the form of cod-liver oil. It may be necessary on rare occasions to administer calcium intravenously; this can be given in the form of calcium gluconate (10 cubic centimeters of a 10 per cent solution). Dihydrotachysterol (A. T. 10) has a very powerful effect in raising the blood calcium. It is given by mouth in an average dosage of one cubic centimeter every other day. The greatest drawback to its administration is its expense. It is rarely necessary to use parathyroid hormone.

Hyperparathyroidism.

Most of the symptoms of hyperparathyroidism relate to disturbances in the metabolism of calcium and phosphorus. The underlying physiologic principles are not completely understood, but present knowledge indicates that the hormone of the parathyroid glands is concerned with regulation of the serum calcium and phosphorus, whereas vitamin D controls the absorption of calcium from the intestine. The parathyroid hormone seemingly causes an increase in the activity of phosphatase, which is an enzyme found primarily in the osteoclast cells of bone, in periosteal cells and in the small bowel. The increased activity of this enzyme causes direct removal of calcium from the bones and thus the serum calcium is elevated. Albright[1] has emphasized that the serum calcium exists in two forms, the ionized form and that bound with protein. If disease has increased the quantity of the ionized form, and if the serum protein is decreased, it can readily be seen that the total value for serum calcium might be considered to be normal, whereas actually it is increased. For this reason, determinations of serum protein should be made in borderline cases, and if found to be low an upward correction must be made in the value for calcium. This probably explains why some patients with hyperparathyroidism are reported to have normal blood calcium.

Symptoms.—In considering the symptomatology of this condition, emphasis must be placed on the extreme variation of the symptoms in different stages of the disease and among different patients. Shelling[2] has classified the symptoms as follows:

"1. *General:*
    (*a*) Weakness
    (*b*) Loss of appetite
    (*c*) Loss of weight
    (*d*) Muscle and joint pains
    (*e*) Constipation and abdominal pain
    (*f*) Bradycardia and cardiac irregularities
    (*g*) Polydipsia
    (*h*) Hypochromic anemia

"2. *Skeletal:*
    (*a*) Generalized decalcification
    (*b*) Cysts and giant-cell tumors
    (*c*) Fractures
    (*d*) Lumps
    (*e*) Skeletal deformities and shortenings
    (*f*) Epulides

"3. *Urinary:*
    (*a*) Polyuria
    (*b*) Albuminuria
    (*c*) Dysuria
    (*d*) Hematuria
    (*e*) Milky urine or gravel
    (*f*) Renal, ureteral, or vesical calculi
    (*g*) Renal colic
    (*h*) Diminished renal function
    (*i*) Nephrocalcinosis

"4. *Metastatic:*
    (*a*) Arterial calcification
    (*b*) Broncholithiasis and pulmonary calcinosis
    (*c*) Generalized calcinosis

"5. *Metabolic and Chemical:*
- (*a*) Hypercalcemia
- (*b*) Hypophosphatemia
- (*c*) Hypercalciuria
- (*d*) Hyperphosphaturia
- (*e*) Increase in serum or plasma phosphatase"

The general symptoms are, of course, the opposite of those seen in cases of hypoparathyroidism: muscular weakness, atony and diminished response to stimuli, in contradistinction to the tetany and exaggerated response to stimuli (Chvostek's and Trousseau's signs) as seen in hypoparathyroidism.

The skeletal symptoms are those which follow decalcification and cystic changes in the bones. The urinary and metastatic symptoms are the result of the increased transportation and excretion of calcium with abnormal calcium deposition.

Diagnosis.—The diagnosis would be easy if each patient had definite symptoms of each of the types mentioned in the foregoing paragraph. Occasionally, a patient is seen who complains of weakness, atony, aching in bones and joints, who has noted a decrease in his height and has had changes in his bones, perhaps even one or more spontaneous fractures, who has suffered from hematuria and nephrolithiasis, whose roentgenograms reveal typical osteitis fibrosa cystica, chemical studies on whole blood reveal a high concentration of serum calcium and phosphatase and low value for serum phosphorus, and who has an easily palpable parathyroid tumor. Such cases are not the rule, nor is it desirable to wait until this condition develops before making the diagnosis.

Albright, Sulkowitch, and Bloomberg[3,4] have discussed the methods used to diagnose the condition among patients who have a minimal degree of hyperparathyroidism. Twenty-two of their thirty-five patients were not suspected of having the disease when they entered the Massachusetts General Hospital, and the diagnosis was made in twelve cases in which characteristic changes in bone were not present and in eight cases in which only a moderate degree of hyperparathyroidism was present. They concluded:

"The presence or absence of bone disease is not a function of the degree of hyperparathyroidism, some of the severe cases not having it, some of the mild ones having it. Patients with bone disease and high serum phosphatase levels as a rule develop postoperative hypocalcemia; other cases seldom do.

"The term 'borderline' has been applied to mild cases of hyperparathyroidism and refers to the degree of hyperparathyroidism, not to the symptoms. In the diagnosis of such cases, the following points may be important:

"(*a*) The serum protein determination, so that allowance can be made for the bound calcium in interpreting the total calcium value.

"(*b*) A persistently low serum phosphorus level.

"(*c*) The calcium excretion in the urine.

"(*d*) The composition of the stone.

"(*e*) Repeated blood determinations."

An inexpensive, simple test to determine the excessive secretion of calcium in the urine has long been needed for use in the diagnosis of hyperparathyroidism. Such a test has been developed by Sulkowitch. His reagent consists of 2.5 grams of oxalic acid, 2.5 grams of ammonium oxalate, and 5 cubic centimeters of glacial acetic acid dissolved in distilled water and made up to a volume of 150 cubic centimeters. He stated: "The Sulkowitch reagent is a solution containing oxalate radicals buffered at such a p^H that when equal amounts of the reagent are added to urine the calcium will almost immediately come down as a fine white precipitate of calcium oxalate. If there is no precipitate there is no calcium, and the serum calcium level is probably from 5 to 7.5 milligrams per 100 cubic centimeters. If there is a fine white cloud, there is a moderate amount of calcium and the level of calcium in the serum is in the satisfactory range. If the precipitate looks like milk, the danger of hypercalcemia is present."

Space prevents complete consideration of the roentgenographic changes associated with hyperparathyroidism. Camp[5] has emphasized the importance of the uniform, miliary, granular osteoporosis and stated that this mottled atrophy is distinct from the ordinary type seen in the case of osteoporosis, and it is found only in cases of hyperparathyroidism. In some regions, decalcification progresses to produce multiple cystic regions of varying size. Cysts may reach a large size and become the site of pathologic fractures. Because of the softness of the bones, bowing kyphosis, narrowing of the pelvis and coxa vara are common.

Treatment.—Once the diagnosis has been established, operation is the treatment of choice. If a tumor is found and is removed, the condition is relieved. In some cases, as is to be expected, a tumor is not found, but hypertrophy or hyperplasia is present and resection is indicated.

REFERENCES

1. Albright, Fuller: Note on the management of hypoparathyroidism with dihydrotachysterol, J. A. M. A., 112: 2592-2593 (June 24), 1939.

2. Shelling, D. H.: The Parathyroids in Health and in Disease. St. Louis: C. V. Mosby Company, 1935, 335 pages.

3. Albright, Fuller, Sulkowitch, H. W., and Bloomberg, Esther: Further experience in the diagnosis of hyperparathyroidism, including a discussion of cases with a minimal degree of hyperparathyroidism, Am. J. M. Sc., 193:800-812 (June), 1937.

4. Albright, Fuller, Sulkowitch, H. W., and Bloomberg, Esther: Hyperparathyroidism due to idiopathic hypertrophy (hyperplasia?) of parathyroid tissue; follow-up report of six cases, Arch. Int. Med., 62:199-215 (Aug.), 1938.

5. Camp, J. D.: Osseous changes in hyperparathyroidism; a roentgenologic study, J. A. M. A., 99:1913-1917 (Dec. 3), 1932.

(To be concluded)

The possibility of utilizing the general hospital as an effective medium for case-finding in tuberculosis has not been sufficiently explored. The fact that a person is admitted to a general hospital for a condition other than tuberculosis should never be accepted as a guarantee that such person does not have significant tuberculous disease. In a study of 4,853 adult admissions to fourteen general hospitals in New York State, 1.1 per cent showed clinically significant tuberculosis and 0.6 per cent unsuspected tuberculosis.—R. E. Plunkett, M.D., and Edward X. Mikol, *American Review of Tuberculosis,* March, 1940.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION[†]

HARRY H. WILSON	President
HENRY S. ROGERS	President-Elect
LOWELL S. GOIN	Speaker
PHILIP K. GILMAN	Council Chairman
GEORGE H. KRESS	Secretary and Editor

INDEX

1. *House of Delegates Minutes.*
2. *Council Minutes.*
3. *County Societies.*
4. *Woman's Auxiliary.*

HOUSE OF DELEGATES[*]

Minutes of the Thirty-Seventh Annual Session of the House of Delegates of the California Medical Association

Held at Hotel del Coronado, Coronado, California, Monday, May 6, and Wednesday, May 8, 1940

First Meeting, Monday Evening, May 6, 1940, in the Crown Room, Hotel del Coronado

The first meeting of the House of Delegates of the California Medical Association, in their sixty-ninth annual session, held in the Hotel del Coronado, at Coronado, California, was called to order at 8:30 p. m., Dr. Lowell S. Goin, presiding.

Doctor Goin: The House will be in order. The first order of business is the temporary report of the Credentials Committee. The Chair recognizes the chairman of that committee, Doctor Walker.

Doctor Walker: Mr. Speaker! Your Credentials Committee begs to report that we have sixty-six duly certified delegates who have registered and are entitled to be seated. Mr. Speaker, I move that these be seated. . . .

Doctor Goin: A quorum of delegates being present, and the provisions of the Constitution and By-Laws having been complied with, I declare this House of Delegates duly constituted, and open for the conduct of such business as may come before it.

The Chair reports the following appointments to the Reference Committees of the House.

The Committee on Credentials:

Dr. G. W. Walker (chairman), Fresno.
Dr. Walter S. Cherry, San Bernardino.
Dr. J. F. Doughty, San Joaquin.

The Committee on the Report of the Council and the Report of the Secretary-Treasurer:

Dr. H. E. Henderson (chairman), Santa Barbara.
Dr. F. E. Toomey, San Diego.
Dr. A. A. Alexander, Alameda.

The Committee on the Report of Officers and Standing Committees:

Dr. Lyle G. Craig (chairman), Los Angeles.
Dr. G. Wendell Olson, Orange County.
Dr. L. W. Empey, Placer County.

The Committee on Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business:

Dr. L. R. Chandler (chairman), San Francisco.
Dr. Russel V. Lee, Palo Alto.
Dr. John C. Ruddock, Los Angeles.

The Chair invites a motion for the confirmation of those appointments. . . .

* * *

The first order of business is the report of the President of the Association. Dr. Charles Dukes! (Applause.)

Doctor Dukes: Mr. Speaker! Members of the House of Delegates of the California Medical Association!

I would be without appreciation if I did not express to you the great satisfaction of being the President of this great organization. If I did not express to you the great pleasure that I have had in the visiting of the component counties of this State. There have been many observations that have been particularly pleasing to me. One is that the outside or smaller counties: the great interest that they show in the scientific phases of California Medical Association, as well as other activities that you take part in. Some of the counties, where the distances are great, the men have to travel fifty to a hundred miles to attend the meeting, where there are only twenty-five members, twenty-four would be present. This is wonderful to me that men take that interest. Sometimes those of us in the metropolitan centers feel that we are too tired to travel a few blocks to go to the County Medical Society meeting. Nevertheless, the entire organization is showing great interest. I do not at this time propose to make a speech except to express this appreciation, because you have before you, in the "Bulletin," the report of the President. . . .

Doctor Goin: The next order is the report of the Council.[*] Doctor Schaupp, the chairman, is not present. Doctor Dukes is the vice-chairman, and having turned his coat inside out and put on his false whiskers, he will now appear in that capacity.

Doctor Dukes: It is the only coat I have, so I have to turn it frequently.

There are a few changes that have been directed by the Council. These changes, I believe you will appreciate, are to cover some of the factors that have not been mentioned before. They are the result of various committees that have studied the various activities that the report, as printed, contain. Some of these are for clarification purposes and some are recommendations. The first recommendation, I will call upon our President-Elect, Dr. Harry Wilson, to make a report. (Applause.)

[†] For complete roster of officers, see advertising pages 2, 4, and 6.

[*] Owing to lack of space (according to Survey Committee report, it is desirable that single issues of California and Western Medicine should not exceed ninety-six pages), the minutes as printed will be in the nature of a digest. The complete minutes are on file in the headquarters office of the Association.

[*] Tentative Report of the Council appeared in "Pre-Convention Bulletin," on page 40.

Doctor Wilson: It has been the custom of the Council to meet as a Committee of the Whole in its deliberations, attempting through general discussion to arrive at the correct solution of the many and varied problems presented to it.

The large number of councilors has made this procedure a time consuming one, and often fails to permit the individuals most fitted by knowledge or special interest to play as important a part in the considerations, as would be the case if only a few men had the responsibility imposed upon them. Therefore, your Council reports that at the reorganization meeting Thursday, May 9, 1940, it will recommend to the new Council the following program:

1. Divide the membership of the Council into subdivisions of five members each, selected for their special knowledge, interest and fitness to meet the type of problem to be considered by each subdivision.

The following tentative division has been suggested: First, a division on scientific and social problems. Second, ways and means, office management, budget, membership and so forth. Third, public policy and legislation. Fourth, public health education, and fifth, legal activities.

Each of the twenty-three standing and special committees, which are normally supposed to report through the Council, would appear through the Council subdivision handling the problems related to them.

When the Council meets at its regular sessions, they would first meet as four or five subdivisions, dispose of the problems before them, and then convene as a committee of the whole, at which time each division chairman would report the disposal of the nearly automatic items, the background solution and recommendations concerning other matters, and the Council would then approve, modify, disapprove, instruct or other action, according to the usual procedure.

This program appears to have many advantages and yet will not rob the members of the Association of the democratic method of direct representation and consideration of a group of men of varied background, training and viewpoint in the matters requiring such cross-section viewpoint of the Association's activities.

Doctor Dukes: Thank you, Doctor Wilson. On page 41, of your "Pre-Convention Bulletin," in the fifth paragraph, there is a deletion as recommended by the Council today. Subsequently, realizing the vital need of medicine, of California Physicians' Service success, on Council authorization, the California Medical Association has loaned an additional $12,000 to the California Physicians' Service. That is deleted and the report will read, in the second paragraph from that, "a total of $37,000 has been loaned to the California Physicians' Service." We felt that the repetition there and the detail were somewhat not clear and it would be better to make the paragraph as we have suggested.

On page 43, in the last paragraph—The Council recommends that the Yolo-Colusa-Glenn County Medical Society should be changed, and that in the future these counties should be regrouped as follows:

1. Butte and Glenn.
2. Yuba, Sutter and Colusa.
3. Yolo.

and that new charters should be issued to the above county medical societies, in accordance with the above grouping.

On page 45, the fifth from the last paragraph is changed to read as follows:

"In the printed report of the Council, on page 43 under Survey of Association Offices, item marked third should be changed to read as follows:

"Third, an Executive Secretary or Business Manager should be employed as Business Manager of the Office, to be Business Manager of California and Western Medicine. The duties to be defined by the Council from time to time. This individual to be either a layman or a doctor of medicine."

The majority favored a trained business layman, with organizational background.

* * *

The Council calls attention to the amendment proposed by the Special Committee on Aid to Needy Members:

RESOLUTION NO. 33

Re: *Needy Members.*

Submitted by A. E. Anderson, Fresno.

(For action thereon by H. of D., see minutes, on page 295.)

Resolved, That Chapter V of the By-Laws of this Association, California Medical Association, be, and the same hereby is amended by adding to said Chapter V a new section, numbered Section 23, reading as follows:

Section 23.—*Committee on Aid to Needy Members*

The Committee on Aid to Needy Members shall consist of three (3) members whose appointment and terms of office shall be as provided in Section 2 of this chapter.

The committee shall be responsible to the Council and the House of Delegates for all of its activities.

The committee shall administer those funds of this Association hereinafter designated as comprising the Special Fund for Aid to Needy Members. The committee's administration of said fund shall be subject to the provisions of this section.

The following funds of this Association shall comprise the Special Fund for Aid to Needy Members: (*a*) The proceeds of such assessments, voluntary or compulsory, of the members of this Association as may from time to time be levied by the House of Delegates for the purpose of providing funds for aid to needy members; (*b*) That portion of the annual dues of members of this Association which may, from time to time, be allocated by the House of Delegates or the Council to the Fund for Aid to Needy Members; (*c*) All bequests, voluntary contributions and donations from any source whatever that may be received by this Association for the express or implied purpose of aiding needy members; (*d*) Twenty-five per cent of all payments received by this Association for the purchase of life memberships; (*e*) Subject to annual approval of the House of Delegates, all profits received by this Association from exhibits and concessions at its annual convention; and (*f*) All other funds from whatever source derived (except accounts receivable, payments on indebtedness to this Association, dues and assessments) received by this Association where the payer, donor or other person transferring the funds expresses the intent that such funds shall be for aid to needy members.

Sums contained in the special Fund for Aid to Needy Members may, from time to time, be disbursed by the Committee on Aid to Needy Members to those physicians and surgeons or dependents of physicians and surgeons who are found to be actually in need of financial assistance; provided, however, that all distributions from said Fund for the Aid of Needy Members shall be made under uniform rules and regulations formulated by the Committee on Aid to Needy Members and approved by the Council.

It is the intention of this Association that the funds set aside for aid to needy members shall, in so far as possible, be used solely for the purpose of providing necessities of life for those physicians or dependents of physicians within the State of California who are actually in want.

Also to amendment presented by the Special Committee on Life Membership:

RESOLUTION NO. 32

Re: *Amendment to Chapter I of the By-Laws, Life Membership.*

Submitted by Robert Peers and L. Empey, Colfax.

(For action thereon by H. of D., see minutes, on page 295.)

Resolved, That Chapter I of the By-Laws of this Association, California Medical Association, be, and the same hereby is amended by adding to said Chapter I a new section, to be numbered Section 6, reading as follows:

SECTION 6.—*Life Membership in Component County Societies*

Each component county society may provide for a form of active membership therein, designated life membership, provided that only persons eligible to life membership in this Association shall be eligible to life membership in any component county society. Life members of the component county society shall have all of the rights and privileges of active membership therein, and shall pay such dues or assessments as the component county society may, by by-law provisions, require.

An amendment to the Constitution, submitted at the annual session held in Del Monte in 1939, is also presented by the Council:

RESOLUTION NO. 34

Re: *Amendment to Article VII, Section 1, of the Constitution.*

Submitted at the annual session at Del Monte, May 1, 1939.

(For action thereon by H. of D., see minutes, on page 295.)

Resolved, That Section 1 of Article VII of the Constitution of this Association, California Medical Association, be and is hereby amended as follows:

By striking out all of the third paragraph of said Section 1 of Article VII, and inserting the following:

> The nine district councilors shall be elected as follows: Prior to the time set for the election of district councilors, the delegates of each councilor district for which a councilorship is about to become vacant shall submit in writing to the Secretary-Treasurer the names of one or more nominees to fill the said vacancy. The Secretary-Treasurer shall transmit the names of such nominee or nominees so submitted to him to the House of Delegates on or before the time set for the election. A vote shall be taken by the House of Delegates upon the nominee or nominees so submitted and, in the event that only one nominee has been submitted, the House of Delegates may, by a majority vote, either elect or refuse to elect said nominee. If the House of Delegates shall reject the sole nominee of the delegates from the councilorship district concerned, then said delegates must immediately thereafter submit an additional nominee or nominees, and the House shall proceed to vote thereon; if there is but one nominee, the House may elect or reject. If, after such time as the Speaker may allow, delegates within such councilor district fail to submit an additional nominee or nominees, the House of Delegates may then proceed to make nominations from the floor of the House, and a vote shall then be taken by the House of Delegates to determine who shall be elected to the vacant councilorship. All nominees for district councilorships must be members in good standing, residing within the district in which the vacancy exists.

On page 46, the last paragraph, the recommendations of the Council, after careful study of the Association's needs, the Council recommend that the annual dues for the calendar year of 1941, be increased to $20.

These changes and the printed report that you have in your hand, are the result of much study on the part of the Council, upon the Council committees and upon the committees that were recommended at the last meeting of the House of Delegates. We have tried to cover the field completely. We have tried to arrange it according to your instructions, and the details we have worked out we believe are in keeping with your recommendations.

I assure you that the Council has spared no time nor have spared themselves, because this has been difficult. Change is always difficult and should be considered, I believe, very thoughtfully and not too rapidly, and that is the reason the Council is making the additions to the report that you have printed.

I thank you.

DOCTOR GOIN: The report of the Council will be referred to Reference Committee No. 2, on the Report of the Council and the Report of the Secretary-Treasurer.

✓ ✓ ✓

If there is no objection, in the interest of time saving, we will consider the report of the Credential Committee to be the roll call of the House for this session. Do I hear any objection? Hearing none, it is so ordered.

Your Vice-Speaker, Dr. Dewey Powell.

✓ ✓ ✓

DOCTOR POWELL: The next order of business is the report of the Trustees of the California Medical Association. In the unavoidable absence of the president, Karl Schaupp, I will call upon Harry Wilson, vice-president, to make that report. Harry Wilson!

DOCTOR WILSON: Gentlemen! The Trustees of the California Medical Association constitute a holding company, and the report is printed in the "Pre-Convention Bulletin." There is no need of taking further time, with any additional report tonight.

DOCTOR POWELL: The report of the Trustees will be referred to Reference Committee No. 1, on the Report of Officers and Standing Committees.

The next order of business is the report of the Auditing Committee. Does the chairman, Doctor Gilman, care to add anything more at this time? Doctor Gilman!

DOCTOR GILMAN: The report has been printed and there is nothing to add.

DOCTOR POWELL: The report has been printed and will be referred to the proper reference committee.

The next report is the Report of the Secretary-Treasurer. Doctor Kress, have you anything to add?

DOCTOR KRESS: No, Mr. Speaker.

DOCTOR POWELL: That report will be referred to Reference Committee No. 2, on the Report of the Council and Secretary-Treasurer.

Anything further on the report of the Editor, JOURNAL, Business Manager, Doctor Kress?

DOCTOR KRESS: Nothing further, Mr. Speaker.

DOCTOR POWELL: That will be referred to the proper reference committee.

We now come to the report of the General Counsel. I don't have to ask our friend Hartley Peart if he has anything more to add. Hartley never misses an opportunity to add something. Where are you, Hartley?

MR. HARTLEY PEART: I thought I would add just a little. Our report starts in at page 60 and runs to page 62, and we deal with the Social Security taxes. I might just remind you that we are going to commence an action shortly to try to recover these taxes and penalties for which the Federal Tax Department has exacted payment, reversing its previous rulings when it held that you were exempt. The Federal Government is still contending that all councilors, officers and committee members are employees of this Association, when, in truth and in fact you only have about eight paid employees.

In the report we set forth the work that we did on the Basic Science Initiative. . . .

We have had a great deal to do during the year for California Physicians' Service. We have commenced on behalf of California Physicians' Service an action in the Superior Court of the City and County of San Francisco, seeking declaratory relief, that is, asking the court to declare that this nonprofit medical service corporation, offering free choice of physician is not transacting the business of insurance. This action is commenced against the Insurance Commissioner and we hope to secure a judgment in that action that this nonprofit medical service corporation is not transacting an insurance business. The Attorney-General's office has requested us to be prepared for trial at an early date. . . .

Some years ago it was suggested that a handbook be prepared for distribution among the membership, and the Council in general approved of this idea. With this in mind, we have carefully considered the kind of material which would be of greatest service to the individual doctor in his every day practice, and we have prepared a table of contents for this possible Physicians' Handbook. . . .

For the past three years the articles appearing in California and Western Medicine under the caption of "Medical Jurisprudence" have been prepared and written as a part of the text, if desired, of such a handbook. . . .

Doctor Powell: Thank you, Hartley. The report of General Counsel will be referred to Reference Committee No. 1. The next order of business is the reports of Standing and Special Committees. These reports have been published in your "Pre-Convention Bulletin." . . .

The next order of business to come is the Committee Report on Public Health Education, which is a Special Committee. Doctor Makinson is not present. That will be referred to Reference Committee No. 3.

California Physicians' Service, Doctor Kilgore, do you desire to supplement your report at this time?

(No supplemental reports.)

Now, we come to our special committees. The Committee on Survey of Association Offices. Doctor Best, Chairman. Do you care to supplement that report as printed in the "Pre-Convention Bulletin"?

Doctor Best: Mr. Speaker! Members of the House of Delegates! May I recall to your mind that at the last meeting of the House of Delegates in 1939, Resolution No. 1 read in part as follows:

> Whereas, The active directing force of the California Medical Association functions through the central offices of the society, which offices include the Secretarial, Editorial and Public Relations Division; be it
>
> *Resolved*, That a constructive study of the functioning of those offices be prepared for the members of this House. Such study to be conducted by a special committee of three, to be appointed by the Speaker of this session; and be it
>
> *Resolved*, That report of this study shall be placed in the hands of the Council as soon as possible, preferably before September, 1939, in order that that body may initiate such changes as are indicated; and be it
>
> *Resolved*, That a copy of the study and a report of the Council's action thereon shall be printed in the 1940 "Pre-Convention Bulletin."

. . .

We offer you this report for your careful study and whatever action you see fit to take, and hope our efforts may lead to still greater efficiency and service of the California Medical Association.

I will refer you to page 73 of the "Pre-Convention Bulletin" for the complete report. . . .

We the Committee, respectfully submit this report to you for your consideration and action. (Applause.)

Doctor Powell: Thank you, Doctor Best. This committee report will be referred to Reference Committee No. 3. I call your attention to the fact that not only is this published in detail in your "Pre-Convention Bulletin," but it has already been presented to the Council, and the reaction of the Council to the report is also published in your "Bulletin" and supplemented by the report made by Doctor Dukes and Doctor Wilson tonight. It is a very important matter of business for Wednesday night. Give it your earliest attention.

The next committee report is that of the Committee on Syphilis, Dr. Howard Morrow. There is nothing to supplement that and it will be referred to the proper Reference Committee.

The Committee on Life Membership, Doctor Peers, you have nothing further to submit?

The Committee on Needy Members, Doctor Anderson has something further to add.

Doctor Anderson: Mr. Speaker! Members of the House! Owing to the fact that it was impossible to complete our survey of needy members in time for publication of the "Pre-Convention Bulletin," it is necessary to give this report at this time.

Shortly after the meeting of the House of Delegates in 1939, complying with the provisions of Resolution No. 11, regarding needy members, the President of the California Medical Association appointed a committee, consisting of Dr. A. E. Anderson of Fresno, Dr. Robert A. Peers of Colfax, and Dr. Elizabeth Mason Hohl of Los Angeles. This committee was required by the resolution to ascertain, so far as possible, the number of needy physicians in the State of California and devise ways and means to provide for the essential needs of such members, and report, with recommendation for action, at this meeting of the House of Delegates.

During the year the Committee held three meetings, secured a census of needy members, submitted proposals for amendments to the By-Laws of the California Medical Association to permit the activities intended, and agreed upon some recommendations for the consideration and action of the House of Delegates.

In order to secure information as to the number of needy members and their dependents in the State, a letter was sent to the secretaries of each of the forty county societies, asking that each society comply with the request of your resolution and appoint a committee to make a survey of the needy, and so far as possible take care of any immediate need and report to this committee.

This method of securing a survey was only partially successful. . . .

The Trustees of the Los Angeles Medical Association also supplied funds for the incorporation of a nonprofitable charitable organization, called the Los Angeles County Physicians' Aid Association. This organization collects annual dues of $5 per member, or $50 for a life membership, and $500 for a fee as a patron. A trust fund is being formed, the income of which will be disbursed by a benevolence committee.

The Aid Association is separate and distinct from the County Medical Association. Its beneficiaries may be any doctor of medicine and his dependents in Los Angeles County. The organization is actively at work. It has been helped by the enthusiastic support of physicians in Los Angeles, who wish to see every doctor in want supplied with the necessities of life and some comforts—food, clothes, housing, medical care, dentures, orthopedic appliances, radios, literature; and friendly interest of its own profession has been given to many.

The County Aid and Old Age pensions are gratefully received by many of the needy, but are insufficient for anything but meager food and housing. . . .

Your Committee makes the following recommendations:

First: Approval by this meeting of the House of Delegates, of the proposed amendments to the By-Laws of the California Medical Association, Chapter V, Section 23, attached to, and forming a part of this report.

Second: That each county society provide care of their own needy as much as possible, until the California Medical Association relief fund of at least $60,000 can be accumulated, and that only the income from this fund be used for the needy over the state; and that the fund be permitted to grow until adequate income can be derived from it to provide for all necessary aid to our needy.

Third: It is recommended that the trust fund of $60,000 be raised as rapidly as possible by an allocation of $1 per member, of the annual dues, or an assessment of $1 over and above the annual dues. Other possible sources of money for this fund, such as endowments, bequests, a part of life membership payments, memorial gifts, local benefit dinners and social functions, donations from grateful patients and friends of the profession, should be promoted by our organization and by the individual members.

Fourth: Your Committee recommends that the Woman's Auxiliary be asked to undertake activities designed to help create interest in the care of the needy, and promote the accumulation of funds for this purpose.

Fifth: Your Committee recommends that space be allowed in each issue of California and Western Medicine for brief articles intended to keep the membership reminded of the requirements of our needy, and the means proposed to acquire funds, or that space be given for standing advertisement for this purpose.

Sixth: It is recommended that there be no lay publicity in regard to relief to physicians and that the names of needy members be kept secret, except to a designated committee on benevolence.

Seventh: It is recommended that our delegates to the American Medical Association Convention be instructed to introduce a resolution requesting the American Medical Association to appoint a committee to investigate national needs, and the desirability of establishing a national fund for needy members, in view of the fact that the American Dental Association has successfully established such a fund.

Respectfully submitted. (Applause.)

Doctor Powell: Very good, Doctor Anderson. This will be referred to Reference Committee No. 1.

The next report of Committee on Governmental Employees, Doctor Voorsanger, you have something to add at this time? Doctor Voorsanger!

Doctor Voorsanger: My excuse for taking your time is that this is a brand-new committee and there was so much interesting information collected that it was thought you should briefly be informed of what the Committee found out.

Mr. Speaker: Members of the House of Delegates! At the last meeting of the House of Delegates a resolution was passed asking for the appointment of a committee to study conditions of compensation, hours and patient load of doctors of medicine employed by city, county, state, and federal government. This committee was appointed and began its work. Its chairman felt that he had been assigned a rather innocuous task that might require some work but that would be devoid of result. We did not quite know how to go about our task or to get the desired information since we could not get information from every organization under government employing physicians.

So we began to write letters to veteran facilities located at different points. . . .

After a few months the correspondence became so voluminous and the figures so complicated that the central office was asked to furnish a statistician. This statistician segregated figures as far as was possible.

There are with this five tables, and the tables containing these figures, under Table 1, 2-A and 2-B, are hereby presented as exhibits for your study. . . .

A close study of figures, for instance in federal institutions, would show a range of $3.03 per hour to $1.48 per hour for full-time employees. Some part-time employees would appear, on the face of things, to be paid fairly well. For instance, an eye, ear, nose and throat specialist gets $13 a day, and a urologist $50 a day. These specialists only work twice a month for the Government, so the salary of the eye specialist is $26 and that of the urologist is $100 a month. How much work is done for this compensation is not specified. . . .

If we forget the compensation per hour and go to Table 2-A, we will find that positions held by the Directors of Medicine in the year 1940 range from $10,000 a year down to $500 a year. There were no salaries in the $8,000 or $9,000 brackets. There were a few in the $7,000 to $5,000 bracket, and then again the decline was rather precipitous. . . .

Your Committee feels very strongly, first, that should a more complete analysis be required for study, a detailed questionnaire must be sent out.

Second, it recommends that further study of the whole question of compensation to doctors of medicine in Government employ be continued with the understanding that if it is continued, and proper information is to be obtained, a statistician must be employed whose duty it will be to personally go to these various institutions and interview types of doctors in various forms of employment. Only in this way will we be able to get accurate and complete information regarding the whole matter of medical compensation.

Your Committee also recommends that due publicity be given to the fact that its investigation has proved definitely the inadequacy of compensation paid to doctors in full-time employment, comparing this compensation with full-time employment in industry. And, for emphasis, it can be demonstrated that road masters in federal service, with less responsibility, draw equal pay with doctors.

We recommend that if this investigation is continued, special study be given to the patient load placed upon doctors in federal, state, and county hospitals; the average at present being about fifty patients per day per doctor.

Your Committee feels strongly that unless proper efforts are made to better the conditions under which full-time medical employees work, a deterioration, both in the character of the work and the health of the employee, is bound to result.

Your Committee gives its special thanks to Miss Eleanor Hanna, statistician who compiled these figures, and to Dr. Berthel Henning of San Francisco, who supplied the chairman of this committee with valuable information regarding federal institutions.

This is signed by Voorsanger (chairman), Kneeshaw, and Alesen. I submit this for your consideration. (Applause.)

(Doctor Goin has again taken the chair.)

* * *

Dr. Goin: This report will be referred to Reference Committee No. 1 for its study.

The next order of business before the House is Unfinished Business, and there comes automatically now to the attention of the House the Constitutional Amendment which was proposed last year at Del Monte, and which has now lain on the table the constitutional period of one year.

You may recall that at the Pasadena session we had an amendment to the Constitution pending, that it was referred to a Reference Committee, that the Reference Committee changed one or two things in the amendment, and that thereupon your Speaker, being a blushing young man, first speakering, was subjected to parliamentary heckling by master hecklers. To avoid a repetition of this event, I propose to make a ruling now on the disposition of this amendment.

This House is governed by Roberts' Rules of Order. On page 272, Roberts' Rules of Order, lays down the following rule: "An amendment to an amendment, which increases the modification of the rule to be amended, is out of order."

Elaborating on this rule in Roberts' Parliamentary Law, he says that the assembly is not limited to adopting or rejecting the amendment just as it is presented.

Now, the Chair interprets this rule thus: The intent of this proposed amendment is to take the nomination of district councilors from the House of Delegates, and put it in the hands of the delegates from the councilor district. An amendment to this amendment, for example to give the nominating power to the Council, would clearly be an excess of modification of the rule to be amended, and therefore would be out of order. An amendment to the proposed amendment, permitting the House to make additional nominations, would be less than a modification of the rule to be amended, and would likewise be out of order.

The Chair, therefore, rules that the House is not bound to either accept or reject the amendment as proposed, that amendments to it may be proposed by delegates or the Reference Committee to which it is committed; but that in no case may the proposed amendment to the amendment increase the modification of the rule to be amended or destroy the intent thereof.

This is the ruling of the Chair, with which I will refer this amendment to Reference Committee No. 3.

The hour is now 9:40. The House will stand in recess for ten minutes, reconvening at 9:50 p. m.

RECESS

The House reconvened at 9:50 p. m. . . .

Doctor Goin: On page 44 of your "Pre-Convention Bulletin," there is an amendment to the By-Laws—there are two amendments to the By-Laws. Now the Constitution of the Association, or the By-Laws of your Association, require or provide that amendments may be made to the By-Laws at any meeting, provided they are presented in writing to the House of Delegates twenty-four hours before they are voted on. If the Chair hears no objection, it will rule that they have now been presented in writing since all delegates have them. Is there any objection to that? (No objection.) The amendments, then, are before you and may be voted on at the next session of this meeting.

Doctor Goin: The next order of business is the reception of Resolutions and New Business.

* * *

Doctor Shoemaker: Mr. Speaker, I should like to present the following resolution to the House for their consideration:

RESOLUTION NO. I

Re: *Headquarters Office.*

Submitted by Harlan Shoemaker, Los Angeles.

(For action thereon by H. of D., see minutes, on page 282.)

Whereas, Suggestions that more employees and secretaries be added to the staff of the headquarters office of the Association as a means of increasing its capacity for service have been made recently; and

Whereas, With the increasing amount of work demanded of the headquarters office of the Association, it must be evident that an efficient clerical personnel is of first importance if work is to be properly done; and

Whereas, In engaging the present secretary-editor, the California Medical Association was able to secure the services of a California physician who, in addition to having lived an active professional life in private practice, was so devoted to the interests of scientific and organized medicine that he also found time to render service of great value to the profession in general. During more than ten years as editor of California and Western Medicine, he brought it to the foremost rank of state medical journals, with the largest advertising income of any monthly state medical journal. He served nine years as secretary of the Los Angeles County Medical Association and later as its president, for twenty years as secretary of its Certified Milk Commission, for over twenty years as dean of the Medical Department of the University of California at Los Angeles; for even a longer period as chief of the eye staff and a member of the executive board of the Los Angeles County General Hospital; for more than twenty-five years as an active councilor of the California Medical Association, and in numerous other activities; and

Whereas, With this varied career and broad background, together with his known and demonstrated administrative ability, he is a most valuable person to supervise the work of the headquarters office; now be it

Resolved, That this House of Delegates approves a continuation of his services as the secretary-editor of the Association, and that he be given the generous support his work deserves; and

Resolved, That for the present it be recommended to the Council that no change in the administration of the headquarters office be made, but that the recommendations of the present Survey Committee and of the preceding Survey Committee, in which it was recommended that two of the clerical employees be pensioned, be put into effect.

Doctor Goin: This resolution will be referred to Reference Committee No. 3.

May I say that this meeting is being recorded electrically. The recording machine doesn't know any of you. Will you please state your name when you arise to present a resolution? Doctor Shephard!

Doctor Shephard: This resolution is introduced by the delegates of the Santa Clara County Medical Society, a copy of which was mailed to each of the delegates.

* * *

RESOLUTION NO. 2

Re: *Legislation: Medical Service; Hospitalization.*

Submitted by John Hunt Shephard, San Jose.

(For action thereon by H. of D., see minutes, on page 283.)

Whereas, Various county and state medical associations, as well as the American Medical Association, during the past many years have spent much time and money in an attempt to find a fair, equitable and workable method of leveling the cost of medical care; and

Whereas, It is recognized by all students of the problem that hospital costs are now at so low a level that only an occasional hospital is actually self-supporting, and the average income of the members of the medical profession is not compatible with the cost of their education, thus making it useless to spend time and money attempting to find ways and means of lowering these costs; and

Whereas, It is the cost of hospitalization which constitutes the immediate insurmountable economic obstacle forcing thousands upon thousands to seek admission to county hospitals; and

Whereas, The Wagner-George-Lea Bill now before Congress, if enacted into law, will serve as the first step in the nationalization of medical care under political control, inevitably lowering the standard of medical service which has been built up through the individual efforts of the medical profession; and

Whereas, The thousands of the members of the medical profession who are donating their services to the charity hospitals fully recognized the difficulty in rendering adequate service to patients in most charity, federal and state hospitals; and

Whereas, The vast majority of doctors of medicine are daily adjusting their charges to the ability of their patients to pay; and

Whereas, It would entail much less time and inconvenience to the doctors, and would result in a much higher type of medical care if the indigent and near-indigent patients could be cared for in private hospitals on the services of the regular attending staffs in lieu of being cared for in county hospitals; and

Whereas, The attending staffs of practically all private hospitals would gladly care for all patients certified by a medically controlled, competent medical social service as being indigent or near-indigent, without charge or for a fee set by the medical social service; and

Whereas, The ultimate actual cost to the taxpayers in caring for the indigents in private hospitals would not exceed the present cost of maintaining county hospitals, and would result in reducing the patient-day cost of the private hospitals; and

Whereas, The payment of basic hospitalization for everyone, irrespective of his economic condition, from a special fund created by universal taxation, would be equitable to all and burdensome to none; and

Whereas, All plans to level the cost of medical care so far proposed entail an administration and acquisition cost of 15 to 30 per cent, thereby increasing the total cost that same amount; and

Whereas, The cost of operating such a plan would entail very little expense, could easily be exempt from all undesirable pressure groups and political influence, and in no way would disturb the patient-physician relationship so essential to all satisfactory medical service; and

Whereas, This proposed plan will secure for the low-income group a medical service far superior to that now received or attainable under any other plan except the California Physicians' Service, and in no way is in conflict with said Service; and

Whereas, At the special meeting of the House of Delegates of the California Medical Association, held in Los Angeles in 1938, a resolution endorsing the principle of hospitalization subsidy was unanimously adopted; and

Whereas, After two years' use of public funds by the City of Palo Alto to subsidize the private hospitalization of its residents, the plan was overwhelmingly approved by popular vote as largely solving the problem of leveling the cost of medical care; now, therefore, be it

Resolved, By the House of Delegates of the California Medical Association at its annual meeting held in Coronado, California, this sixth day of May, 1940, that the Council of the California Medical Association be and is hereby instructed to prepare, introduce and actively support at the next session of the California Legislature a bill providing for the basic hospitalization cost for all citizens of California; and be it further

Resolved, That the delegates of the California Medical Association to the meeting of the House of Delegates of the American Medical Association, to be held in New York City, June 10 to 14, 1940, be instructed to introduce a similar resolution seeking nationalization of basic hospitalization for all citizens of the United States.

Doctor Goin: This resolution will be referred to Reference Committee No. 3. . . .

Doctor Goin: Doctor Cline!

* * *

Doctor Cline: Mr. Speaker! Members of the House! The preliminary remarks which might be made, pertaining to the particular things which we are to introduce, have been so well covered by the Survey Committee and by the amended report of the Council anent the survey, and its recommendations, that I will simply describe the probably boring details that we are about to present to you, as the enabling legislation to make possible an adequate reorganization of the offices of the Association. These are presented as a presentation of the San Francisco delegation.

The first is:

PROPOSED AMENDMENT TO CONSTITUTION: NO. I

Resolved, That Section 1(b) of Article V of the Constitution of this Association, California Medical Association, be and the same hereby is amended by inserting before the period and after the word "Constitution" the following: "excepting the Secretary-Treasurer and Editor," so that said Section 1(b) of Article V shall hereafter read as follows:

> (*b*) The officers of this Association enumerated in Section 1 of Article X of this Constitution, excepting the Secretary-Treasurer and Editor.

That is an amendment to the Constitution.

PROPOSED AMENDMENT TO CONSTITUTION: NO. II

Another amendment to the Constitution:

Resolved, That Section 8 of Article VII of the Constitution of this Association, California Medical Association, be and the same hereby is amended by inserting after the comma which follows the words "Public Relations," the following: "and ex officio, but without the right to vote," so that said Section 8 of Article VII will hereafter read as follows:

> Section 8.—*Executive Committee*
>
> The Executive Committee shall consist of the President, the Past President, the President-Elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Chairman of the Committee on Public Relations, and ex officio, but without the right to vote, the Secretary-Treasurer and the Editor.

PROPOSED AMENDMENT TO CONSTITUTION: NO. III

Another amendment to the Constitution:

Resolved, That Section 11 of Article X of the Constitution of this Association, California Medical Association, be and the same hereby is amended by striking out of said Section 11 the following:

> Section 11.—*Election of Council Chairman; Council Vice-Chairman; Secretary-Treasurer; Editor and Associate Editors*
>
> The Council, at the organization meeting thereof, shall elect a Chairman, a Vice-Chairman, a Secretary-Treasurer, an Editor; and, in its discretion, one or more Associate Editors, each to serve for the term of one year.

and by inserting in lieu thereof the following:

> Section 11.—*Election of Chairman and Vice-Chairman of Council; Employment of Secretary-Treasurer, Assistant Secretaries, Editor and Associate Editors*
>
> The Council, at the organization meeting thereof, shall elect a Chairman and a Vice-Chairman, each to serve for the term of one year. It shall also employ, if any vacancy exists, a Secretary-Treasurer and an Editor, and, in its discretion, one or more Assistant Secretaries or Associate Editors. The terms of their employment shall be such as are satisfactory to the Council, provided, however, that no contract of employment shall, by its terms, exceed a period of three years from the date of the organization meeting at which such contract is authorized.

PROPOSED AMENDMENT TO CONSTITUTION: NO. IV

Another:

Resolved, That Section 12 of Article X of the Constitution of this Association, California Medical Association, be and the same hereby is amended by striking out all of said Section 12 reading as follows:

> Section 12.—*Qualifications of Secretary-Treasurer and Editor*
>
> No person shall be eligible to the office of Secretary-Treasurer or Editor or Associate Editor who does not hold the degree of Doctor of Medicine, but membership in this Association shall not be a necessary qualification for the offices of Secretary-Treasurer, Editor or Associate Editor.

and by inserting in lieu thereof the following:

> Section 12.—*Qualifications of Secretary-Treasurer and Editor*
>
> The Secretary-Treasurer, the Editor, Assistant Secretaries and Associate Editors may, but need not, hold the degree of Doctor of Medicine, and may, but need not, be members of this Association.

PROPOSED AMENDMENT TO CONSTITUTION: NO. V

An amendment to the Constitution:

Resolved, That Section 1 of Article VIII of the Constitution of this Association, California Medical Association, be and it hereby is amended by striking out of the first paragraph of said Section 1 the following: "and the Chairman of the Committee on Public Relations" so that the said first paragraph of Section 1 of Article VII will hereafter read as follows:

> The Council shall consist of the Councilors and ex officio: the President, the Past President, the President-Elect, and the Speaker of the House of Delegates, each with all the rights of a Councilor.

and be it further

Resolved, That Section 8 of Article VII of the Constitution of this Association be and the same hereby is amended by striking out of said section the following: "the Chairman of the Committee on Public Relations," so that said Section 8 of Article VII will hereafter read as follows:

> The Executive Committee shall consist of the President, the Past President, the President-Elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Secretary-Treasurer and the Editor.

and be it further

Resolved, That Section 1 of Article X of the Constitution of this Association be and the same hereby is amended by striking out of said Section 1 the following: "the Chairman of the Committee on Public Relations," so that said Section 1 of Article X will hereafter read as follows:

> The officers of this Association shall be a President, a Past President, a President-Elect, a Secretary-Treasurer, a Speaker of the House of Delegates, a Vice-Speaker of the House of Delegates, an Editor and fifteen Councilors (six of the fifteen Councilors being elected as at large and nine from Councilor Districts, as herein provided).

and be it further

Resolved, That Section 4 of Article X of the Constitution of this Association be and the same hereby is amended by striking out of the first paragraph of said Section 4 the following: "and Chairman of the Committee on Public Relations," so that the first paragraph of said Section 4 shall hereafter read as follows:

> The President, Past President, President-Elect and Speaker of the House of Delegates shall be ex officio members of the Council with all the rights of Councilors.

and be it further

Resolved, That the Constitution of this Association be and the same hereby is amended by striking out all of Section 15 of Article X of said Constitution.

That covers the constitutional amendments, but because if we are going to undertake this thing and do it properly, there ought to be a means provided so that no delay be involved—the constitutional amendments must lie on the table for one year before they are voted upon—we submit the following amendments to the By-Laws:

RESOLUTION NO. 3

Re: *Amendment to By-Laws, Section 8, Chapter IV, Field Secretaries.*

Submitted by John Cline, San Francisco.

(For action thereon by H. of D., see minutes, on page 282.)

Resolved, That Section 8 of Chapter IV of the By-Laws of this Association, California Medical Association, be and the same is hereby amended by inserting after the word "determined" and before the word "by" appearing in the last sentence of said section, the following: "by the House of Delegates or," so that said Section 8 of Chapter IV shall hereafter read as follows:

> SECTION 8.—*Executive or Field Secretaries or Representatives*
>
> The Council may employ one or more executive or field secretaries or representatives, who need not be physicians or members of the Association. The duties of such a representative or representatives, if appointed, shall be determined by the House of Delegates or, in the event that the House of Delegates takes no action, then by the Council by resolution.

This is also an amendment to the By-Laws:

RESOLUTION NO. 4

Re: *Amendments to By-Laws, Section 3 (r), Chapter VI, Field Secretary—Duties.*

Submitted by John Cline, San Francisco.

(For action thereon by H. of D., see minutes, on page 282.)

Resolved, That Section 3(r), of Chapter VI of the By-Laws of this Association, California Medical Association, be and the same hereby is amended by adding to said Section 3(r) the following:

> or, if one or more executive or field secretaries are employed under Section 8 of Chapter IV of these By-Laws, any of the duties set forth in the preceding subdivisions of this Section 3 may be assigned to such executive or field secretary or secretaries by resolution of the House of Delegates or the Council.

so that said Section 3(r) shall hereafter read as follows:

> (r) *Other Duties*
>
> He shall perform such other duties as the Council or Executive Committee may direct, or, if one or more executive or field secretaries are employed under Section 8 of Chapter IV of these By-Laws, any of the duties set forth in the preceding subdivisions of this Section 3 may be assigned to such executive or field secretary or secretaries by action of the House of Delegates or the Council, under said Section 8 of Chapter IV.

Another amendment to the By-Laws:

RESOLUTION NO. 5

Re: *Duties of Secretary-Treasurer and Executive or Field Secretary.*

Submitted by John Cline, San Francisco.

(For action thereon by H. of D., see minutes, on page 282.)

WHEREAS, Under Section 8 of Chapter IV and under Section 3(a) of Chapter VI of the By-Laws of this Association, California Medical Association, the House of Delegates is authorized to determine the duties of the Secretary-Treasurer and the Executive Secretary or Field Secretary of this Association in the event that the Council shall employ an executive or field secretary; now, therefore, be it

Resolved, That when the Council employs an executive secretary or a field secretary, the respective duties of the Secretary-Treasurer of this Association and of such Executive or Field Secretary shall be as follows:

1. *Duties of Secretary-Treasurer*—The Secretary-Treasurer shall perform the duties now set forth in sections 3(a), 3(c) and 3(f) of Chapter VI of the By-Laws of this Association and such other duties as may, from time to time, be delegated to him by resolution of the House of Delegates.

2. *Duties of Executive Secretary*—The Executive Secretary shall perform all of the duties enumerated in Section 3 of Chapter VI of the By-Laws, except those duties hereinabove assigned to the Secretary-Treasurer and, in addition, shall perform such other duties as may, from time to time, be delegated to him by the House of Delegates or by the Council or by the Executive Committee.

3. *Duties of Field Secretary*—The Field Secretary shall perform such duties as may, from time to time, be assigned to him by the Council or by the Executive Committee; and be it further

Resolved, That the Council is hereby requested to employ an executive secretary in order that this resolution may become operative and, when such executive secretary is employed, this resolution and the allocation of duties hereunder shall immediately become fully effective for all purposes.

Just one more—a resolution:

RESOLUTION NO. 6

Re: *Reorganization of Secretarial Office.*

Submitted by John Cline, San Francisco.

(For action thereon by H. of D., see minutes, on page 282.)

WHEREAS, The House of Delegates of the California Medical Association at its 1939 meeting at Del Monte recommended the appointment of a committee of this House to study and make suggestions for changes in the organization of the secretarial office; and

WHEREAS, This Committee reflected in its report the desire of the House of Delegates representing the medical profession of California for a definite change in management of its affairs and recommended these definite changes; and

WHEREAS, The Council of the California Medical Association failed to execute the known wishes of its delegates for complete reorganization of the set-up of the secretarial office; therefore, be it

Resolved, That the Council of the California Medical Association be instructed by the House of Delegates to appoint an executive secretary, and otherwise reorganize the secretarial office in accordance with the recommendations of the "Office Survey Committee"; and be it further

Resolved, That the Council of the California Medical Association shall, at its first meeting after the closing of the House, take steps to effect the recommended reorganization.

DOCTOR GOIN: The proposed amendments to the Constitution will come up for your disposition at the 1941 meeting of the House of Delegates, and must, in the meantime, be published at least twice in CALIFORNIA AND WESTERN MEDICINE.

The Resolutions and amendments to the By-Laws, presented by Doctor Cline, are referred to Reference Committee No. 3. Dr. Ayres!

* * *

DOCTOR AYRES: Mr. Speaker! Members of the House of Delegates!

RESOLUTION NO. 7

Re: *Medical Care Through California Physicians' Service for Persons Receiving Public Assistance.*

Submitted by Samuel Ayres, Jr., Los Angeles.

(For action thereon by H. of D., see minutes, on page 283.)

WHEREAS, The Council of the California Medical Association, by resolution adopted February 17, 1940, requested the Trustees of California Physicians' Service to communicate with the appropriate governmental authorities, and to propose a general plan whereunder medical care of persons receiving their medical services at public expense would be undertaken by the medical profession of the State of California through California Physicians' Service; and

WHEREAS, The Trustees of California Physicians' Service, in compliance with the request of the Council of the California Medical Association, immediately undertook discussions with various public officials and, through a special committee appointed for such purpose, has prepared a general plan for the medical care of persons securing public assistance; and

WHEREAS, The plan which has been formulated by the special committee representing the Trustees of California Physicians' Service is, in substance, as follows: That essential medical services be furnished to those persons designated as being entitled thereto by the appropriate governmental agency, through the facilities of California Physicians' Service under an arrangement with the Relief Commission of the State of California or the proper relief authorities of political subdivisions of the State of California or any other agency designated by the California legislature; that such arrangement or agreement of such governmental agency shall provide for the undertaking and performance of such essential medical services in order to aid in the rehabilitation of the recipients thereof, for payment of reasonable compensation for the performance of such services, for the efficient and economical administration of such medical service program, to the end that the public welfare may be promoted both as to medical needs and conservation of public funds, for advance of necessary administrative expenses and for the vesting of responsibility for the proper functioning of the service in the medical profession through California Physicians' Service shall have complete control of the rendition of medical services, subject only to necessary integration with relief agencies and necessary accountability for funds; and

Whereas, The Board of Trustees of California Physicians' Service proposes that if such plan should be undertaken, its administration must be separate and independent of its present activities so that each professional member of California Physicians' Service will be afforded an opportunity to accept or refuse to perform services under such public assistance program, and so that the compensation paid to professional members will be on a different basis than compensation now paid under the unit system for services rendered to beneficiary members, such payment of compensation for services under the public assistance program to be measured by the funds available from public sources; and

Whereas, The Board of Trustees of California Physicians' Service has, by resolution adopted on May 5, 1940, approved the plan as above outlined and has stated that if the House of Delegates of the California Medical Association requests further prosecution of said plan it will offer its present facilities to aid in the furtherance of said plan; now, therefore, be it

Resolved, That the California Medical Association approves the general plan for the undertaking of medical care of persons receiving public assistance by and through California Physicians' Service and hereby requests California Physicians' Service to do everything in its power to further said plan on behalf of the people of the State of California; and be it further

Resolved, That in the event funds are necessary for the furtherance of said plan the Council of this Association is hereby requested to give such financial aid as may appear to it to be proper.

Doctor Goin: This resolution will be referred to Reference Committee No. 3. Doctor Bear!

* * *

RESOLUTION NO. 8

Re: *Secretarial and Editorial Management.*

Submitted by N. K. Bear, Riverside.

(For action thereon by H. of D., see minutes, on page 282.)

Whereas, California and Western Medicine is not as large or complicated a publication as to demand the appointment of an additional editorial board, a managing editor, and a business administrator; and

Whereas, Reading of reports in the "Pre-Convention Bulletin" gives the impression that some of the suggestions that have been made in regard to office management and editorial supervision would only lead to confusion and greater, instead of less expense in administration, or in results achieved; therefore be it

Resolved, That this House of Delegates suggests that the present secretarial and editorial management be continued, but that a man assistant to the Secretary be secured, if possible, the plan of pensions for two older employees also be carried out, if that plan is found to be feasible.

Doctor Goin: This resolution will be referred to Reference Committee No. 3. Dr. Lee!

* * *

Doctor Lee: A resolution:

RESOLUTION NO. 9

Re: *Medical Care of Students.*

Submitted by Russel V. Lee, Palo Alto.

(For action thereon by H. of D., see minutes, on page 285.)

Whereas, There is a need for adequate student health services to be provided for the medical care of students in colleges and junior colleges; and

Whereas, The California Physicians' Service can make available a complete service of this kind; be it

Resolved, That the House of Delegates instruct the Trustees of the California Physicians' Service to prepare a contract for submission in the colleges and junior colleges to provide a complete medical service for them.

Doctor Goin: This resolution will be referred to Reference Committee No. 3. Doctor Askey!

* * *

Doctor Askey: Doctor Askey of Los Angeles. This resolution is presented through a caucus of southern delegates of California, with their approval. The subject is: Committee on Public Health Education.

RESOLUTION NO. 10

Re: *Committee on Public Health Education.*

Submitted by E. V. Askey, Los Angeles.

(For action thereon by H. of D., see minutes, on page 286.)

Whereas, The Committee on Public Health Education, which was brought into activity at the meeting of the California Medical Association in the spring of 1939, has assumed activities of a far-reaching nature, to-wit, the development of an essay contest in the schools, the development of an educational program through motion pictures, the development of an adult education program through forums, a program of recommending popular books on medical subjects for libraries throughout the State, a program of placing literature on health and medical matters in schools and colleges, the employment of a public relations counsel who has successfully disseminated information in newspapers throughout California regarding medical matters, and who has in many other ways been able to present accurate information regarding medical science to the people, and to members of the Legislature; and

Whereas, This committee has been able to operate through a special assessment of the members of the California Medical Association; and

Whereas, It would be desirable to make these various activities a continuing program from year to year with at least part of the personnel of the committee holding over from one year to the next; therefore be it

Resolved, That the Committee on Public Health Education be established as a standing committee, and for this purpose the By-Laws of the California Medical Association be amended, as follows:

Under Chapter V, Section 1, listing the standing committees, shall be added: Committee on Public Health Education.

Doctor Goin: This resolution will be referred to Reference Committee No. 3. Doctor McClendon!

* * *

Doctor McClendon: Mr. Speaker! Members of the House of Delegates! I would like to present this resolution, as a resolution emanating from the First District.

RESOLUTION NO. 11

Re: *Basic Science Law.*

Submitted by S. J. McClendon (for San Diego County Medical Society).

(For action thereon by H. of D., see minutes, on page 286.)

Whereas, Improved standards of training, especially in professions which deal so intimately with the health of the people, are desirable; and

Whereas, It seems right and reasonable to establish similar standards for basic training in all branches of the healing art; therefore be it

Resolved, That this House of Delegates of the California Medical Association does hereby instruct the Council of the California Medical Association as a mandate to immediately take the proper steps for an initiative at the next general election for a proper Basic Science Law, and that funds for such an initiative be assessed at this meeting of the House of Delegates to properly finance this undertaking.

Doctor Goin: This resolution is referred to Reference Committee No. 3. Doctor Pollock!

* * *

Doctor Pollock: The Sacramento delegation wishes to present this resolution, at the request of the Sacramento Society.

RESOLUTION NO. 12

Re: *Observance of Constitutional Provisions.*

Submitted by Wayne Pollock, Sacramento (for Raymond Wallerius, Manuel Azevedo, Wayne Pollock).

(For action thereon by H. of D., see minutes, on page 290.)

Whereas, The enabling Resolution of the House of Delegates adopted December 17, 1938, authorized the Council of the California Medical Association "to lend or advance, upon such terms as it deems desirable, to any nonprofit medical service corporation caused to be formed by it, such sum or sums from the funds of the Association up to a *maximum of $15,000,* as it deems necessary or expedient; and

Whereas, Article VII, Section 6, of the Constitution specifically provides "Subject only to provisions of this Constitution and By-Laws *and all resolutions and enactments of the House of Delegates,* the Council shall be vested with full and complete power and authority to manage, control, use, invest, reinvest, lease, make contracts in respect of, and concerning, convey, give, grant, transfer, or otherwise dispose of all property and assets of whatever kind or nature owned by the Association, and shall also be vested with full and complete power and authority to do and perform all acts, and to transfer all business for and on behalf of the Association, and to manage and conduct all the work and activities of the Association in carrying out the purposes thereof"; and

Whereas, On October 7, 1939, and January 6, 1939, the Council did advance sums totaling $22,000 to California Physicians' Service in excess of the "maximum of $15,000" provided by the House of Delegates; now therefore be it

Resolved, That this House of Delegates disapproves of the action of the Council in illegally advancing money in excess of the maximum clearly specified in the enabling resolution when legal provision existed in the By-Laws of the California Physicians' Service for raising any additional sum which might be necessary for the financing of that organization; and be it further

Resolved, That the House of Delegates hereby pledges itself to insist on the observance of the Constitution and By-Laws in the future conduct of the affairs of the California Medical Association.

Doctor Goin: This resolution will be referred to Reference Committee No. 3. Doctor Anderson!

* * *

Doctor Anderson: Of Los Angeles. I would like to present the following resolution.

RESOLUTION NO. 13

Re: California and Western Medicine—*Publications Committee.*

Submitted by C. Max Anderson, Los Angeles.

(For action thereon by H. of D., see minutes, on page 282.)

Whereas, California and Western Medicine is the medium through which the California Medical Association makes it possible for every member to remain in touch with its policies and activities, and to aid in their promotion; and

Whereas, It seems probable that the recent reduction in size and number of pages, with omission of some of its past departments and features is resulting in a journal of less interest and value to members, especially to those who do not attend annual sessions and other meetings and to whom the Journal is an important medium of contact; and

Whereas, It has been shown that the advertising income of our Journal is higher than that of any other state medical journal, and that when the usual subscription price allocated from the general funds is added to the advertising revenue, the Journal and its supplements are not being produced at a loss; and

Whereas, Such features as discussions of contributed articles by other members, Bedside Medicine, and the Lure of Medical History were of value not only by emphasizing medical problems, but also because they afford training in writing to members who participated; therefore, be it

Resolved, That the House of Delegates asks the Council to avoid plans to reduce the official Journal to skeleton form, and, if possible, to give the Publications Committee and editor authority to reëstablish important features; and be it further

Resolved, That the House of Delegates compliments the Editor and past contributors to California and Western Medicine on the excellence of the publication; and be it further

Resolved, That the Council be directed to approve the request of the Committee on Publications that it be given the necessary appropriations to hold two or more meetings a year, to permit better coöperation with the Editor.

Doctor Goin: This resolution will be referred to Reference Committee No. 3. The Chair recognizes Doctor Wiley!

Doctor Wiley: Harry Wiley, delegate of Los Angeles County, introducing three resolutions:

RESOLUTION NO. 14

Re: *Expert Testimony.*

Submitted by Harry Wiley, Los Angeles.

(For action thereon by H. of D., see minutes, on page 290.)

Whereas, Expert testimony by physicians is becoming an increasingly important factor in litigation, due to the increase in number of suits arising out of personal, industrial, and other injuries; and

Whereas, Existing methods of employing expert witnesses often result in creating the impression that such witnesses are biased in favor of their employers, especially when conflicting opinions are expressed by such witnesses; and

Whereas, The Industrial Accident Commission employs physicians known as "Expert Medical Examiners," who serve in a semi-judicial capacity to examine claimants and appraise their disabilities even though such examiners may be employed more or less by insurance companies or attorneys who are parties to the litigation, and whose interests and motives are by such employment laid open to question; and

Whereas, The interests of justice and the good name of the medical profession would be best served by the elimination, in so far as possible, of situations wherein expert witnesses are open to charges of prejudice for financial or other reasons; therefore, be it

Resolved, That the Council of the California Medical Association be instructed to designate a suitable committee or committees to study the existing situation, consider the laws of other states respecting expert witnesses, confer with representatives of the Bar Association, Judiciary, Industrial Accident Commission, and with scientific and technical groups having a similar problem, with the purpose of securing improved procedure in selecting expert witnesses or medical examiners, and that the Council be authorized to seek remedial legislation if it seems advisable to do so.

The second resolution:

RESOLUTION NO. 15

Re: *Malpractice Suits.*

Submitted by Harry Wiley, Los Angeles.

(For action thereon by H. of D., see minutes, on page 290.)

Resolved, That the House of Delegates of the California Medical Society endorse and support a bill or bills introduced in the Legislature to alleviate the burden of malpractice suits of the medical profession, as well as dentists, nurses, and all people rendering similar service:

First: To compel plaintiff to post bond for cost of suit or to limit the amount of recovery in any malpractice suit to $4,000.

Second: In all auto accidents the doctor shall have the first lien on any damage recovery from the insurance company or private individuals.

Another resolution:

RESOLUTION NO. 16

Re: *Public Health League of California.*

Submitted by Harry Wiley, Los Angeles.

(For action thereon by H. of D., see minutes, on page 286.)

Whereas, The medical profession is facing continuing and enlarged economic and political problems involving a field foreign to that of the doctor of medicine, trained in scientific fields; and

Whereas, Our professional future demands that these problems be met aggressively, and that the public be educated to a better understanding of the progress of medicine in meeting these economic and political problems; and

Whereas, The field of economics, politics, publicity and public relations is one that exceeds the capacity of the doctor of medicine and demands the services of experts; and

Whereas, The activities of the California Medical Association are expanding to the point where our expenditures exceed our income, and many members resent special assessments or any increase in dues; and

Whereas, There is in existence an organization that for the past seven years has successfully united the strength of the medical and allied profession in coping with legislative and political questions, and in so doing has developed a state-wide machinery for disseminating information to the public; now, therefore, be it

Resolved, By the House of Delegates of the California Medical Association that in the interests of economy and effective results, this Association shall discontinue its efforts through special and standing committees to handle public relations, publicity and public education programs, and shall make use of the existing facilities and experience of the Public Health League of California for such purposes, and to this end, be it further

Resolved, That every member of the California Medical Association be urged to immediately become a member of The Public Health League of California and continue active support of that organization.

Doctor Goin: These resolutions will be referred to Reference Committee No. 3. Doctor Cooper!

* * *

Doctor Cooper: Of San Diego. This is relative to the Committee on Publications, a proposed amendment to Chapter V, Section 10.

RESOLUTION NO. 17

Re: *Committee on Publications.*

Submitted by A. J. Cooper, San Diego.

(For action thereon by H. of D., see minutes, on page 282.)

Proposed Amendments Chapter 5, Section 10, Relating to the Committee on Publications

Resolved, That we shall add thereto the following paragraph:

> The Chairman of the Committee on Publications shall be the associate editor ex officio (and/or scientific editor) of the Official Journal of the California Medical Association.

Doctor Goin: This will be referred to Reference Committee No. 3. Doctor Barnard!

* * *

Doctor Barnard: Barnard of Oakland. I wish to present the following resolution on behalf of the Alameda County delegation.

RESOLUTION NO. 18

Re: *Change in Name of Section on Industrial Medicine and Surgery.*

Submitted by Leonard Barnard, Oakland.

(For action thereon by H. of D., see minutes, on page 290.)

Resolved, That the House of Delegates authorizes the change in the name of the existing Section on Industrial Medicine and Surgery to that of the Section on Orthopedic and Traumatic Surgery.

Doctor Goin: This resolution will be referred to Reference Committee No. 3. Doctor Compton!

* * *

Doctor Compton: I have three amendments to the By-Laws. An amendment to Chapter II, Section 10, of the California Medical Association:

RESOLUTION NO. 19

Re: *Amendment to Chapter II, Section 10, of the By-Laws of the California Medical Association Membership—Transfer of Residence.*

Submitted by C. S. Compton, Bakersfield.

(For action thereon by H. of D., see minutes, on page 290.)

Resolved, That Section 10 of Chapter II of the By-Laws of this Association, the California Medical Association, be and the same is hereby amended by striking out all the present Section 10 of Chapter II of said By-Laws, and inserting in lieu thereof the following:

> Section 10.—*Membership as Affected by Transfer of Residence*
>
> A member who changes his residence from the county through whose Component County Society he holds membership in this Association to another county in which there is a Component County Society, is eligible to apply for membership in the Component County Society of his new residence after the expiration of six months from the date of such change of residence.
>
> Such application shall be accompanied by transfer card from the Component County Society of his former residence stating that his dues have been paid for the current year, and shall be balloted upon in the same manner as any other application for membership.
>
> At the expiration of one year from the date of such change of residence, membership in this Association shall automatically be forfeited unless such member shall have been elected to membership in the Component County Society of the county of his new residence; provided that such membership shall not be forfeited prior to the expiration of one year from the adoption hereof; and provided further, that such member shall have the right to maintain his membership in the Component County Society of the county of his former residence if the Council of this Association gives its official sanction thereto.

An amendment to Chapter II, Section 8:

RESOLUTION NO. 20

Re: *Residence Requirement—By Transfer.*

Submitted by C. S. Compton, Bakersfield.

(For action thereon by H. of D., see minutes, on page 290.)

Resolved, That Section 8(b), Chapter II of the By-Laws of this Association, California Medical Association, be and the same is hereby amended by striking out all of the present Section 8(b) after the word "upon" in line 7; the part to be stricken out reading as follows:

"provided, however, that this time requirement as to residence shall not apply to applicants who seek admission to a component county society by proper transfer credentials from some other component county society of this Association."

An amendment to Chapter II, Section 9, of the By-Laws of the California Medical Association:

RESOLUTION NO. 21

Re: *Amendment to Chapter II, Section 9, of the By-Laws of the California Medical Association. Practice Conducted in More Than One County.*

Submitted by C. S. Compton, Bakersfield.

(For action thereon by H. of D., see minutes, on page 290.)

Resolved, That Section 9, Chapter II of the By-Laws of this Association, the California Medical Association, be and the same is hereby amended by adding an additional section entitled Section (d) to read as follows:

> *(d) Membership Where Practice Is Conducted in More Than One County*
>
> A member of this Association who extends his regular practice to a county or counties other than that through whose Component County Society he holds his membership, either by opening an office for part-time practice in such other county or by engaging in contract practice, or practice on a salary basis, either of which requires his presence at regular stated intervals, must secure the official sanction of the component county society of such other county or counties within one (1) year from the beginning of such extended practice. Failing to secure such official sanction, it shall be the duty of the Council of this Association, upon receipt of formal protest from the component county society of such other county, to make an investigation to determine whether or not this section is being violated; in case a violation is found to exist the Secretary of the Council shall immediately notify the offender to discontinue such practice. Failure to discontinue such practice within thirty days from receipt of such notice shall automatically forfeit the offender's membership in this Association.
>
> This section shall not be applied retroactively, except that from the effective date hereof all members of this Association shall comply herewith.

Doctor Goin: These are referred to Reference Committee No. 3. Doctor Compton still has the floor.

RESOLUTION NO. 22

Re: *California Physicians' Service Acquisition Policies.*

Submitted by C. S. Compton, Bakersfield.

(For action thereon by H. of D., see minutes, on page 291.)

Whereas, The House of Delegates of the California Medical Association originated the California Physicians' Service; and

Whereas, Organization funds came from the members of the California Medical Association through the medium of professional memberships; and

Whereas, Loans to a considerable sum have been advanced by the California Medical Association through its Council until the present assets of the California Medical Association are in jeopardy; and

Whereas, The acquisition policy of the California Physicians' Service has failed to reach a sufficient number of beneficiary members to make California Physicians' Service self-sustaining, and additional financing from some source will be necessary in the near future; and

Whereas, California Physicians' Service is contemplating the acquisition of a large group which will require funds in additional amount; therefore, be it

Resolved, That the House of Delegates request that California Physicians' Service put into effect an acquisition policy under which the professional members shall be invited to receive individual applications from employed persons between the ages of 20 and 40, provided the professional member shall certify the present status of the applicant's health to the extent of a physical examination if necessary at no cost to the applicant or the California Physicians' Service, and, further provided, the applicant shall pay, in addition to the one dollar registration fee, a sum equivalent to not less than three months' advance payment at not less than $1.85 per month; and be it further

Resolved, That the present acquisition policy shall continue as at present and that individual applications shall not be accepted after the California Physicians' Service has reached a total of 25,000 beneficiaries, or has become self-sustaining.

Doctor Goin: This resolution will be referred to Reference Committee No. 3. Doctor Bullock!

* * *

RESOLUTION NO. 23

Re: *Pound Legislation.*

Submitted by L. T. Bullock, Los Angeles.

(For action thereon by H. of D., see minutes, on page 294.)

Whereas, The use of animals from public pounds was in principle supported by the people of California when they defeated the so-called Humane Pound Law; and

Whereas, The antivivisectionist forces through control of the pounds have, since that time, attempted to thwart the will of the people by refusing to sell any unclaimed animals to scientific organizations to be used to protect the public health and have uselessly destroyed them instead; and

Whereas, Such use of these animals would improve the public welfare without suffering by the animals; therefore, be it

Resolved, That the Legislative Committee be directed to seek legislation which will allow the use of unclaimed animals from the public pounds by recognized scientific organizations for investigative purposes.

Doctor Goin: This will be referred to Reference Committee No. 3. Go ahead, Doctor Bullock.

RESOLUTION NO. 24

Re: *Proposed Legislation Granting Traffic Law Exemptions to Physicians.*

Submitted by L. T. Bullock, Los Angeles.

(For action thereon by H. of D., see minutes, on page 294.)

Whereas, In consideration of the fact that during a revision of the Motor Vehicle Code in 1935, the traditional exemption from the speed laws allowed physicians responding to emergency calls was eliminated without cause; and

Whereas, The fact that congested traffic conditions in large metropolitan areas are making it more and more difficult to respond to emergency calls within a reasonable period of time; and

Whereas, The fact that the present law clearly accepts the principle and necessity of exempting certain vehicles engaged in protecting the health and life of the public; and

Whereas, Considering the fact that preventing suffering and protecting the life of private patients is just as important as for charity patients treated by public ambulances; and

Whereas, The fact that circulatory catastrophies, postoperative complications, trauma in the home and other conditions treated by private physicians require prompt attention to prevent suffering, protect life and allay anxiety of anxious relatives just as much as traffic accidents and ordinary conditions treated by ambulance doctors; and

Whereas, The fact that arbitrary assignment of all emergency work to government controlled ambulance doctors is not a function of the Motor Vehicle Code; and

Whereas, The fact that assignment of such work to ambulance doctors or nearby doctors, rather than the patient's private physician, who is familiar with his previous history and findings, will necessarily result in avoidable suffering and loss of life; and

Whereas, Considering the fact that there is a contradiction in the laws which require the physician to protect his patient and at the same time when the patient is dying for lack of attention to drive 15 to 25 miles an hour when traffic conditions would safely allow a faster rate of travel; and

Whereas, The fact that although a vehicle going for a sick patient and taking him to a doctor is exempt, the physician himself may not go to the critically ill patient without obeying every technical traffic regulation; and

Whereas, That these contradictions result in a varying interpretation of the law by traffic officers and judges to the confusion and expense of the physician desirous of performing his duty and obeying the law; and

Whereas, The fact that the public is unaware of this change in the law, expects their physicians to respond within a time commensurate with the degree of the emergency and would violently object to the increased suffering and loss of life which, abiding by this change in the law, would cause; and

Whereas, The fact that a physician protecting human life is much more important to the public than a fish warden or a utility truck which the law now exempts; and

Whereas, The fact that obeying the present traffic laws will cause the physician to either neglect his human and professional duty to his patients or be subjected to heavy fines; and

Whereas, The fact that some thoughtless physicians in the past have abused this exemption does not alter its value and necessity to the public, when properly controlled; and

Whereas, Considering the fact that the present law presents difficulties to the traffic officer who realizes the necessity of the exemption under certain circumstances and yet must enforce the law as it is written; and

Whereas, The fact that this exemption is for the protection of the public rather than a courtesy to the profession; and

Whereas, The fact that the Motor Vehicle Department is aware of the contradiction which the error of eliminating this exemption in 1935 has caused and would probably cooperate in an effort to protect the public; therefore, be it

Resolved, That the Legislative Committee be directed to seek legislation which will restore the exemptions to the traffic laws to physicians when responding to emergency calls with whatever restrictions may be required to prevent abuse and yet be consistent with preventing suffering of private patients and protecting the lives of the public.

Doctor Goin: Reference Committee No. 3. Doctor Varden, of San Bernardino.

* * *

RESOLUTION NO. 25

Re: *Past President.*

Submitted by A. E. Varden, San Bernardino.

(For action thereon by H. of D., see minutes, on page 294.)

Whereas, The economic and financial loss of the President of the California Medical Association, due to the fact that he has served one year as President-elect and another year as President, is considerable; and

Whereas, In the past it has been seen fit to declare the immediate past president a member ex officio of the Council of the California Medical Association; and

Whereas, We feel the financial and economic loss to the immediate past president has been considerable and sufficient; and

Whereas, The incumbent President has had one year of experience as president-elect, and

Whereas, The presence of the immediate past president, plus the influence which he may, and of necessity, does exert, may cause embarrassment to the acting President, be it

Resolved, That we rescind all former regulations relative to the ex officio position of the immediate past president and declare that his official activities cease with the completion of his duties as President of the California Medical Association; and be it further

Resolved, That Article X, Section 4 of the By-Laws be amended to read:

> The President, President-Elect, and Speaker of the House shall be ex officio members of the Council with all the rights of councilors.

Doctor Goin: That will be referred to Reference Committee No. 3. Doctor Ruddock!

Doctor Ruddock: I wish to propose two amendments to the Constitution. The first:

PROPOSED AMENDMENT TO CONSTITUTION: NO. VI

Resolved, That Section 4 of Article V of the Constitution of this Association, California Medical Association, which is entitled "Terms of Delegates and Alternates; One-Half Elected Each Year," be and the same hereby is amended to read as follows:

> Delegates and alternates shall be elected by the several component county societies respectively for a term of two years; one-half of the delegates and alternates representing each component county society, as near as may be, shall be elected each year, provided that, in order to equalize the number of delegates elected each year, where at present the inequality in number is greater than one, a component county society may elect a sufficient number of delegates for a term of one year to equalize future elections in such society. Delegates and alternates shall be elected directly at regular elections by the members of each component county society by an equitable method to be selected by each society, and shall not be elected or appointed by the Council, Board of Directors or Trustees or other governing body or by any officers or officer thereof, except to fill vacancies occurring between such regular elections; any delegate or alternate so selected to fill such a vacancy shall serve only until his successor shall have been duly elected.

PROPOSED AMENDMENT TO CONSTITUTION: NO. VII

The second resolution:

Resolved, That Section 1 of Article X of the Constitution of this Association, California Medical Association, be amended by adding to said section a new paragraph reading as follows:

> No member who holds any office in a component county society and who is elected as an officer of this Association (except the Vice-Speaker of the House of Delegates and the Editor) shall be eligible to serve as such officer of this Association unless he shall, forthwith upon his election, resign any of the offices hereafter set forth held by him in a component county society; and, in the event that he fails to do so, the Council, at its first meeting after such election, shall declare vacant the office of this Association to which he has been elected. The offices of a component county society from which such an officer-elect of this Association must resign are: President, Vice-President, Secretary, Treasurer, Councilor, Director, Trustee or any other office however entitled, the powers and duties of which would customarily include a substantial part of the powers and duties of any of said named offices.

Doctor Goin: These amendments to the Constitution will necessarily hold over for one year.

Doctor Quaintance has the floor.

* * *

Doctor Quaintance: Mr. Speaker! Quaintance of Los Angeles, presenting one resolution on Public Health Education, from the Los Angeles County delegation.

RESOLUTION NO. 26

Re: *Public Health Education.*

Submitted by Paul A. Quaintance, Los Angeles.

(For action thereon by H. of D., see minutes, on page 294.)

Whereas, The attitude of the public toward the medical profession is determined largely by information released via the radio and the press; and

Whereas, Certain well-organized and adequately subsidized minority groups are utilizing these agencies regularly for the spread of propaganda tending to impair the confidence of the public in the medical profession, and to foster a demand for radical changes in the system of medical practice; and

Whereas, Organized medicine has not utilized sufficiently some of the means available to it for public health education; therefore be it

Resolved, That the California Medical Association approve the principle of public health education; that it aggressively promote the use of available means, including the radio, the press (both newspaper and periodicals), and direct appeal through public speaking and individual contact; and be it further

Resolved, That the California Medical Association countenance the submission by members, for publication in newspapers and periodicals, of comprehensive articles on medical topics, general in scope and written in simple language expressly designed for instructing lay people; that component county medical associations are urged to create committees on public relations for review and approval of any such articles submitted by its members; that articles published make no mention of the author's personal accomplishments or discoveries, and that each published article be accompanied by the caption: "This article is released in the interest of public health education and with the approval of the ——— County Medical Association."

Doctor Goin: This will be referred to Reference Committee No. 3. Doctor Ruth!

* * *

Doctor Ruth: I wish to submit the following resolution:

RESOLUTION NO. 27

Re: *Continuance of Committee and Department of Public Relations.*

Submitted by Edward Ruth, Los Angeles.

(For action thereon by H. of D., see minutes, on page 282.)

Whereas, The existence of a Committee on Public Relations, as provided in the California Medical Association By-Laws, has been shown to be a valuable adjunct to the activities of the Association, because the committee provides a deliberative body which can study public relations problems and matters submitted to it by the Council, while affording the chairmen of standing committees who constitute its membership an opportunity to secure increased knowledge and training concerning the work of their own committees; and

Whereas, During the past year it has made an excellent record of work on the basic science law, on the compulsory health act, the medical defense brochure, and in the distribution of press releases to newspapers; therefore, be it

Resolved, That this House of Delegates commends its work and directs the continuance of the committee and Department of Public Relations, and requests the committee to carry on its efforts, as in the past years, in coöperation with the Council, the Health Education, and other committees.

Doctor Goin: Reference Committee No. 3. Doctor Ghrist!

* * *

Doctor Ghrist: Orrie Ghrist of Los Angeles County.

RESOLUTION NO. 28

Re: *Postgraduate Activities.*

Submitted by Orrie Ghrist, Los Angeles.

(For action thereon by H. of D., see minutes, on page 294.)

Whereas, The Committee on Postgraduate Activities has demonstrated, to a number of county societies, the value of its clinical and refresher courses; and

Whereas, Members unable to attend annual sessions of the California Medical Association are thereby given an opportunity to meet fellow practitioners and to discuss problems; and

Whereas, The experience of our own and other state medical societies proves that these courses are desirable and should be supported and encouraged by all county societies; therefore, be it

Resolved, That each county medical society in California is urged to appoint an active local committee on postgraduate work, to coöperate through the headquarters office and State Postgraduate Committee in the inauguration of a postgraduate conference or refresher course at least once each year; and be it

Resolved, That the State Committee on Postgraduate Activities and its executive officer, the Association Secretary, be commended for the efficient way in which they have carried on the work during the past year.

Doctor Goin: Reference Committee No. 3. Doctor Gernand!

* * *

Doctor Gernand: This resolution was written by the section of Anesthesiology in the California Medical Association.

RESOLUTION NO. 29

Re: *American Medical Association Section on Anesthesiology.*

Submitted by Henry Gernand, Los Angeles.

(For action thereon by H. of D., see minutes, on page 294.)

Resolved, That, whereas a section of Anesthesiology has been approved by the proper committee of the American Medical Association, and this will be presented to the House of Delegates of the American Medical Association for their approval at the coming meeting in New York; be it resolved that the House of Delegates of the California Medical Association approve the formation of this section of Anesthesiology, and instruct their delegates to so vote in New York,

Doctor Goin: That will go to Reference Committee No. 3. Doctor Josephson!

* * *

Doctor Josephson: Josephson of Santa Clara.

RESOLUTION NO. 30

Re: *Fees in County Hospitals.*

Submitted by J. B. Josephson, Santa Clara.

(For action thereon by H. of D., see minutes, on page 294.)

Resolved, That the California Medical Association investigate the practice in county hospitals regarding public liability accident cases, in which the hospital is paid a per diem fee and the attending surgeon is not paid; and be it further

Resolved, That all steps be taken to investigate the legality of this procedure; and be it further

Resolved, That the legality of the presentation and collection of professional fees by the nonpaid attending staff physician be investigated.

Doctor Goin: Reference Committee No. 3. Doctor Carr!

* * *

Doctor Carr: This is a resolution which did not emanate from the San Francisco County Medical Society, but rather from a group of young men who are interested in the guiding ability of the California Medical Association.

RESOLUTION NO. 31

Re: *County Society: Disciplinary Action.*

Submitted by Jesse Carr, San Francisco.

(For action thereon by H. of D., see minutes, on page 295.)

Whereas, The California Medical Association in a special meeting of the House of Delegates has, by an overwhelming majority, directed the organization and operation of California Physicians' Service; and

Whereas, The members of forty-seven out of forty-eight of the county medical societies in California are supporting California Physicians' Service; and

Whereas, California Physicians' Service is now an operating concern fulfilling its professional and public obligations with a steadily increasing membership; and

Whereas, California Physicians' Service represents the united effort and endeavor of organized medicine in California to provide low-cost, competent medical service to the public; and be it

Resolved, That the House of Delegates instruct the Council to initiate suitable disciplinary action as provided in the constitution leading to revocation of the charter of any medical society which refuses to be guided by the action of the House of Delegates in this or other matters.

Doctor Goin: Reference Committee No. 3.

* * *

Does any other delegate have a resolution to present? Are there any other resolutions to come before this House? (No answer.)

Mr. Secretary, have you any announcements?

Doctor Kress: I desire to call the attention of the House to the fact that, during the last year, sixty-seven of our members have passed along the road from which none return. . . .

Doctor Goin: Are there any further announcements, Mr. Secretary? (No further announcements.)

The next order of business is the approval of the minutes of the House. It has been the custom, in the past, for the House to authorize the President, the Secretary and the Speaker to edit the minutes. Do I hear such a motion?

Doctor Cline: I so move, Mr. Speaker.

Doctor Voorsanger: Second the motion.

Doctor Goin: Is there any discussion?

No discussion—vote taken—motion carried and so ordered.

Doctor Goin: Gentlemen, the Reference Committees will meet as follows:

Committee No. 1, Doctor Craig, Chairman, will meet at 2:00 o'clock in Room No. 102.

Committee No. 2, on the Reports of Officers and Standing Committees, will meet in Room No. 310 at 2:00 o'clock.

Committee No. 3 (God help it), will meet me in Room No. 532 at 4:00 o'clock. We suppose that it will hole in there with lots of black coffee, and perhaps it will get out and perhaps it won't.

You are reminded that it is not only your privilege but it is your duty to appear before these committees, to urge the adoption, or rejection, or amendment of any resolution in which you are interested. Remember then, the time and place of the meeting of the committee in which you might be interested.

If there is no further business to come before the House, the House will reconvene at 4:00 o'clock on Wednesday afternoon.

Now, gentlemen, you can see that we have a tremendous amount of business to transact at our remaining session. Let us, please, convene promptly at 4:00 o'clock on Wednesday.

The House stands adjourned—at 11:15 p. m.

* * *

Second Meeting, Wednesday Afternoon, May 8, 1940, in the Crown Room, Hotel del Coronado

The second meeting of the House of Delegates of the California Medical Association, in their Sixty-ninth Annual Session, held in the Hotel del Coronado, at Coronado, California, was called to order at 4:30 p. m., Dr. Lowell S. Goin presiding.

Report of Credentials Committee

Doctor Goin: The first order of business is the reception of the supplementary report of Credentials. The Chair recognizes the Chairman of the Committee, Doctor Walker.

Doctor Walker: Mr. Speaker! Your Committee on Credentials begs leave to report that it has registered as present a total of 130 delegates. Mr. Speaker, I move the delegates to be seated for this second meeting of the House of Delegates.

Doctor Goin: Is there a second?

Unidentified Voice: Second the motion.

Doctor Goin: It has been moved and seconded that the report of the Credentials Committee be accepted. Is there any discussion?

No discussion—vote taken—motion carried and so ordered—report accepted.

Doctor Goin: Mr. Secretary, will you call the roll?

Doctor Kress, Secretary, called the roll of delegates.

Doctor Goin: That comprises the House of Delegates. If any delegate arrives and his alternate wishes to relinquish his seat, he may do so, but need not do so. Doctor Roblee! . . .

1941 Session in Del Monte

Doctor Goin: Mr. Secretary, will you announce the selection of the place for the 1941 Session?

Doctor Kress: Mr. Speaker! The Council has selected Del Monte as the place of meeting for 1941. (Applause.)

Election of Officers

Doctor Goin: The next order of business is the election of officers. Nominations are in order for the office of President-Elect. The Chair recognizes Doctor Dawson.

PRESIDENT-ELECT

Doctor Dawson: Mr. Speaker! Members of the House! The Ninth District gives in nomination for the President-Elect of the California Medical Association, the name of its Councilor. He was first elected Councilor at the Oakland Convention in 1926, when he was not and had never been a member of the House, was not in attendance at the annual meeting; knew not at all what the Council was, and was known only as a willing boy worker from the egg basket of rural California. There has been no opposition to his reëlection at each successive term. His territory covers our stately Redwood Empire and extends to the waters of beautiful San Francisco Bay, to the timbers of our northern neighbor State of Oregon. When he visits his most remote constituency, Siskiyou, he travels a round-trip distance, from San Francisco to Los Angeles, and that trip can be made fully neither by rail nor by air, but distance has been no obstacle to him, and each year he has visited every component county society, and many of them multiple times. Under his amalgamating councilorship there have been annual two-county, four-county and even five-county meetings. With his guiding tolerance our fellows have met shoulder to shoulder with the dentists and lawyers to discuss our common problems in open meeting. His constituency has constantly aimed at a friendly understanding with lay and legislative bodies of the district. Our Councilor has been a close link between our State Organization and the individual, wide and scattered members of the Ninth District.

I take pride and pleasure in nominating Henry Rogers as President-Elect. (Applause.)

Doctor Goin: Doctor Pallette!

Doctor Pallette: For a number of years now, on Tuesday morning of this week, we have had a Past-President's breakfast. These are very enjoyable occasions when we old "has-beens" who fought, bled and almost died together, get together, have our ham and eggs and remember the good old days that have gone forever. We, who have been presidents in recent years, and are still living, look with pride over the long list of our predecessors. Naturally we are interested in our successors. We hope that our successors may always be men of high standing and who are deserving.

Having worked with Henry Rogers for ten years, on the Council, I take great pleasure in seconding his nomination for President-Elect. He is a good egg. (Applause.)

Doctor Goin: Doctor Anderson!

Doctor Anderson: Mr. Speaker! Members of the House! During the past several years I have had the privilege and pleasure of working on the Council and on some committees with Henry Rogers, and his well-informed, keen mind and sound judgment have often pointed the way to solution of many a difficult problem and situation that have confronted the Council during these past several years. Doctor Rogers has done a great deal to promote good-will on the part of many groups, such as the Farm Bureau and labor organizations, and this is particularly helpful during our legislative battles to prevent undesirable legislation, and Doctor Rogers has given of his time and efforts unsparingly for many years and I do not know of anyone more deserving of the honor of becoming President of the California Medical Association than Doctor Rogers. I take great pleasure in seconding that nomination. (Applause.)

Doctor Goin: Doctor Kilgore!

Doctor Kilgore: Mr. Speaker! Members of the House of Delegates! It seems to me the House of Delegates has an opportunity, an unusual kind, to honor itself by honoring one of its most faithful, efficient and energetic servants, and at the same time do itself a good turn by keeping that man in a position further to serve this organization. Few things that I have ever done in my life have given me more pleasure than to second the nomination of Henry Rogers. (Applause.)

Doctor Goin: Are there any further nominations? If the Chair hears none it will declare the nomination closed. Hearing none, the nominations are closed. How will you vote? Doctor Doughty!

Doctor Doughty: Mr. Chairman, I move the Secretary cast a ballot.

Doctor Goin: Doctor Doughty moves that the Secretary cast a ballot of the Association for Doctor Rogers. Is there a second?

Doctor Voorsanger: I second the motion.

Vote taken—motion carried.

Doctor Goin: Mr. Secretary!

Doctor Kress: Mr. Speaker, the Secretary has so cast.

Doctor Goin: Dr. Henry Rogers is declared elected to the office of President-Elect of the California Medical Association. (Applause.)

Vice-Speaker Powell takes the chair.

SPEAKER OF THE HOUSE

Doctor Powell: The next order of business is the nomination for Speaker. The Chair recognizes Doctor McClendon.

Doctor McClendon: Mr. Chairman, Members of the House of Delegates! Speaking for myself personally, and for the First District, it gives me great pleasure to place in nomination the name of our present Speaker, Doctor Lowell Goin, to succeed himself. It does not behoove me to eulogize or praise him, because all of you know of his excellent work, and I know that we have a lot of business and you wouldn't want a lot of speeches. It gives me great pleasure to place in nomination, Dr. Lowell Goin. (Applause.)

Doctor Powell: The Chair recognizes Doctor Voorsanger.

Doctor Voorsanger: On behalf of the San Francisco Delegation it gives me great pleasure to second the nomination of a very good Speaker, Lowell Goin. (Applause.)

Doctor Powell: Are there any further nominations? Hearing none, we will declare the nominations closed. The nominations are closed. How will you vote?

Doctor Powell: It has been moved and seconded that we vote by acclamation and instruct the Secretary to cast a unanimous vote for Lowell Goin for Speaker.

Vote taken—motion carried—so ordered.

Doctor Kress: Mr. Speaker, the Secretary has so cast.

Doctor Powell: I hereby declare Lowell Goin elected as Speaker to succeed himself. (Applause.)

VICE-SPEAKER OF THE HOUSE

Doctor Powell: Nominations are now in order for Vice-Speaker. The Chair recognizes Doctor Clive.

Doctor Cline: Mr. Speaker! It gives me great pleasure to present in nomination the name of a man who has long been active in the Association's affairs and who has done particularly good work in the California Physicians' Service, Dr. E. Vincent Askey of Los Angeles. (Applause.)

Doctor Powell: Dr. Vincent Askey has been nominated. Are there further nominations? Hearing none, the Chair declares the nominations closed. They are closed. How will you vote?

Doctor Powell: It has been moved and seconded that the Secretary cast a ballot for Vincent Askey for Vice-Speaker.

Vote taken—motion carried that Vincent Askey be unanimously elected Vice-Speaker.

Doctor Powell: Mr. Secretary, cast the ballot.

Doctor Kress: Mr. Speaker, the Secretary has so cast.

Doctor Powell: Doctor Askey is duly declared elected. (Applause.) (Doctor Goin again takes the chair.)

COUNCILOR—THIRD DISTRICT

Doctor Goin: The next order of business is the election of a Councilor from the Third District, to succeed Dr. Louis A. Packard of Bakersfield, incumbent, whose term is expiring. Doctor McNamara!

Doctor McNamara: Mr. Speaker! Members of the House of Delegates! At a caucus of the delegates to this Convention, from the Third Councilor District, held May 6, 1940, it was voted to nominate the incumbent, Dr. Louis A. Packard of Bakersfield, for reëlection to the Council of the California Medical Association, as a representative in that body of the Third Councilor District. This note is signed by all the delegates in that district.

Doctor Goin: Dr. Louis Packard is nominated to succeed himself. Are there any further nominations? Hearing none, the nominations are closed. How will you vote?

Doctor Cline: I move that the Secretary cast the ballot.

Doctor Reinle: Second the motion.

Doctor Goin: It has been moved and seconded that the Secretary cast the ballot of the Association.

Vote taken—motion carried—so ordered.

Doctor Goin: Mr. Secretary!

Doctor Kress: Mr. Speaker, the Secretary has so cast.

Doctor Goin: Dr. Louis Packard is declared elected Councilor of the Councilorship of the Third District. (Applause.)

COUNCILOR—SIXTH DISTRICT

Doctor Goin: The next order of business is the election of a Councilor for the Sixth District, Dr. Karl Schaupp of San Francisco, incumbent. Doctor Noble!

Doctor Noble: Mr. Speaker! I take great pleasure in placing in nomination for the Sixth Councilor District, the unanimous choice of the San Francisco Delegation, Dr. John W. Cline. (Applause.)

Doctor Goin: Doctor Cline has been nominated. Are there any further nominations? Hearing none, the nominations are closed. How will you vote?

Doctor Goin: Moved by Doctor Chandler, seconded by Doctor Voorsanger, that the Secretary cast the ballot of the House of Delegates for Doctor Cline.

Vote taken—motion carried—so ordered.

Doctor Kress: Mr. Speaker, the Secretary has so cast.

Doctor Goin: Doctor Cline is declared elected to the Councilorship from the Sixth District.

COUNCILOR—NINTH DISTRICT

The next order of business is nominations for Councilor for the Ninth District, Dr. Henry S. Rogers, of Petaluma, incumbent, term expiring. Doctor Dawson!

Doctor Dawson: Mr. Speaker, Members of the House! The undersigned delegation of the Ninth Councilor District, nominate John W. Green of Vallejo as Councilor for the ensuing term. (Reads names of the delegation from Ninth District.)

Doctor Goin: Doctor Green has been nominated. Are there any further nominations? Hearing none, the nominations are closed. How will you vote?

Doctor Voorsanger: I move that the Secretary cast the ballot.

Doctor Cline: I second the motion.

Doctor Goin: Moved by Voorsanger, seconded by Cline, that the Secretary cast the ballot of the House.

Vote taken—motion carried—so ordered.

Doctor Kress: Mr. Speaker, the Secretary has so cast.

Doctor Goin: Doctor Green is declared elected to the Councilorship from the Ninth District.

COUNCILOR—FIFTH DISTRICT

Because of the resignation of Dr. C. Kelly Canelo of Santa Clara, the Councilorship from the Fifth District is vacant. Nominations are in order. Doctor Shephard!

Doctor Shephard: Mr. Speaker! According to the provisions of the Constitution, the delegation of the Fifth District have their nomination on file with the Secretary.

Doctor Kress: (Reads) The delegates of the Fifth Councilor District met in caucus today at Coronado Hotel. R. Stanley Kneeshaw was unanimously nominated for the position of Councilor, to fill out the term left vacant by the resignation of Doctor Canelo. (Reads names of delegation who signed nomination.)

Doctor Goin: Doctor Kneeshaw has been nominated. Are there any further nominations? Hearing none, the nominations are declared closed. How will you vote?

Moved by Doctor Shephard, seconded by Doctor Wolfson, that the Secretary cast the ballot for the House of Delegates.

Vote taken—motion carried—so ordered.

Doctor Kress: Mr. Speaker, the Secretary has so cast.

Doctor Goin: Doctor Kneeshaw is declared elected to the Councilorship of the Fifth District.

COUNCILOR-AT-LARGE

The next order of business is the nomination of Councilors-at-Large. Dr. William H. Kiger of Los Angeles, incumbent, term expiring. Doctor Craig!

Doctor Craig: Mr. Speaker! Members of the House of Delegates! The selection of a man to fill the position that Doctor Kiger has held for so many years requires careful consideration. It should not be a man whose chief qualification is political ambition and desire for aggrandizement, but rather one who has demonstrated professional ethics and ability, business acuity and the willingness to apply that knowledge to the benefit of the organization; one who is presented for the office by those who have recognized in him these qualities, and who have prevailed upon him out of loyalty and devotion to the cause of organized medicine to permit his name to be submitted.

I have the great pleasure of presenting to this House of Delegates the name of a man who fulfills these requirements to a considerable and unusual degree. Those of us who have known him intimately as friend and colleague have recognized that in him, and can testify to his ability and professional reputation in his own community, and throughout Southern California. In his local society, and for the last four years as a member of the Council of the Los Angeles County Medical Association, of which he is now Vice-President, he has amply demonstrated these qualities. He is no rubber stamp, but a clear thinker, with the ability to make and defend his own convictions. He has demonstrated as well a knowledge of the problems of organized medicine. He is no politician or psuedo politician. He has no personal political ambitions. He has made no promises to his friends or to his supporters for any special privileges. I am offering you the name of a man for whom I ask your support, only on the basis of his honesty, his ability and his whole-hearted devotion to the medical profession in the State of California. I offer you the name of Dr. Edward B. Dewey of Pasadena. (Applause.)

Doctor Goin: Doctor Dewey has been nominated. Doctor Kiger!

Doctor Kiger: Mr. Speaker! As you know, I have been on the Council for a good many years, and it is natural that I have some interest in who is to follow. The fact that a man is accused of being a politician is often because he is willing to work. I first went on the Council in 1918, when George Kress came to me in the old Potter Hotel in Santa Barbara, and said "there is a councilor job here and we can't get anybody to take it who will work. If we put you on, will you take it and will you work? Well, I told them I would do the best I could, I've always been for organized medicine and I've been on the Council ever since, and I think it is time I was getting off, before they kick me off. I'm not going to give them a chance, but I would like to put somebody on there that I know will work and has demonstrated his willingness to work, and I want to present the name of Dr. E. T. Remmen. He was one of the organizers of the Public Health League, was first President—he served eighteen months—and has served as

Executive Secretary. He has been on the Legislative Committee for seven or eight years, working with Doctor Harris's committee, and did most of the work in the South. By the way, that committee is not now represented on the Council, and I think it should be. He has been a councilor of the Los Angeles County Medical Association for five years, and he is Past-President of the Glendale branch of the County Medical Association. I would like to have you gentlemen favorably consider the name of Ed Remmen, because we know he is a hard worker, and a square shooter. (Applause.)

Doctor Goin: Doctor Remmen has been nominated. Are there any further nominations? If there are none, the Chair will declare the nominations closed. Doctor Reinle!

Doctor Reinle: Mr. Speaker! Members of the House of Delegates! I agree in everything that Doctor Craig has said that the nominee should be, for the Council of the California Medical Association. He should be a man of dignity, a man of experience, a man of energy and a man of good judgment. In Dr. Ed Remmen we have such a man. . . .

Gentlemen, upon that Council of the California Medical Association, it is important to have men of bigness, men who will have convictions and fight for them, and men of experience. You have such a man in Doctor Remmen. He has had experience on the Legislative Committee and he should be a member of the Council, and I hope that when you cast your vote, you will give consideration to the experience that Doctor Remmen has had. (Applause.)

Doctor Goin: The Chair recognizes Doctor Scatena!

Doctor Scatena: May I add my second to the nomination of Doctor Remmen. He has been a very fine worker on the Legislative Committee and I think he should be on the Council. I recommend him.

Doctor Goin: Thank you, Doctor Scatena. Doctor Anderson!

Doctor Anderson: I also would recommend Doctor Remmen.

Doctor Goin: Are there any further nominations?

Doctor Cline: I move the nominations be closed.

Doctor Voorsanger: I second the motion.

Doctor Goin: If there are none, the nominations will be closed. The nominations are closed. Will Dr. Wilbur Bailey of Los Angeles, Dr. Empey of Placer County and Dr. Cooper of San Diego, kindly act as tellers? While the vote is being taken, the House may relax, although we will not recess.

* * *

Doctor Goin: Committee No. 3, which will report tonight, has in its files thirty-eight resolutions. These resolutions have all been mimeographed and it is proposed to distribute a copy to every member of the House of Delegates. Would the House consent to accept these mimeographed copies in place of the committee reading each resolution in complete detail?

Doctor Doughty: I move that the mimeographed copies be accepted.

Doctor Reinle: I second the motion.

Doctor Goin: It has been moved and seconded that the mimeographed copies be accepted in lieu of the Chairman of the Committee reading the original resolutions. Is there any discussion?

No discussion—vote taken—motion carried.

(Mimeographed copies of resolutions accepted in lieu of the Chairman of the Committee reading the original resolutions.)

STANDING COMMITTEE APPOINTMENTS

Doctor Goin: To save a little time, the Secretary will announce the members of the standing committees which have been named by the Council.

Doctor Kress: Mr. Speaker, the newly-elected members to the various standing committees are as follows:

Committee on Associated Societies and Technical Groups: John V. Barrow.

Committee on Health and Public Instruction: Doctor Geiger of San Francisco.

Committee on History and Obituaries: Dr. Hyman Miller of Los Angeles.

Committee on Hospitals, Dispensaries and Clinics: Dr. Benjamin W. Black of Oakland.

Committee on Industrial Practice: Dr. G. H. Sanderson of Stockton.

Committee on Medical Defense: Dr. Lewis T. Bullock of Los Angeles.

Committee on Medical Economics: Dr. Edward Choate Pallette of Los Angeles.

Committee on Medical Education and Medical Institutions: Dr. F. H. Kruse of San Francisco.

Committee on Membership and Organization: Dr. A. J. Cooper of San Diego.

Committee on Postgraduate Activities: Dr. D. L. Wilbur.

Committee on Publications: Dr. G. W. Walker, and to fill the place of Doctor Cushman—Dr. A. A. Alexander of Oakland.

Committee on Public Policy and Legislation: Dr. E. T. Remmen.

Committee on Scientific Work: Dr. L. P. Adams of Oakland.

Doctor Reinle: Mr. Speaker, I move that the House approve the nominations.

Doctor Goin: Doctor Reinle moves that the House approve the nominations of the Council. Do I hear a second?

Doctor Kiger: I second the motion.

Doctor Goin: Seconded by Doctor Kiger. Is there any discussion?

No discussion—vote taken—motion carried and so ordered. Nominations accepted.

Doctor Kress: Mr. Speaker! The President of the Association has named to the Cancer Commission, as new members: Dr. Charles A. Dukes of Oakland, Dr. Lyell C. Kinney of San Diego, Dr. Otto Pflueger of San Francisco. . . .

* * *

Voice of Teller: Mr. Speaker! The Tellers announce the election of Doctor Dewey of Pasadena. (Applause.)

Doctor Goin: Doctor Dewey having received the majority of the votes cast, is declared elected to the office of Councilor-at-Large.

COUNCILOR-AT-LARGE

Doctor Goin: The next order of business is the election of a Councilor-at-Large, Dr. Frederick N. Scatena of Sacramento, incumbent. Doctor Woolsey!

Doctor Woolsey: Mr. Speaker! Members of the House of Delegates! It is with pleasure and confidence that I nominate Dr. Dewey Powell as Councilor-at-Large. (Applause.)

Doctor Goin: Dr. Dewey Powell is nominated. Doctor Walker has the floor.

Doctor Walker: Mr. Speaker and Delegates! It is with pleasure that I want to second the nomination of Dewey Powell. . . .

Doctor Goin: Doctor Shephard!

Doctor Shephard: On behalf of the delegates of Santa Clara County, I wish to second the nomination of Dewey Powell as Councilor-at-Large.

Doctor Goin: Are there any further nominations? If there are none the Chair will declare the nominations closed. The nominations are closed. How will you vote?

Doctor Doughty: Mr. Speaker, I move that the Secretary cast a unanimous ballot for Dewey Powell for Councilor-at-Large.

Vote taken—motion carried and so ordered.

Doctor Kress: Mr. Speaker, the Secretary has so cast.

Doctor Goin: Dr. Dewey Powell is declared elected to the office of Councilor-at-Large.

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

The next order of business is the election of delegates to the American Medical Association.

Dr. George Reinle of Oakland, term expiring. Doctor Alexander!

Doctor Alexander: Mr. Speaker! Members of the House! You have often heard the expression, "many times a bridesmaid, but never a bride." That applies to the man whose name I wish to place in nomination. He has been many, many times an alternate from our Association to the American Medical Association, has always attended, has always worked hard and earnestly. It gives me great pleasure to put in nomination the name of Dr. Edward N. Ewer. (Applause.)

Doctor Goin: Doctor Ewer is nominated. Are there any other nominations? Hearing none, the Chair declares the nominations closed. It has been moved by Doctor Cline and seconded by Doctor Voorsanger that the Secretary cast the ballot of the House.

Vote taken—motion carried and so ordered.

Doctor Kress: Mr. Speaker, the Secretary has so cast.

Doctor Goin: Doctor Ewer is declared elected to the office of delegate to the American Medical Association.

* * *

The term of Dr. Edward M. Pallette of Los Angeles, term expiring. Doctor O'Neill!

Doctor O'Neill: Mr. Speaker! It is giving me great pleasure to say just a word about a man who I believe possesses the unusual qualifications of being loved by all his competitors, as well as his patients. A man who has always had time, who was never too busy to stop and lend a younger man a word of counsel and advice, or if need be, to lend a helping hand. That type of man, to me, is truly great. It gives me great pleasure to put in nomination the name of Dr. Edward M. Pallette to succeed himself as a delegate to the American Medical Association. (Applause.)

Doctor Goin: Doctor Pallette is nominated. Are there any other nominations? Hearing none, the Chair declares the nominations closed. How will you vote?

Doctor Bailey: Mr. Speaker, I move that the Secretary cast the ballot. . . .

Vote taken—motion carried and so ordered.

Doctor Kress: Mr. Speaker, the Secretary has so cast.

Doctor Goin: Dr. Edward M. Pallette is elected to the office of delegate to the American Medical Association.

* * *

Dr. Robert A. Peers of Colfax, term expiring. Doctor Howson!

Doctor Howson: For many years Doctor Peers has served this Society well. He is a former president. He is known and beloved by all of us. He knows his way around. It gives me great pleasure to place his name in nomination to succeed himself. (Applause.)

Doctor Goin: Doctor Peers is nominated. Are there any other nominations? Hearing none, the Chair declares the nominations closed. How will you vote?

Doctor Goin: It has been moved by Doctor Pallette and seconded by Doctor Kiger that the Secretary cast the ballot of the House.

Vote taken—motion carried and so ordered.

Doctor Goin: Doctor Peers is declared elected to the office of delegate to the American Medical Association.

* * *

The office now held by Dr. William R. Molony, Sr., of Los Angeles, term expiring. Doctor Crane!

Doctor Crane: Mr. Speaker! Members! I am sorry I am not an orator, but the man that I wish to nominate needs no introduction. I therefore wish to nominate Doctor Molony as delegate, succeeding himself, to the American Medical Association. (Applause.)

Doctor Goin: Doctor Molony is nominated. Are there any further nominations? Hearing none, the Chair declares the nominations closed.

Doctor Howson: Mr. Speaker, I move that the Secretary cast the ballot. . . .

Vote taken—motion carried and so ordered.

Doctor Kress: Mr. Speaker, the Secretary has so cast.

Doctor Goin: Dr. William R. Molony, Sr., of Los Angeles is declared elected to the office of delegate to the American Medical Association.

ALTERNATES TO THE AMERICAN MEDICAL ASSOCIATION

The office of Alternates to the American Medical Association: Dr. Frank R. Makinson of Oakland, term expiring. Doctor Trimble!

Doctor Trimble: Mr. Speaker! I don't think this man would make a very handsome bridesmaid, but I think he would make a very good alternate. He is ready and willing and able to attend a meeting and replace the delegate if he cannot attend. I nominate Frank Makinson, as Alternate, to succeed himself. (Applause.) . . .

Vote taken—motion carried and so ordered.

Doctor Kress: Mr. Speaker, the Secretary has so cast.

Doctor Goin: Dr. Frank R. Makinson of Oakland is declared elected alternate delegate to the American Medical Association.

* * *

Alternate to Dr. Edward M. Pallette, incumbent, Dr. William H. Kiger of Los Angeles. Doctor Askey.

Doctor Askey: Mr. Chairman! Members of the House of Delegates! Doctor O'Neill almost spoke my own mind a minute ago. As a young man in Los Angeles, I met many men there who were a great help to me. Many of them I see sitting before me. It gives me great pleasure at this time to put in nomination the name of Dr. William Kiger to succeed himself as alternate to the American Medical Association. (Applause.)

Doctor Goin: Doctor Kiger is nominated as alternate delegate to Dr. Pallette. Are there any further nominations? Hearing none, the Chair declares the nominations closed. How will you vote?

Doctor Voorsanger: I move that the Secretary cast the ballot.

Doctor Cline: I second the motion.

Doctor Goin: It has been moved by Doctor Voorsanger and seconded by Doctor Cline that the Secretary cast the ballot of the House.

Vote taken—motion carried and so ordered.

Doctor Kress: Mr. Speaker, the Secretary has so cast.

Doctor Goin: Doctor Kiger is declared elected alternate delegate to the American Medical Association. (Applause.)

* * *

The office of alternate to Dr. Robert A. Peers; Dr. F. F. Gundrum of Sacramento, incumbent. Doctor Empey!

Doctor Empey: Mr. Speaker! Members! The man whom I wish to nominate is well known to the people in the Eighth District. We have come to admire his counsel and to admire his unselfish devotion to the cause of organized medicine. I wish to place in nomination the name of Dr. Frederick N. Scatena. (Applause.)

Doctor Goin: Doctor Scatena is nominated as alternate delegate. Are there any further nominations. There are no further nominations. The Chair declares the nominations closed. How will you vote?

Moved by Doctor Doughty and seconded by Doctor Empey that the Secretary cast the ballot of the House.

Vote taken—motion carried and so ordered.

Doctor Kress: Mr. Speaker, the Secretary has so cast.

Doctor Goin: Doctor Scatena is declared elected as alternate delegate to the American Medical Association.

An alternate to Dr. William R. Molony, Sr.; Dr. John C. Ruddock of Los Angeles, incumbent.

Doctor Hammack: Mr. Speaker! Members of the House of Delegates! I have a wish to place in nomination the name of Dr. John C. Ruddock to succeed himself as alternate to the American Medical Association.

Doctor Goin: Dr. John Ruddock is nominated. (Applause.) Are there any further nominations? Hearing none, the Chair declares the nominations closed. How will you vote?

Doctor Reinle: I move that the Secretary cast the ballot.

Doctor Ayres: I second the motion.

Doctor Goin: Moved by Doctor Reinle, seconded by Doctor Ayers, that the Secretary cast the ballot of the House for Doctor Ruddock.

Vote taken. Motion carried and so ordered.

Doctor Goin: Dr. John C. Ruddock of Los Angeles is declared elected alternate delegate to Dr. William R. Molony, Sr.

* * *

Members of the House, I think that at this time we will recess. We will convene tonight in the Ballroom Auditorium, which is at the far end of the lobby floor. We will convene at eight o'clock. We really mean eight o'clock. We've got an awful lot of business before us tonight. I ask you to please be in your seats by eight o'clock.

The House will stand in recess—5:30 p. m.

RECESS

* * *

Evening Meeting, Wednesday, May 8, 1940, in the Auditorium, Hotel del Coronado

The evening session of the May 8 meeting of the House of Delegates was called to order at 8 p. m., Dr. L. S. Goin presiding.

Doctor Goin: Butte County, Inyo-Mono County, San Benito County, Santa Cruz County and Shasta County, and Stanislaus County have no delegates seated. If there is any member present from one of those counties, who wishes to sit, he may do so by identifying himself with the Credentials Committee. I will repeat them, they are: Butte, Inyo-Mono, San Benito, Santa Cruz, Shasta, and Stanislaus counties.

We will not re-call the roll. If the chairman or manager of any delegation has vacancies to fill, he may fill them. These persons will be added to the roll call. Does any delegation wish to fill any vacancies?

The roll call of the House at four o'clock will constitute the roll call of the House.

(A number of vacancies filled.)

* * *

Report of Reference Committee No. 1

Committee on Reports of Officers and Standing Committees

Doctor Goin: The first order of business will be the report of the Reference Committee No. 1 on the reports of officers and standing committees. The Chair recognizes Dr. Lyle Craig of Los Angeles County, the chairman of the Committee. Doctor Craig!

Doctor Craig: Mr. Speaker! Members of the House of Delegates! Realizing the tremendous amount if business to come before this session of the House of Delegates, this committee has endeavored to omit all unnecessary discussion and make this report as brief as possible. All these reports are in the "Pre-Convention Bulletin" and presumably have been read.

The Report of the President: We have studied this report and wish to commend Doctor Dukes for his long years of service with California Medical Association, climaxed by this last year as president of the organization. We also wish to thank him for his time and effort so freely given and for the comprehensive knowledge he has shown of the many problems of the Association. We call the attention of the delegates to his recommendation that each component county society sponsor an active Woman's Auxiliary, which will be of tremendous value to the Association, particularly in its public relations. Most of the matters to which Doctor Dukes refers are covered in the reports of other committees and need no further comment.

We move the adoption of this report.

Doctor Goin: The adoption of this section of the report is moved by the Chairman of the Committee, and seconded. Is there any discussion?

No discussion. Vote taken. Motion carried, and so ordered. President's report adopted.

Doctor Craig: **Report of the President-Elect:** This report comments particularly on the developments and problems of California Physicians' Service, which will receive your further attention later in this session.

We commend especially Doctor Wilson's plea for unanimity of action and move the adoption of this section of the report.

Doctor Kiger: Second the motion.

Doctor Goin: It has been moved and seconded that this section of the report be adopted. Is there any discussion?

No discussion. Vote taken. Motion carried, and so ordered. Report of President-Elect is adopted.

Doctor Craig: **Reports of the Past President, Speaker, Vice-Speaker, and Chairman of the Council:** These reports, as published in the "Bulletin," are short and require no comment. We move their adoption.

Doctor Voorsanger: I second the motion.

Doctor Goin: You have heard the motion. Is there any discussion?

No discussion. Vote taken. Reports adopted.

Doctor Craig: **Report of the Trustees Of California Medical Association:** This report embraces only the certified, financial statement as it appears on page 49 of the "Pre-Convention Bulletin." It reveals the sum of $50,251.67 due from the California Medical Association for moneys advanced to the organization, which is included in the surplus of $90,579.96 shown in the statement, of which the balance is invested in cash and Government securities.

We move the adoption of this section of the report.

Doctor Cline: I second the motion.

Doctor Goin: It has been moved and seconded that this section of the report be adopted. Is there any discussion? This is the financial statement of the Trustees Of The California Medical Association.

No discussion. Vote taken. Motion carried. Report is adopted.

Doctor Craig: **Report of the Auditing Committee:** This committee has checked all of the income and the expenditures of the Association. They also submit the proposed budget for the calendar year of 1941, in the total sum of $95,500, approximately $4,000 less than was expended during the last calendar year. This budget has been approved by the Executive Committee and by the Council. While we realize that it may require further revision, in the event of any reorganization of the executive offices, we recommend its adoption and move the adoption of this section of the report.

Doctor Kiger: I second the motion.

Doctor Goin: It has been moved and seconded that this section of the report be adopted. In adopting this section of the report, you are now approving the budget. Is there any discussion?

No discussion. Vote taken. Motion carried. Report adopted.

Doctor Craig: **Report of the Legal Department:** We have studied the report of Mr. Peart as presented in the "Bulletin," and supplementary remarks before the House of Delegates at the first session. We wish to commend him and his associates for their activities in behalf of the organization. We endorse his action in attempting to protect the organization from unfair and arbitrary taxation. We wish further to endorse most strongly the suggested handbook of medical jurisprudence, and recommend to the Council that, if necessary, funds to carry out this proposal be included in the next annual budget.

I move the adoption of this section of the report.

Voice: I second the motion.

Doctor Goin: It has been moved and seconded that this section of the report be adopted. Is there any discussion?

No discussion. Vote taken. Motion carried and report is adopted.

Doctor Craig: **Report of the Committee on Associated Societies and Technical Groups;**

Report of Committee on Health and Public Instruction;

Report of Committee on History and Obituaries;

Report of Committee on Hospitals, Dispensaries and Clinics, and **Report of Committee on Industrial Practice.**

These reports require little comment. Your Reference Committee feels that the Committee on Associated Societies and Technical Groups should be continued as an important agency of contact with other medical and associated organizations, with whom it is important to maintain cordial relations.

We feel that the title of the **Committee on Health and Public Instruction** is misleading, and suggest an amendment to the By-Laws changing the name of the Committee on Public Health and Preventive Medicine, in which capacity the Committe serves as a liaison between the society and the many different governmental health agencies.

We move the adoption of this section of the report.

Doctor Powell: I second the motion.

Vote taken. Motion carried. Reports adopted.

Doctor Craig: **Report of the Committee on Medical Defense:** This report continues to call your attention to the benefits of membership in the Medical Society of the State of California, and to other problems in connection with the increasing number of malpractice suits in this state. It repeats former recommendations to the component county societies that they maintain active local committees on medical defense to coöperate in individual cases. We commend the Committee for its part in the recent publication of the brochure on medical defense.

We move the adoption of this section of the report.

Doctor Walker: I second the motion.

Doctor Powell: It has been moved and seconded that this portion of the report be adopted.

No discussion. Vote taken. Motion carried and so ordered. Report adopted.

Doctor Craig: **Reports of the Committee on Medical Economics** and the **Committee on Medical Education and Medical Institutions:** These reports are brief and require no comment.

I move the adoption of this section of the report.

Voice: Second the motion.

Doctor Powell: It has been moved and seconded that this portion of the report be adopted.

No discussion. Vote taken. Motion carried.

Doctor Craig: **Report of the Committee on Membership and Organization:** This report shows an addition of 553 members to the Society during 1939. Your Committee wishes to call your attention to that portion of the report in which the component county societies are urged to inform all eligible physicians as to the advantages of membership and the members are reminded of the tremendous value of a strong, united alliance within the profession.

We move the adoption of this section of the report.

Voice: Second the motion.

Doctor Powell: It has been moved and seconded that this portion of the report be adopted.

No discussion. Vote taken. Motion carried.

Doctor Craig: **Report of the Committee on Postgraduate Activities:** The increasing popularity of the local postgraduate conferences is evidence of the value of this committee. The report emphasizes the first essential of a successful conference is an enthusiastic aggressive local chairman and committee. They further remind you that while the State Society has funds to assist financially with these conferences, such financial arrangements must be made in advance to avoid embarrassment. Your Reference Committee urges on the local groups that the facilities of this committee be utilized even more fully, and we congratulate the Committee on the number of such conferences held in the past year. This work should be further extended.

We move the adoption of this section of the report.

Voice: Second the motion.

Doctor Powell: It has been moved and seconded that this portion be adopted.

No discussion. Vote taken. Motion carried.

Doctor Craig: **Report of the Committee on Publications:** This report comments on the excellent quality of our State Journal and requests the allocation of funds for a more intimate contact between the Editor and the members of the Committee. While the entire matter of the conduct of the Official Journal is exhaustively discussed elsewhere, and will be the subject of consideration in this meeting, it seems to your Reference Committee entirely consistent with sound practice to recommend to the Council that if the Committee on Publications is to share any responsibility for the Journal, the Council should consider the advisability of providing funds for a limited number of conferences between the members of the Committee and the editorial staff.

We move the adoption of this section of the report.

Voice: Second the motion.

Doctor Powell: All in favor signify by saying "Aye." Vote taken. Motion carried and so ordered.

Doctor Craig: **Report of the Committee on Public Policy and Legislation:** This report concerns the activity of the Committee in combating adverse legislation during the past year. Your Reference Committee wishes to commend the Committee, especially the chairman, Dr. Junius B. Harris, for their efficient work, and to express the appreciation of the Society for their self-sacrificing generosity in time and effort.

We move the adoption of this section of the report.

Voice: Second the motion.

Doctor Powell: You have heard the motion.

No discussion. Vote taken. Motion carried and so ordered.

Doctor Craig: **Report of the Committee on Scientific Work:** The report concerns chiefly the arrangements for this annual session. The new schedule whereby general meetings are held in the mornings and section meetings in the afternoons, has been tried for the first time. Its popularity with the membership and the advisability of its continuance will be the subject of comment and critical analysis during the coming year. We wish to compliment the Committee on the quality of the work represented at this meeting, and to express our confidence in their judgment regarding future arrangements.

We move the adoption of this section of the report.

Voice: Second the motion.

Doctor Powell: All in favor say "Aye."

Vote taken. Motion carried and so ordered.

Doctor Craig: **Report of the Committee on Public Relations:** The report reviews the activities of the Committee since its inception. The Basic Science Law is discussed by the subject of a resolution introduced into the House of Delegates for open discussion. The brochure on medical defense, issued by this committee—issued at the request of the Committee on Medical Defense—has already been commented upon favorably. We again urge the careful study of this booklet. We wish also to commend the Committee for the distribution of the booklet entitled "On the Witness Stand," to combat compulsory health insurance. We suggest that the Editor of California and Western Medicine emphasize to the membership the availability of additional copies of this publication, from the publishers, for distribution to patients and friends outside the profession. We further urge that the component county societies endeavor to see that the local papers in various parts of the state receive and publish press releases of the American Medical Association, furnished by this committee.

Your Reference Committee commends this committee for its activity and urges the Council to give it every support in the continuation of its work. We move the adoption of this section of the report.

Voice: Second the motion.

Doctor Powell: All in favor say "Aye."

Vote taken. Motion carried and so ordered.

Doctor Craig: **Report of the Cancer Commission:** The activities of this committee have been noted, and we urge the continuation of their coöperation with local groups. We compliment them upon their work and urge the support of the Council in the future Cancer Commission studies. We recommend the adoption of this section of the report.

Voice: Second the motion.

Doctor Powell: All in favor say "Aye."

Vote taken. Motion carried. So ordered.

Doctor Craig: **Report of the Committee on Syphilis:** This committee has coöperated with the program of the Bureau of Venereal Diseases of the State Department of Public Health. Great progress has been made in the organization and conduct of this campaign against syphilis. The Committee is to be commended for its share of the work. We move the adoption of this section of the report.

Voice: Second the motion.

Doctor Powell: All in favor say "Aye."

Vote taken. Motion carried. So ordered.

Doctor Craig: **Reports of Special Committees** assigned to this committee: The report of the **Committee on Life Membership:** The report of this committee is embraced in the proposed amendments to the By-Laws relative to life membership in the component county societies, and to the Constitution, establishing life memberships in the State Society. These are printed on page 44 of the "Pre-Convention Bulletin" and will be discussed in the report of the proper Reference Committee. We move that the Committee be given the thanks of the Society, that the report be accepted and the Committee discharged from further obligation.

We move the adoption of this portion of the report.

Doctor Powell: All in favor say "Aye."

Vote taken. Motion carried. So ordered.

Doctor Craig: **Report of the Committee on Needy Members:** This report embraces a survey of the number of needy physicians and dependents throughout the state. The survey rendered is somewhat incomplete due to failure of coöperation of some of the local societies. The recommendation of the Committee is comprised in a proposed amendment to the By-Laws, printed on page 44 of the "Bulletin," which is being considered by the proper Reference Committee. Pending the establishment of any state fund, the recommendation of the Committee that the local societies provide as far as possible for the needy seems to your Reference Committee, in spite of the inequality of distribution, the only feasible method of handling the situation. We also concur in the recommendation that our delegates to the American Medical Association be instructed to introduce a resolution providing for a committee to investigate the feasibility of the establishment of a national fund for a needy member. We advise that the Committee be retained for the completion, so far as possible, of its survey; and move the adoption of this section of the report.

Voice: Second the motion.

Doctor Powell: All in favor say "Aye."

Vote taken. Motion carried. So ordered.

Doctor Craig: **Report of the Committee on Governmental Medical Employees:** This report will show a considerable amount of work on the part of the Committee in making a survey of the pay schedule in many institutions operated by various governmental agencies. It shows very clearly that the only medical employees, even reasonably well paid, are those in the higher executive positions and that the general run of medical employees are underpaid and overloaded with a case load too high for adequate, good medical practice. Every member of the House of Delegates will agree with this conclusion. This committee itself recommends that if its work be continued, provision will have to be made for much more detailed and extensive study, involving questionnaires, personal visitation of institutions and the employment of a statistician. Your Reference Committee feels that in view of the many financial drains upon the resources of the Association, that unless the Council contemplates some definite, feasible action, such further study might well be deferred. We, therefore, recommend that the report as given be accepted and filed; that the Committee be given the thanks of the Association and that it be discharged from further duty.

I move the adoption of this section of the report.

Voice: Second the motion.

Doctor Powell: All in favor say "Aye."

Vote taken. Motion carried. So ordered.

* * *

Doctor Craig: The Reference Committee on the Reports of Officers and Standing Committees, together with the reports of the special committees assigned to it by the Speaker, moves the adoption of this report as a whole.

Doctor Powell: Is there a second to that motion?

Doctor Kiger: I second the motion.

Doctor Powell: It has been moved and seconded that the report as a whole be adopted.

Vote taken. Motion carried. Report as a whole is accepted.

Doctor Goin: (Has again taken the chair.) On behalf of the House of Delegates, Doctor Craig and your Committee, we thank you very much for this report.

* * *

Report of Reference Committee No. 2

Committee on Reports of the Council and the Secretary-Treasurer

The next order of business is reception of the report of Reference Committee No. 2 on the reports of the Council and the Secretary-Treasurer. Doctor Henderson, Chairman. Doctor Henderson!

Doctor Henderson: Mr. Speaker; Members of the House! Reference Committee No. 2, reporting on the reports of the Council and the Secretary-Treasurer.

We recommend that the report of the Council as printed in the "Pre-Convention Bulletin" be accepted and their actions ratified to date. I move the adoption of this section of the report.

Voice: Second the motion.

Doctor Goin: It has been moved and seconded that this section of the report be adopted. Is there any discussion?

No discussion. Vote carried. Section is adopted.

Doctor Henderson: The following suggestions are submitted for your consideration:

1. Concerning the report of the **Special Committee on the Survey of the Association Offices,** which became a part of the Council report, believing that unnecessary complications and confusion would result from any sudden and sweeping changes in Association offices, and realizing that such changes would be mandatory if the Committee report were adopted, we believe that the interests of the Association will be best served if the Committee report be referred to the Council with power to act.

I move the adoption of this section of the report.

Doctor Reinle: I second the motion.

Doctor Goin: Is there any discussion?

No discussion. Motion carried. Section is adopted.

Doctor Henderson: (2) **Annual Dues:** Feeling that the proposed increase of the annual dues to $20 would create unnecessary hardship for members in certain sections, the Committee recommends that the annual dues be increased to $15, and that further funds be made available by releasing the moneys now held by the Committee on Public Health Education, thus making them available for general use. The continued work of the Committee on Public Education to be financed at the discretion of the Council.

I move the adoption of this section of the report.

Doctor Cline: If we approve this section of the report, does that approve the $15? May I then speak to the House?

Doctor Goin: I think that the motion is out of order, Doctor Cline, because the House of Delegates created the Committee on Health Education and assigned it funds allocated by assessment, and directed that the Committee continue until the House discharged it. I don't believe that this section of the report as presented is in order.

Doctor Reinle: I move that this section of the report be deleted from the Committee's report.

Doctor Goin: The motion by Doctor Reinle is to amend the Committee's report by deletion of this section or their suggestion No. 2. Is there a second?

Doctor Pallette: I second the motion.

Doctor Goin: Seconded by Doctor Pallette. Is there any discussion?

Doctor Henderson: How would the amended recommendation read then?

Doctor Goin: It would simply have that section missing from it.

Doctor Henderson: Would it then read, "Feeling that the proposed increase of the annual dues to $20 would create unnecessary hardship for members in certain sections, the Committee recommends that the annual dues be increased to $15."

Doctor Goin: The motion, I take it, is to delete the remaining portion of that section of the report. Is that right, Doctor Reinle?

The motion now pending before the House is on the amendment of this section of the Committee's report by deleting the remaining portion of the section.

No further discussion. Vote taken. Motion to amend the report is carried.

Doctor Goin: The report is now open for adoption as amended.

Doctor Henderson: I move the adoption as amended.

Doctor Goin: Doctor Henderson moves the adoption of the amended section of the report. Doctor Pallette seconds. Is there any further discussion?

No further discussion. Vote taken. The report is adopted as amended.

Doctor Henderson: (3) **Basic Science, Initiative:** A resolution regarding the subject of a basic science initiative will come before this body. This committee simply calls your attention to the fact that $60,000 for financing the project is not available at the present time.

The additional report of the Council submitted by Doctor Wilson, regarding the departmentalization of the Council, realizing that the Council has the power to appoint committees and subcommittees and to organize itself in any way that promotes efficiency, we commend this part of the report as a constructive step.

The Committee recommends that the Treasurer's report be accepted, without comment, and I so move.

Doctor Goin: Is there a second?

Doctor Alexander: I second the motion.

Doctor Goin: It has been moved and seconded that this section of the report be adopted. Is there any discussion?

No discussion. Vote taken. Motion carried and section of the report is adopted.

Doctor Henderson: We suggest your consideration that the fiscal year be changed from January 1 to January 1, and run from July 1 to July 1. The Committee believes this will simplify the Treasurer's work and especially simplify the making up of the annual budget, inasmuch as the end of the fiscal year would more nearly coincide with the time of the annual meeting. I move the adoption of this section of the report.

Doctor Toomey: I second the motion.

Doctor Goin: Is there any discussion?

No discussion. Vote is taken. The noes have it; motion lost. This section of report is deleted.

Doctor Henderson: The report of the Secretary is accepted without comment. I move the adoption of this section.

Doctor Pallette: Second the motion.

Doctor Goin: Is there any discussion on this section of the report?

No discussion. Vote taken. Motion carried and adopted.

Doctor Henderson: **The Report of the Secretary-Treasurer of the California Physicians' Service** has been read and we recommend its approval, and I so move.

Doctor Noble: I second the motion.

Doctor Goin: It has been moved and seconded that this section of the report be adopted. Is there any discussion?

No discussion. Vote taken. Motion carried and adopted.

* * *

Doctor Henderson: Mr. Speaker, I move the adoption of the report as amended, as a whole.

Doctor Pallette: Second the motion.

Doctor Goin: The motion is on the adoption of the report, as a whole, as amended. Is there any discussion?

No discussion. Vote taken. Motion carried and the report is adopted.

* * *

Report of Reference Committee No. 3

Committee on Amendments to the Constitution and By-Laws, Resolutions, New and Miscellaneous Business

Doctor Goin: The next order of business is the reception of the report of Reference Committee No. 3, on Amendments to the Constitution and By-Laws, Resolutions, New and Miscellaneous Business. Dr. Loren Chandler, Chairman. Dr. Chandler!

Doctor Chandler: Mr. Speaker! Members of the House! I haven't had a chance to rehearse this quite as well as the two previous chairmen. Since mimeographing the report late this afternoon and distributing the mimeographed report to you, the Committee has made a few minor changes to which I will call your attention as we proceed.

Your Reference Committee No. 3, on Resolutions and New Business, has given considerable consideration to the Committee reports and resolutions referred to it. In some instances we have consulted delegates and members of the Association interested in these resolutions. Inasmuch as several resolutions at times deal with the same subject, we have found that they fall into three groups: first, the report of the Committee on the Survey of Association Offices, and the resolutions and amendments to the By-Laws pertaining thereto; second, the report of the Committee on Public Health Education and the resolutions dealing thereto; and third, resolutions dealing with miscellaneous subjects.

* * *

Your Committee submits the following report:

First, we commend the Committee on Survey of Association Offices for its thorough and comprehensive report. I move the adoption of this section of the report.

Doctor Bailey: Second the motion.

Doctor Goin: Seconded by Doctor Bailey. Is there any discussion?

No discussion. Vote taken. Motion carried. This section of report is adopted.

Doctor Chandler: I am speaking now to the subject of the report of the Survey Committee. In considering this entire subject, your Reference Committee has given careful attention to the report of the Committee as submitted to the Council and published in the "Pre-Convention Bulletin," the resolution adopted by the House of Delegates in May, 1939, known as Resolution No. 1, authorizing the study and the report of the Association offices, and that part of the report of the Council at its meeting on March 10, 1940, and at its meeting on May 6, 1940, which deals with the report of the Committee on the Survey of the Association Offices.

Your Committee appreciates the idealistic desire of each and every member of the California Medical Association to maintain a society of the highest standards and efficiency to influence public opinion toward the medical profession, to direct legislation promoting public health and sanitation, and to improve the economic status of the individual practitioners of medicine.

These motives have been responsible in a large part for the creation in the past of numerous standing and special committees within the Society, with special duties and at times special allocations of funds.

These special duties and special money allocations have been either adjuncts or duplications of the duties of standing committees or of regularly constituted groups in the Association.

* * *

Inasmuch as six **Resolutions, No. 1,* No. 6,* No. 8,* No. 13,* No. 17,* and No. 27,*** and the **Report of the Committee on Survey of Association Offices,** deal with the reorganization of the Association offices, a substitute resolution is offered by the Committee.

Now there follow the original resolutions, No. 1, No. 6, No. 8, No. 13, No. 17 and No. 27, which by action of the House before the recess, I will not read. They are before you and we will consider that they have been read.

Your Committee offers the following substitute resolution:

SUBSTITUTE RESOLUTION

Whereas, It has become apparent that a reorganization of the affairs of the California Medical Association is desirable; be it

Resolved, That, bearing in mind particularly the recommendations of the Committee on Survey of the Association Offices, appointed in 1939, the Council is hereby instructed to proceed at the first meeting of the Council after adjournment of this meeting of the House of Delegates, with a reorganization to deal with matters of finance, office management, the conduct of the Journal, the Department of Public Relations, and such other matters as are necessary to effect a more efficient management of the affairs of the California Medical Association.

Mr. Speaker, I move the adoption of this section of the report.

Doctor Voorsanger: I'll second that.

Unidentified Voice: Mr. Speaker! A point of order. Can a Committee on By-Laws introduce a resolution of this kind?

Doctor Goin: This is not the Committee on the By-Laws. This is a Committee on Amendments to the Constitution and By-Laws and New and Miscellaneous Business. In that capacity they have the right to abandon by substitution, which I take it is what the Committee is doing. I will rule that the substitute resolution is entirely in order.

Doctor Chandler: May I explain that a little further? Each one of these resolutions deals in some manner with a proposed reorganization; either for or against or pertaining to some particular part of the office and the Association's activities that are covered in the report and its recommendations. It was the thought of the Reference Committee that all of this should be left to the Council, as to detail. There must be information of which most of us are not aware, overlapping, duplications, reduplications, that could not possibly be ironed out and ordered at this time, on such short notice, by action of the House of Delegates. That was the thought in the minds of the Reference Committee, and a substitute resolution is offered in lieu of those six resolutions dealing with this subject.

Doctor Goin: The question is on the adoption of this section of the report, and the substitute resolution offered by the Committee. Is there any discussion?

No discussion. Vote taken. Motion carried. The section of report with substitute resolution adopted.

* * *

Doctor Chandler: The next series of resolutions deal with duties of various officers of the Association, and we have considered them all together.

Resolution No. 3,* Resolution No. 4,* and Resolution No. 5,* deal entirely with the subject of specifying the duties of an executive or field secretary, if and when hired. These resolutions amend Section 8, Chapter IV of the By-Laws, and details the duties under Section 3, Chapter VI of the By-Laws. Therefore, your Reference Committee proposes a substitute amendment to the By-Laws, which takes care of the intent of these three resolutions and permits and enables the Council of the California Medical Association to make such a reorganization program as it may see fit in conformance with the report of the Committee on Survey of the Association Offices.

We recommend that Chapter VI, Section 3 of the By-Laws be amended as follows: A change in title of Section 3, to read:

COMMITTEE'S AMENDMENTS

Section 3.—*Duties of the Secretary-Treasurer, Executive Secretary and Field Representatives*

And, by adding before paragraph (a) the following:

> The duties of the Executive Secretary and Field Representatives may be such as are delegated to them by the Council of the California Medical Association, and may be any and all duties as are specified under the various provisions of this section.

No other part of that section of the By-Laws is changed.

Mr. Speaker, I move the adoption of this section of the report.

Doctor Peers: I second that.

---

* For text of Resolution No. 1, see page 265.
For text of Resolution No. 6, see page 267.
For text of Resolution No. 8, see page 268.
For text of Resolution No. 13, see page 269.
For text of Resolution No. 17, see page 270.
For text of Resolution No. 27, see page 272.
For text of Report on Survey of Association Offices, see page 263.

* For text of Resolution No. 3, see page 266.
For text of Resolution No. 4, see page 267.
For text of Resolution No. 5, see page 267.

Doctor Goin: It has been moved and seconded that this section of the report be adopted. Is there any discussion?

No discussion. Vote taken. Motion carried. This section is adopted.

* * *

Doctor Chandler: **Resolution No. 2*** is the next one considered. I will not read it in its entirely in that it is printed for you. It is two pages long.

The intent of this resolution apparently is to provide a comprehensive hospital subsidization for any patient who chooses to go to a private hospital. This has worked successfully on a small scale in Palo Alto and has had the effect of markedly reducing county hospital occupancy and increasing private hospitalization and private practice. The expense to the state for providing the subsidy is considerable, but the saving in county hospital expenditures would to a certain extent mitigate this.

In the event that this resolution is adopted, your Committee recommends that the Council instruct the California delegates to the American Medical Association to publicize this action.

Your Committee recommends the following substitute resolution. If you will turn the page you will find a substitute resolution which has been changed only in one part, and that is the last page:

COMMITTEE'S SUBSTITUTE

Now Therefore Be It Resolved by the House of Delegates of the California Medical Association, at its annual meeting held in Coronado, California, this sixth day of May, 1940, that the Council of the California Medical Association be and is hereby instructed to prepare, introduce and actively support at the next session of the California Legislature appropriate measures providing for the basic hospitalization cost for all citizens of California.

Mr. Speaker, I move the adoption of this section of the report.

Doctor Shephard: I second that.

Doctor Goin: Is there any discussion? Dr. Cline!

Doctor Cline: Mr. Chairman! When one considers advocating a procedure which is as radical a departure from the generally accepted scheme of hospitalization and medical care, it behooves us to consider it very carefully. . . .

I think we wish to consider this portion of the report very carefully before we take action on it. (Applause.)

Doctor Goin: Is there any further discussion? Doctor Shephard.

Doctor Shephard: As a member of the Santa Clara County delegation that submitted this resolution—and you might say that it is our "baby"—I feel that it is perfectly proper and just that we should be able to defend our idea.

Before I answer Doctor Cline's specific questions there are a few things which I would like to call to your attention, and in doing so I may have to go somewhat back into history. . . .

Doctor Goin: Doctor Pallette!

Doctor Pallette: Doctor Shephard has made a very fine, eloquent presentation of this question, but the more I think of it, it seems to me but one thing, and that is compulsory hospital insurance; which would be a long step toward compulsory health insurance. Were this adopted, put into action, it would be a very short step toward politicalized medicine. (Applause.)

Doctor Goin: Doctor Lee!

Doctor Lee: I think alone of the members of the House of Delegates. I have had a chance to practice medicine under such a system as this is in operation. Perhaps I can speak with somewhat more authority.

There may be objections to this plan, and I can see some myself, but they are not the objections that Doctor Cline and Doctor Pallette point out. Quite the contrary. The effect of this plan in actual operation is to increase the private practice of medicine at the expense of the public practice of medicine. In Palo Alto, where this plan has been in operation for a number of years, the number of patients that we sent to the county hospital has been reduced 60 per cent. . . .

Our experience at Palo Alto has been small, to be sure, but still it is quite extensive. It is over a long period of time and forms a good example.

I should like to see this tried, not on a national scale as was suggested in the resolution, but in one state as an experimental, laboratory method for solving this matter of hospital care. . . .

Doctor Goin: Doctor Kneeshaw!

Doctor Kneeshaw: Last year we had the opportunity of talking before the Farm Bureau—some of the representative farm bureaus. The farmers of this state are one of the classes that have to pay for their hospitalization. Most of them go to the county hospitals, and they have a hard time getting into the hospitals because they have some property. . . .

Doctor Goin: Is there any further discussion? Doctor Shephard!

Doctor Shephard: There was one thing that I wished to mention that I forgot to. That is this: Probably most of you are aware of the action of the Wagner Committee for Hospitalization. You also are probably aware that there has recently been introduced a new bill, known as the Wagner-George Lea Bill, which proposed to build some fifty small hospitals throughout the United States, in communities that could support hospitals; but the title to those hospitals was to remain in the Federal Government.

Senator Taft, a member of that Senate committee investigating that, has recently introduced what has been called an amendment but which in reality is a substitute for the Wagner-George Lee Bill. In that he proposes that they give various amounts of money, ranging from 40 to 90 per cent to communities that need to build a hospital, and to subsidize those hospitals at the rate of $300 a bed for the first year and decrease it 20 per cent for each year up to five years, when it is turned over to the political subdivision wherein the hospital has been built.

Now, that gives us an idea of the trend of thinking in Washington. . . .

Doctor Goin: Is there any further discussion? Doctor Howson!

Doctor Howson: Mr. Speaker, Members of the House! There is much that is appealing in the resolution offered from Santa Clara County, but it seems to me that there is much that is dangerous. . . .

The experience in Palo Alto is suggestive, but Palo Alto is a small community. Conditions perhaps may be described as ideal for an experiment of this kind. . . .

I should like, therefore, to move an amendment that this matter be referred to the Council, with instructions that they study it and report back to this House of Delegates at our next annual meeting. (Applause.)

Doctor Rapaport: Second the motion.

Doctor Goin: The question is on the amendment to this section of the report. Are you ready for the question?

Question called for. Vote taken. Carried. This section of the report is committed to the Council. Doctor Chandler!

* * *

Doctor Chandler: **Resolution No. 7,*** introduced by Doctor Ayres of Los Angeles, dealing with medical care through California Physicians' Service for persons receiving public assistance, is printed in detail in the copy you have. The first page of "Whereas" I will not read, but on the second page:

---

* For text of Resolution No. 2, see page 265.

* For text of Resolution No. 7, see page 267.

> *Resolved,* That the California Medical Association approves the general plan for the undertaking of medical care of persons receiving public assistance by and through California Physicians' Service, and hereby requests California Physicians' Service to do everything in its power to further said plan on behalf of the people of the State of California; and be it further
>
> *Resolved,* That in the event funds are necessary for the furtherance of said plan, the Council of this Association is hereby requested to give such financial aid as may appear to it to be proper.

Your Committee recommends that this resolution do pass. I move its adoption, Mr. Speaker.

Doctor Bailey: I second the motion.

Doctor Goin: Is there any discussion? Doctor Ayres!

Doctor Ayres: Mr. Chairman! Members of the House! As the maker of this resolution, I want to record this document which explains a little more in detail the method of operation, and with your permission I will just read these several pages, which I think will clarify the proposal.

Proposed plan for medical care for public assistance groups: The articles of incorporation of California Physicians' Service provide that the organization may enter into agreements, with governmental parties for the medical care of persons for whom such governmental parties accept responsibility for support. In compliance with the request of the Council of the California Medical Association, a committee was appointed by President Wilbur, to investigate the possibilities of coöperation with public agencies.

This committee has carried on discussions with governmental representatives, looking toward the development of a plan whereby the medical profession could more satisfactorily participate in the administration of medical care to public assistance groups.

The proposal is best illustrated by comparison with the present operations. It will be remembered that the plan of medical care now administered by the State Relief Administration was begun with the support of the California Medical Association. It is the belief of the Committee that continued participation in the work of the Advisory Committees might have prevented the injection of more and more lay control and direction. (I will explain these charts in just a moment.) This is best indicated by the fact that at the present time the medical functions and the agency administering unemployment relief in California are subject to approval of the administrative set-up of the Relief Administration. This administrative organization is of necessity subdivided into divisions in which the medical bureau is one, and such medical functions as are carried on by the state are only indirectly supervised by medical personnel.

That is illustrated in the present set-up here, in which, as you will see, the medical bureau sticks out as an appendage to the Social Service Director.

The present plan, administered by nonmedical persons, total appropriation for relief—there is no specified sum for medical care, therefore it is subject to considerable fluctuation, operates through the Relief Commission, through the Relief Administrator, through the Social Service Director, and through that the Medical Bureau. And then the County Director, the social service case worker, the medical social worker, and finally it trickles down to the person on relief.

Now, the proposed plan, which would be administered by medical persons, through the California Physicians' Service, there would be an appropriation set aside by the Legislature for medical care exclusively, and that would then operate through the Board of Trustees of California Physicians' Service, in coöperation with the Relief Commission, and finally down through the Medical Director of California Physicians' Service, deputy medical directors, the professional members in coöperation with the social workers and not under the medical social workers, and finally the person on relief. That is the essential set-up.

It is proposed that authorization be granted by the Legislature for contracts with a representative body of the medical profession, such as California Physicians' Service, to provide medical care for persons receiving public assistance. This will result in a closer correlation of available funds and the medical profession in serving the medical needs of the public assistance group.

The medical care extended to this group in 1939 was limited almost exclusively to technical nonresidents. That is, those persons not eligible to county facilities; for the care of acute and emergency needs in the home, and a small percentage of ambulatory care. The program has essentially provided services not available through county and other agencies.

I might say that this is not really adequate medical care.

The funds expended in 1939 totaled $830,000, divided into 45 per cent for professional services of physicians; 21 per cent for dental care; 6 per cent for appliances; 5 per cent for routine physical examinations; and 23 per cent for administration; including overhead, medical social work, and clerical work.

It is estimated that to provide a minimum of general medical service, excluding hospitalization, for both the resident and technical nonresident group, which would include an estimated 360,000 persons, would cost approximately less than three cents per day per person on relief. The actual amount of money that becomes available will necessarily control the extent to which medical care can be provided under the plan, of course; and that, of course, depends on the Legislature.

To meet the needs peculiar to local situations, California Physicians' Service would consult with the county medical societies as to the best methods of meeting administrative problems. There are various possibilities. In one community there could be a complete clinic set-up, in another a combination of clinic and panel system, and in a third a panel plan alone. Where clinics are utilized, it is proposed that physicians would be compensated by California Physicians' Service for such part-time work. Before undertaking operation of such a program it is intended that communications be sent to all professional members of California Physicians' Service, asking for information as to whether or not the individual doctor wishes to serve on the panel for the public assistance program. Relief recipients will go only to the offices of doctors signifying their desire to participate. In other words, those who are professional members and who don't care to participate in this particular part of the program need not do so. They may specify.

It should be understood that the program proposed herein will in no way affect the operation of California Physicians' Service as it is now being operated. It is intended that expenses of the public assistance plan will be met from funds made available from public sources. There will be a separate fee schedule and independent computation of unit value for the two plans. It is possible that a small sum may be required for some preliminary work, but this will not be taken from the funds of the present California Physicians' Service activity.

To summarize, the following points should be stressed:

The group under discussion represents the most serious public-health hazard in the community. Providing somewhat adequate medical care for this group should result in a material reduction in the incidents and conditions such as diphtheria, smallpox, tuberculosis, and others related to lack of proper care. It is, therefore, of the utmost importance that funds be made available to provide adequate medical care for persons in this group.

It is essential to public welfare that any program for medical care of any group of people be administered by the medical profession itself. It is of paramount importance that funds be provided from some source in order to forestall the possibility of an additional burden being placed upon the physicians already rendering extensive service in their own communities, without compensation therefor.

The California Medical Association has developed through California Physicians' Service an administrative technique capable of handling the many complicated ramifications related to the demand of the public for adequate medical services. This has been a major concern of federal and state governments. The medical profession has expressed its desire to help meet this need. The utilization of California Physicians' Service for this purpose is essential if the development of medical services to the public is to follow the pattern of the traditional development of medicine in the United States, and is to conform with the governmental structure and principles of this nation.

I would just like to call attention to one or two points that illustrate in this other chart. In this chart is a contrast between the present plan and the proposed plan. Under the present plan, administered by nonmedical persons, services were rendered to acute and emergency needs in homes, for technical nonresidents, at a cost of about $5.92 per month per patient. Under the proposed plan, which would be administered by medical persons, services will include acute needs in the home, all ambulatory and rehabilitatory needs, of both residents and technical nonresidents which could be done at a cost of approximately $4.27 per patient, per month; in contrast with the $5.92 under the other setup.

Now, of course, again it depends on how much the Legislature is going to appropriate for this purpose. The figures on the right-hand side of the chart illustrate the units of service under the present plan and those on the other side represent multiples of those units, which it would be possible to give—the additional service it would be possible to give—for a cost of approximately less than three cents per day, per person on relief, if the thing were handled through a complete medical setup. There would be that many more persons served. There would be that many more ambulatory visits, and home visits, and nursing service and so on; and the total expediture, of course, would be greater, to produce an ideal service, but we will do the best we can, and if the Legislature sees fit not to provide what we consider a minimum amount for adequate service—which I say again will figure approximately three cents per day, per person—we will of necessity have to cut our cloth according to the appropriation allowed; but we do feel that under any circumstance the service rendered will be of a higher quality, in view of the fact that it will be under complete medical supervision.

I hope you will see fit to approve this plan.

Doctor Goin: The question is on the adoption of this section of the committee's report. Are you ready for the question?

Question called for. Vote taken. Carried and adopted.

* * *

Doctor Chandler: **Resolution No. 9,**[*] introduced by Doctor Lee, dealing with medical care of students in colleges, is printed for your information.

Your Committee is in favor of the principle of enlarging the scope of the activities of California Physicians' Service, but for the sake of clarity recommends the following amended resolution:

COMMITTEE'S AMENDMENTS

Whereas, It is desirable that adequate student health services be provided for colleges and junior colleges; and

Whereas, There is a tendency for these services to be provided by salaried medical staffs when they could be better provided by the facilities of the California Physicians' Service; be it

Resolved, That the House of Delegates approves the negotiation of contracts between the California Physicians' Service and schools for the furnishing of medical care, provided that the approval of the County Medical Society in the County in which the school is located, is first obtained.

Mr. Speaker, I move the adoption of this resolution.

Doctor Pallette: Second the motion.

Doctor Goin: Is there any discussion? The question is on the adoption of this section of the committee report. Doctor Kilgore!

Doctor Kilgore: Mr. Speaker! For the Trustees of California Physicians' Service, we appreciate very much the consideration of the House, of this problem, among two or three others to be presented later this evening. California Physicians' Service has been already approached by the authorities of one or more of the colleges in the State, and suggestions from others have come, that service to students might be furnished through the facilities of California Physicians' Service.

The immediate problem that faced California Physicians' Service, in considering this matter, is the difficulty involved in the matter of incomes of families from which these students come, in the case of at least a fair proportion of the students involved. Whether the medical profession of California, as represented in California Physicians' Service, would be willing to undertake the care of student bodies irrespective of the income of the families from which they come. There are, as pointed out in the resolution, several considerations involved.

As you know, in at least some of the student body medical services now in effect in this country, medical service is furnished, at least during the school year, to all members of the student body, on a compulsory basis, entirely irrespective of the income of the families from whom they come; and so the medical service is in effect taken away from the physicians in that community.

There are several possibilities. Just what arrangements could be effected, satisfactorily with college authorities, no one can know until it has been tried. It was our thought that no such arrangement should be entered into without the approval of the County Medical Society concerned, in the locality where the institution is.

There is also this consideration, however, that under California Physicians' setup, as it stands now, any beneficiary member is entitled to his free choice of physician anywhere in the State, and one, perhaps, of the most serious problems that we shall have to face, is whether we should or could, under a contract with the student body, limit medical service to the members of the County Medical Society, which had approved of such contract.

We are anxious for your statement of opinion about this, what the profession wants done, and I make this little explanation of the problems involved, in order to have them clear in your minds.

Doctor Goin: The question is on the adoption of this section of the committee report. Are you ready for the question.

Question called for. Vote taken. Motion carried and section adopted.

* * *

Doctor Chandler: **Report of the Committee on Public Health Education.**[*] This special committee, created by resolution at the 1939 House of Delegates, has functioned actively during the year and submitted a report of its activities, which is published in the "Pre-Convention Bulletin."

Your committee feels that there should be consideration of the Committee on Public Health Education because of the important relationship to the organization matters as presented in our Resolution No. 1, the matter of the continuance of this committee should be considered in the light of its relation to the general reorganization plan which the Council is to undertake, and that the question of its continuance should be left up to the Council when they consider the whole general matter of reorganization.

---

[*] For text of Resolution No. 9, see page 268.

[*] For text of Report of the Committee on Public Health Education, see "Pre-Convention Bulletin," on page 72.

We recommend that this committee be highly commended for its activities for the year, particularly noting that it achieved the unique distinction of reaching the end of the year with an unexpended surplus of $27,873.79.

In view of the important relation between the Committee on Public Health Education and the general plan, we feel that the committee should not be discharged by action of the House of Delegates, because by so doing it might seriously cripple the whole reorganization plan.

Mr. Speaker, I move the adoption of this portion of the report.

Doctor Cline: Second the motion.

Doctor Goin: Doctor Chandler, what do you propose to do about this motion. Don't you mean to include your substitute resolution, or will you—

Doctor Chandler: I had it in mind to follow that. If you wish to put this all under one action, I will be quite willing, of course, to go on and consider Resolution No. 10, which also deals with this subject and make that part of one action. Would that be preferable?

Doctor Goin: Not if you wish it the other way. The question is on the adoption of this section of the committee report.

Doctor Chandler: It is immaterial, I think, so far as the intent and action of the House is concerned, whether the report of the committee is acted upon separately, or whether the report of the committee and Resolution No. 10, which deals with the same subject, are acted upon jointly.

Doctor Goin: We may as well consider it separately. Is there any discussion?

No discussion. Vote taken. Motion carried and section of committee report adopted.

ተ ተ ተ

Doctor Chandler: In the consideration of **Resolution No. 10,*** it should be pointed out that if this committee is discharged, the unexpended surplus of $27,873.79 must be returned to those paying the assessment. This would seriously frustrate the purposes for which this committee was created, as well as entailing difficult and expensive clerical work. In view of the important relationship of this committee's work with the reorganization, we feel that the committee should not be discharged, but that its activities should be directed by the Council in the light of their general reorganization plan, and for this reason we substitute a resolution.

The original resolution, then follows, introduced by Doctor Askey of Los Angeles; and the substitute motion which we now propose follows that. The substitute motion reads:

COMMITTEE'S SUBSTITUTE

Therefore Be It Resolved, That the Committee on Public Health Education be continued and its activities directed by the Council in accordance with the general plan of reorganization, calling attention of the Council to the purposes and the duplication of activities between this committee and other committees and departments.

Your committee recommends the adoption of this substitute resolution, and I so move.

Doctor Kiger: I second the motion.

Doctor Goin: Is there any discussion?

No discussion. Vote taken. Motion carried. Substitute resolution No. 10 is adopted.

ተ ተ ተ

Doctor Chandler: **Resolution No. 16,*** introduced by Doctor Wiley, dealing with the Public Health League of California. I will only read the last portion of it.

Be It Resolved by the House of Delegates of the California Medical Association, that in the interests of economy and effective results, this Association shall discontinue its efforts through special and standing committees to handle public relations, publicity and public education programs and shall make use of the existing facilities and experience of the Public Health League of California for such purposes, and to this end, be it further

Resolved, That every member of the California Medical Association be urged to immediately become a member of the Public Health League of California and continue active support of that organization.

In view of the Reference Committee's recommendations on the report of the Committee on Public Health Education, and on Resolution No. 10, the matter with which Resolution No. 16 concerns itself is already dealt with adequately and your Reference Committee recommends that this resolution *do not* pass.

I move the adoption of this section of the report.

Doctor Anderson: I second the motion.

Doctor Goin: Is there any discussion?

No discussion. Vote taken. Motion carried. Section of report adopted.

ተ ተ ተ

Doctor Chandler: **Resolution No. 11,*** introduced by Doctor McClendon, dealing with a Basic Science Law, is printed for your information.

Your committee approves the intent of this resolution, but because the next general election will be held in November, 1940, and it is physically impossible to qualify an initiative measure by June 27, 1940, which is the last date for filing, your committee recommends the adoption of the following substitute resolution.

The substitute resolution reads as follows:

COMMITTEE'S SUBSTITUTE

Whereas, Improved standards of training, especially in professions which deal so intimately with the health of the people, are desirable; and

Whereas, It seems right and reasonable to establish similar standards for basic training in all branches of the healing art; therefore, be it

Resolved, That this house of Delegates of the California Medical Association does hereby instruct the Council of the California Medical Association, as a mandate, to take proper steps for the enactment of a Basic Science Law.

Mr. Speaker, I move the adoption of this section of the report.

Doctor Bullock: I second that, Mr. Speaker!

Doctor Goin: Seconded by Doctor Bullock. Doctor Bullock has the floor.

BASIC SCIENCE ACT

Doctor Bullock: The problem of a Basic Science Law has been coming before this organization year after year I believe that last year the Council was instructed to place this measure on the ballot. We are now up against the same proposition, the Council having been so instructed, is still instructed, and is still doing it; but the time is still indefinite. I agree thoroughly with the Reference Committee's idea that the Council, in general, should be left to its own discretion; but, I feel that it is the universal opinion of the members of this House of Delegates and the members of the California Medical Association, that action on this matter should be taken, and should be taken now.

This resolution merely changes the original to state that it shall be at the discretion of the Council, as to when, how, where this initiative shall be put on the ballot. There is nothing so far as time. They can do it ten years from now, and still be following this vague and very indefinite resolution.

I am quite certain, from talking to a large number that the majority want it now. The practical problem of putting on the initiative in the next general election, incidentally, at which we are informed there will be no other medical measures on the ballot, and at which there is no reason whatsoever why this thing should not have come up, is a technical problem of qualifying now, because nothing has been done by the Council, although it was so instructed at the last meeting of this House of Delegates.

---

* For text of Resolution No. 10, see page 268.
For text of Resolution No. 16, see page 269.

* For text of Resolution No. 11, see page 268.

It may be possible that something can be done by the next election, but that is a technical problem we do not need to go into now. What we want is that it be put on as soon as possible, and the Council so informed, and so informed definitely and positively without qualification.

The question of financing it is also a problem, and the question may come up as it has in the past. It is going to cost sixty or some enormous amount of money, and therefore we can't do it. Apparently, time after time, excuse after excuse is brought up, and no action. I feel that the majority of the House of Delegates want action and want action now to cover any possible developments.

I therefore move that this resolution be amended to read as follows:

Therefore Be It Resolved, That this House of Delegates of the California Medical Association does hereby instruct the Council of the California Medical Association, as a mandate, to immediately take the proper steps for the enactment of an initiative Basic Science Law, at the next general election, at which it is possible to qualify the same. To be abandoned only in case the Legislature takes action to place such a proposition on the ballot, and that the Council be authorized to assess a special assessment for this purpose; not to exceed $5 per member, in case funds for qualifying and passage of the initiative are not available from the general fund, or the funds controlled by the Committee on Public Health Education; and in case sufficient signatures to qualify the initiative are not obtained by coöperation of the Public Health League, members of the Association, and related groups. Any unexpended residue from this special assessment shall be added to the funds for the same purpose and that are controlled by the Committee on Public Health Education.

You will note that this does several things. It does not state exactly at which election it shall come up, but it stands definitely at the first one at which it is technically possible to qualify.

It does not state that we shall have a special assessment, but rather indicates that the Council shall attempt to obtain signatures through the Public Health League, through our own members, through the nurses, through other groups, and only in case our members fall down on us and do not get enough signatures for the initiative; then it is still possible, and the Council is authorized to pass an assessment only under those circumstances. In case there are any unexpended funds they will be returned for the same purposes as now used by the Committee on Public Health Education, of which we all approve.

It also allows the funds now under the control of the Committee on Public Health Education, some $27,000, to be used for this purpose. I understand that they will agree to that.

The possibilities of an assessment are not great, but we are covered, and if this is passed, at the next election in which it is possible, we will have a Basic Science Law on the ballot. (Applause.)

Doctor Ayres: I second that amendment.

Doctor Goin: The question is now on the amendment of this section of the committee's report. Doctor Ayres!

Doctor Ayres: I rather heartily approve of Doctor Bullock's amendment to this motion, and I feel the sentiment of the medical profession is very strongly in favor of as prompt action as possible, on the enactment of some sort of a Basic Science Law. Each year that this is delayed means that the cultists and the irregulars have that much firmer footing, and should it be so unfortunate that some form of compulsory medicine should happen to descend upon the people of California, and should the irregulars be pretty well entrenched, it means that they will then be in the saddle, probably never to be gotten out. Again, a reason for haste in the matter of a Basic Science Law.

As a member of the Committee on Public Health Education, I would be very happy to recommend assistance in this matter. Of course, I have no authority to spend the committee's funds, and while we have some $27,000 remaining, we do have a vast store of activities which we are indulging in; to say nothing of our Public Relations Counsel and our relations through the press, and contests and motion picture projects and a few other things. But, I do feel that the committee would uphold the idea of expending certain funds in the furtherance of this project. (Applause.)

Doctor Goin: Doctor Reinle!

Doctor Reinle: I wish to state to this House of Delegates that after many months of work, your Committee on Public Relations has definitely completed a Basic Science Law; after consultation with our own Counsel, with the Legal Department of the American Medical Association, we have a proposed Basic Science Law that is now ready, if this House of Delegates will instruct the Council to place it upon the ballot. (Applause.)

Doctor Goin: Doctor Rogers!

Doctor Rogers: Mr. Speaker! We seem to have the word "initiative" pretty well grounded in our minds. There is such a thing, however, in the State of California, as an orderly way to amend the Constitution by what is known as the process of referendum.

This Basic Science Law can be put to the Legislature and if passed by the Legislature, as a constitutional amendment, will then go to the people as a referendum. This will cost very, very little out of our funds, and it really is the proper and orderly way to put it to the people.

Doctor Bullock: May I beg the indulgence of the House to discuss that possibility?

Doctor Goin: Is there any objection to Doctor Bullock having the floor again? Doctor Bullock!

Doctor Bullock: The problem of presenting this through an action of the Legislature has been very carefully discussed with the Public Health League. Their opinion is that if we start an initiative and get up interest and get it started through the individual members trying to get signatures; which would cost only $2,000, maybe $2,500 at at maximum; the chances of getting this by the Legislature would be enormously increased. Not only that, but if we got out and tried to get signatures, the advertising value and the chances of passing this initiative, no matter how put on—or this Basic Science Law—would also be enormously increased.

Now, if we leave it, if we sit down and do nothing as we have always done, the Legislature does not meet until January, 1941. It would not act upon this until June, 1941. By the time we got around to thinking about it, and doing something, it would be after the next election and we would come up against the problem that they didn't do it, though we wanted them to, and it would be entirely too late.

The wording of this resolution says that the initiative shall be started. The value of starting that is first, that if the Legislature doesn't do it, we can still put it on. Second, that it will tremendously increase, at very little cost since we are getting these signatures ourselves, the chances of the Legislature doing it. Third, that if the Legislature puts it on, or if we put it on, the fact that we have gone around and talked to our friends, will tremendously increase the chances of passing it. (Applause.)

Doctor Goin: Doctor Stevens!

Doctor Stevens: May I say just a word. If we let the State Legislature do this thing, they will hang so many amendments on this thing that we won't know whether it is a Basic Science Law or a football.

Doctor Goin: Doctor Ruddock!

Doctor Ruddock: I want to state that I am heartily in favor of a Basic Science Law, a Basic Science Law that is put over in this State at the earliest possible moment.

I stand here at this time to defend the action of Reference Committee No. 3, because I want to read again that last paragraph:

Therefore Be It Resolved, That this House of Delegates of the California Medical Association does hereby instruct Council of the California Medical Association, as a mandate, to take the proper steps for the enactment of a Basic Science Law.

This amendment that has just been put to you will freeze the action of the modus operandi that you are going to use in getting over a Basic Science Law.

If you pass this amendment, you can get this Basic Science Law in only one particular manner. That particular manner is that you must have an initiative. Now, I believe, if you are going to put an amendment in, you better put one in giving a time limit, rather than an amendment in which you freeze the action.

Tonight you feel that there is only one method of putting this Basic Science Law over, and that is the initiative. Tomorrow you may change your mind, and you find that you have passed an amendment which won't allow you to put it in, in any other manner, except by initiative. You also start an initiative, and you will find that the Legislature may put it in as a referendum, and then you will find that you have expended sums of money.

This Reference Committee, throughout its entire recommendations to you, has attempted to try and put the intent of the resolution before you, without freezing any action, and putting you right down the alley on one particular way, so that you can't change your mind or you can't take a side road. (Applause.)

Doctor Goin: Doctor Bullock!

Doctor Bullock: I rise to a point of fact. The reading of the resolution was that the initiative should be started, to be abandoned in case the Legislature agrees to put it on the ballot, and the statement that this freezes it is not in accordance with the wording of the amendment as introduced.

Doctor Goin: Thank you, Doctor Bullock. Doctor Leggo!

Doctor Leggo: Mr. Speaker, I feel somewhat as though I am going to play the part of King Canute on this wave of enthusiasm. I think we all share the enthusiasm for the Basic Science Law. In this topsy turvy world there is a war going on. We must remember that three men on the attack are met by one on the defense. The initiative is an attack. The referendum is more of a defense of what the Legislature has passed. We must remember also that each and every action has an equal and opposite reaction, and the reaction to the initiative may be widespread, both among the public and in the profession. There has been an increasing prejudice on the part of the public to the initiative. They are learning more and more to say "no" blindly. I believe the referendum would receive a much more careful consideration and would be much preferable. I agree with the last speaker that we should not insist upon the initiative, but should leave it to those who have been studying the matter, and have prepared the legislative presentation.

Thank you.

Doctor Goin: The question is on the adoption of the amendment. Doctor Shephard?

Doctor Shephard: There is no one more interested in a Basic Science Law than I am, but it seems to me that we are in a good deal the position of some of those people that we are trying to make come up to what we consider our standards. As a group, I think we are a pretty good bunch of doctors, but as legislators and attorneys I don't think much of ourselves, but, we have a very astute politician and counsel with us, and I would like to have Mr. Hartley Peart advise us as to just what action we should take here. (Applause.)

Doctor Goin: Doctor Askey!

Doctor Askey: Members of the House of Delegates! There is an old story that on a prairie fire, the only way to fight a fire is to start another fire. Now, we have always heard of some of the irregulars who have passed initiatives, in the past, and have gained rights which interfere with what we think are the best interests of the practice of medicine. I wonder how many of you know how they did that? Every chiropractor was assessed $150, which he paid at the time of the chiropractic initiative. They paid it in $30 a month, for five months.

Now, gentlemen and ladies, you and I know that the thing that has kept our Council from putting this Basic Science Law so that that it would have been in effect now, is one thing, and one thing only; and that has been the cost, or the supposed cost.

From some experiences that I have had in public life it is easy to say that you can go easily out and get signatures. Now, astute politicians and men who make their living in politics, believe that it costs thirty cents a name to get names on an initiative. Whether you believe that or not, I don't care, but that is what astute politicians figure. It would necessitate about three hundred and sixty some thousand names, which if you figure it out on the basis of thirty cents, would run about $108,000. Now, somebody says ten cents a name. I challenge that and believe you will find it is much higher, as I state. Now, if it is less, make it less, and I figure that it will cost about $90,000, at a minimum. . . .

There must be some way that we can develop the funds, if we are willing to do it, and if we want this Basic Science Law, and are not merely kidding ourselves, I, for one, will go to $150, out of my pocket for it. (Applause.)

Doctor McClendon: Would an amendment to the amendment be in order?

Doctor Goin: It is. Doctor McClendon has the floor at the moment. You can offer your amendment.

Doctor McClendon: Mr. Speaker! Members of the House! I seem to have started something here by introducing a resolution, and I meant to start something. I think we are at a point where we should not try to offer stumbling blocks. If it costs us a little money, lets get down and do something. For ten years that I know of personally, we have talked about a Basic Science Law. We could have passed this thing years ago with less expenditure than we have used for a lot of other things which are pretty useless. We have spent $80,000 for something, which you know about. I don't need to mention what that was. We can spend a little less, perhaps, for a Basic Science Law. I think that a lot of these arguments that you have heard, pro and con, have been very good. I think that it is time for us to take some action, and if it is necessary to appropriate some money, let us do so. Let us not be in the background of less progressive states. We have some very progressive states on this Coast—Oregon, Washington, Arizona—there are about thirteen states in this country—I don't think we need to step back and say that we are backward in raising standards and in establishing standards. If we have been on the defensive in the past, let's not be on the defensive now. Let's take a little offensive. I think that it is about time we took some definite action on a matter of this kind. (Applause.)

Doctor Goin: Doctor Leggo has the floor.

Doctor Leggo: Gentlemen! Money talks, and I would move an amendment, to the amendment, so that the amendment would read: "When sufficient funds have been raised, if the law has not been passed by other means." Thank you.

Doctor Goin: Is there a second to the amendment?

Doctor Askey: I'll second the amendment.

Doctor Goin: The question is now on the adoption of the amendment to the amendment. Are you ready for the question?

Question called for. Vote taken. The "noes" have it. The amendment to the amendment is lost.

Doctor Goin: The question now recurs to adoption of the amendment to the committee's report. Are you ready for the question?

Question called for. Vote taken. Someone asked for reading of the amendment.

Doctor Goin: The amendment? Inserts after the words "a mandate to"—Doctor Bullock, would you mind reading it, you wrote it?

Doctor Bullock: I'll read the original and indicate the additions. "Therefore be it resolved that this House of Delegates of the California Medical Association does hereby instruct the Council of the California Medical Association, as a mandate to (add immediately) immediately take the proper steps for the enactment of (change to: an initiative for a proper) an initiative for a proper (go back to the original) Basic Science Law, (now add:) at the next general election at which it is possible to qualify same, to be abandoned in case the Legislature takes action to place such a proposition on the ballot, (we start the initiative and then it can be abandoned) and that the Council be authorized to declare a special assessment for this purpose; not to exceed $5.00 per member, in case funds for qualifying and passage of the initiative are not available from the general funds, or the funds controlled by the Committee on Public Health Education; and, in case sufficient signatures to qualify the initiative are not obtained by coöperation of the Public Health League, members of the Association, nurses and related groups, and that any unexpended residue from this special assessment shall be added to the funds for the same purpose and now controlled by the Committee on Public Health Education."

Doctor Goin: The question is now on the adoption of the amendment. Doctor Moody!

Doctor Moody: Mr. Chairman! House of Delegates! It seems to me that Doctor Shephard's question should be answered, calling upon legal advice in this regard, before we sew ourselves up for this particular thing. I believe that there are some legal requirements associated with initiatives, as regards time element, when it must be put into effect, and so forth, and I think we ought to have that before we vote upon this amendment.

Doctor Goin: Would the House like to hear from our legal counsel? (The House answered "Yes.") Mr. Peart!

Mr. Peart: Mr. Speaker! Members of the House of Delegates! There would hardly appear to be time to qualify the measure for the present general election, except by the expenditure of considerable money. That would mean, I assume, getting the signatures by paying for them. Mr. Read can probably tell you, better than I or Mr. Marshall, how much time that would require.

As Doctor Reinle has stated, the Act has been prepared very carefully by the Committee on Public Relations, drafted and redrafted. We have gone over it very carefully. It would have to be titled. I am not advised as to how much time the Attorney General takes in titling these measures. I assume that we could ask him to expedite, and that we would get the title within a reasonably short time. The whole question would be the getting of the signatures, I assume, to qualify for the coming election, which the resolution properly states in June 27. I would like to ask the political experts about the obtaining of the signatures. I think they can give you much more definite information than I can.

Doctor Goin: Thank you, Mr. Peart. For anyone but a member of the House of Delegates to appear on the floor, requires unanimous consent. Do we have the unanimous consent for Mr. Read to speak? Do I hear any objection? (No objection—unanimous consent.) Mr. Read! (Applause.)

Mr. Read: Mr. Chairman! Members of the House! Mr. Peart is a good politician, he passes the buck. We have been investigating this very carefully for the past ten days, and we did not feel that it would be possible to place this on the November ballot, and to secure the signatures by June 27. In the first place, as Mr. Peart has told you, it is necessary for the matter to go through the Attorney General's office. In a discussion the other day, we found that the dentists are not entirely satisfied with the present bill, as drawn up, and we will rely upon them very heavily for support in this election. It would take possibly a week to get their committees together. It would take about ten days, I believe, to get it through the Attorney General's office, and then, I am not throwing cold water, but getting signatures—bear in mind that they have to be absolutely correct, the street address must be correct. After they are taken they must be precincted, by precinct organizations, which takes a tremendous amount of detail time.

I have made the suggestion unofficially here, to some of the members who have asked me about it, that I think that we could get two or three thousand dollars to get these petitions printed, get them in the hands of the members of the profession, the allied professions, the auxiliary, and we would get, as Doctor Bullock said, considerable publicity and considerable activity. We would know in two or three months how many signatures they had. If we got 150,000 that way, we would be that much ahead. If we got them all that way, it would be swell. At least we would get the publicity and then if we saw we needed some money, I think enthusiasts like Doctor Askey would produce the money, and we could go ahead and put it across. My suggestion is that we forget about trying to get it on the November ballot, that we get some place, get two or three thousand dollars and get the petitions out and into every office in the State, and see what we can do. If we are at all successful, I believe we can get the money to put it over.

I hope that answers your question.

Doctor Moody: Mr. Chairman, if an initiative is started, when does it have to be filed, and when does it have to be put into Sacramento, in order to be acted upon by the voters?

Doctor Goin: Will you answer that question, Mr. Read?

Mr. Read: I would refer it to Mr. Peart.

Mr. Peart: Mr. Speaker! Doctor Moody, I think it is about 110 days in advance of the election, that it has to be filed for certification. I haven't got the constitution here, but I am just relying on my memory. It is something like that.

I think Mr. Read's suggestion, for the practical questions involved, is very sound, from my experience.

Doctor Goin: The question is now on the adoption of the amendment.

Doctor Moody: May I speak again, Mr. Chairman?

Doctor Goin: Do I hear any objection? Doctor Moody!

Doctor Moody: Mr. Chairman! Members of the House! I am not here opposing a positive action on this amendment to the report. There is one point in the amendment which I think must be taken into consideration. There is mentioned the possibility of a modus operandi laid out, in this amendment, for a special assessment. I only call the attention of the House to the fiasco which took place in relationship to the last special assessment which was levied. There are still more than a thousand members in this Association who have refused to pay this special assessment. There is no provision in the Constitution whereby there can be put any teeth into the collection of this special assessment, unless an amendment to the Constitution is passed. That must be taken into consideration before you vote upon this amendment.

Doctor Goin: The question is now upon the adoption of the amendment, as read by Doctor Bullock. Are you ready for the question?

Question called for. Vote taken. The "noes" have it. The amendment is lost.

Doctor Goin: The question is now on the adoption of this section of the committee's report. Are you ready for the question?

Question called for. Vote taken. The "ayes" have it. Motion carried, report adopted.

* * *

Doctor Chandler: **Resolution No. 12,*** introduced by the delegates from Sacramento County, printed there for your information. I will read the last portion of it.

> *Resolved,* That this House of Delegates disapproves of the action of the Council in illegally advancing money in excess of the maximum clearly specified in the enabling resolution when legal provision existed in the by-laws of the California Physicians' Service for raising any additional sum which might be necessary for the financing of that organization; and be it further
>
> *Resolved,* That the House of Delegates hereby pledges itself to insist on the observance of the Constitution and By-Laws in the future conduct of the affairs of the California Medical Association.

Now, there is a change since the mimeographing was done. In considering Resolution No. 12, your committee encountered a considerably complicated legal situation, in which there apparently existed some doubt as to the legality of the Council's action in appropriating more than was authorized by the House of Delegates in December, 1938. In the final analysis it appears to your committee that the Council probably did exceed its authority in this matter, but it is evident that this was done, in their best judgment, and upon the opinion of the legal counsel of the Association, that such an action was within the power of the Council.

Your committee recommends that this resolution do pass. I move the adoption of this section of the report.

Doctor Empey: I second the motion.

Doctor Goin: Seconded by Doctor Empey. Doctor Alexander!

Doctor Alexander: Mr. Speaker! I rise to a point of order. Earlier in the evening there was submitted for your consideration, the recommendation of Reference Committee No. 2, bearing upon the report of the Council. That report recited, in more or less detail, the acts and the purposes of the Council during the past year, and incorporated therein was a full statement of this financial involvement, here in question. That report, upon recommendation of the committee, was approved and ratified, and bearing upon not only the report of the acts of the Council, as therein stated. It would therefore seem to me that in bringing up this question, there is an effort to rescind your already expressed approval of the expenditure involved.

Doctor Goin: The Chair considers the point of order well taken, since it seems obvious that the House cannot in one moment approve the actions of the Council, and the next moment disapprove them. The Chair would therefore rule that this portion of the report is not in order.

* * *

Doctor Chandler: **Resolution No. 14,*** introduced by Doctor Wiley, titled "Expert Testimony." I will read the last portion of it.

> *Resolved,* That the Council of the California Medical Association be instructed to designate a suitable committee or committees to study the existing situation, consider the laws of other states respecting expert witnesses, confer with representatives of the Bar Association, Judiciary, Industrial Accident Commission, and with scientific and technical groups having a similar problem, with the purpose of securing improved procedure in selecting expert witnesses or medical examiners, and that the Council be authorized to seek remedial legislation if it seems advisable to do so.

After consideration of the intent of this resolution, your committee recommends that it do pass. I move the adoption of this section of the report.

Doctor Bolin: Second the motion.

Doctor Goin: Is there any discussion?

No discussion. Vote taken. Motion carried.

Doctor Chandler: **Resolution No. 15:***

> *Be It Resolved,* That the House of Delegates of the California Medical Association endorse and support a bill or bills introduced in the legislature to alleviate the burden of malpractice suits of the medical profession, as well as dentists, nurses and all people rendering similar service:
>
> First: To compel plaintiff to post bond for cost of suit or to limit the amount of recovery in any malpractice suit to $4,000.
>
> Second: In all auto accidents the doctor shall have the first lien on any damage recovery from the insurance company or private individuals.

After careful consideration of the intent of this resolution, your committee recommends that it *do not* pass. I move the adoption of this section of the report.

Doctor Voorsanger: I second the motion.

Doctor Goin: Is there any discussion? Are you ready for the question?

No discussion. Vote taken. Motion carried.

* * *

Doctor Chandler: **Resolution No. 18,*** introduced by Doctor Barnard, a change in the name of the section on Industrial Medicine and Surgery, to a section on Orthopedic and Traumatic Surgery.

In considering this resolution your committee has reviewed the efforts of the American Medical Association, several universities and research institutions, opinions of industrial accident commissions and safety councils, to make the practicing physician aware of the numbers of health hazards other than trauma associated with industries in the United States. At the present time there are 936 recognized health hazards in industry other than trauma and it seems expedient that a section on Industrial Medicine and Surgery be continued.

Your committee recommends that this resolution *do not* pass. I move the adoption of this section of the report.

Doctor Mathewson: Second the motion.

Doctor Goin: Is there any discussion?

No discussion. Vote taken. Motion carried.

* * *

Doctor Chandler: **Resolution No. 19,*** introduced by Doctor Compton of Bakersfield, having to do with membership transfer of residence from one component county society to another, is before you.

After careful consideration of the intent of this resolution, your committee recommends that it *do not* pass. I move the adoption of this section of the report.

Doctor Alexander: I second the motion.

Doctor Goin: Are you ready for the question?

Question called for. Vote taken. Motion carried.

* * *

Doctor Chandler: **Resolution No. 20,*** introduced by Doctor Compton, titled "Residence Requirement—By Transfer." This is a companion resolution to the other one.

After consideration of the intent of this resolution, your committee recommends that this *do not* pass. I move the adoption of this section of the report.

Doctor Bailey: I second the motion.

Doctor Goin: Is there any discussion?

No discussion. Vote taken. Motion carried. Section adopted.

* * *

Doctor Chandler: **Resolution No. 21,*** introduced by Doctor Compton, dealing with physicians who practice in more than one county.

After consideration of the intent of this resolution your committee recommends that this *do not* pass.

---

* For text of Resolution No. 12, see page 268.
For text of Resolution No. 14, see page 269.

* For text of Resolution No. 15, see page 269.
For text of Resolution No. 18, see page 270.
For text of Resolution No. 19, see page 270.
For text of Resolution No. 20, see page 270.
For text of Resolution No. 21, see page 270.

I move the adoption of this section of report.

Doctor Alexander: I second the motion.

Doctor Goin: Are you ready for the question?

Question called for. Vote taken. Motion carried, section adopted.

* * *

Doctor Chandler: **Resolution No. 22,*** introduced by Doctor Compton, having to do with California Physicians' Service, Acquisition Policies and Individual Membership.

There has been a change in the committee's action since the mimeographing of this material.

In considering this resolution, your committee is of the opinion that its intent is to enlarge the membership of California Physicians' Service and to provide additional funds for the continuation and the expansion of the service, and is of the opinion that California Physicians' Service is contemplating the acquisition of a larger group which will require funds in addition to the amounts already available to it; and being of the further opinion that it is the intent of the California Medical Association to continue to support California Physicians' Service during this period of its development, we submit two substitute resolutions, which, in our opinion, do not change the intent of Resolution No. 22, as originally submitted.

We therefore offer you the following substitute resolutions:

COMMITTEE'S SUBSTITUTE RESOLUTION NO. 1

Be It Resolved, That the Council of California Medical Association is hereby authorized to advance as loans to California Physicians' Service, such further sums of money as in its judgment may appear to be needed for the further continuance and expansion of California Physicians' Service, having in mind the limitations of such loans to the total amount such that the financial resources of the California Medical Association and the accomplishments of its purpose be not jeopardized, pending the time when such loans are repaid by California Physicians' Service.

If the Speaker doesn't consider it out of order, I would like to read at this time, the second substitute resolution, because the two resolutions together, we feel, cover the entire intent of the original Resolution No. 22. May I proceed with that, Mr. Speaker?

Doctor Goin: Proceed, Doctor Chandler.

Doctor Chandler: The substitute Resolution No. 2 reads as follows:

COMMITTEE'S SUBSTITUTE RESOLUTION NO. 2

Be It Resolved, That the House of Delegates request that California Physicians' Service put into effect an acquisition policy, under which professional members shall be permitted and invited to receive applications from individuals, including physicians, and those members of their families and employees in physicians' offices, and other individuals, under such limitations and regulations, and at such rates as the Board of Trustees of California Physicians' Service shall determine.

I move the adoption of this section of the report.

Doctor Shephard: I second the motion.

Doctor Goin: Is there any discussion?

Doctor Kilgore: What is the motion on?

Doctor Goin: This is a section of the committee's report, and the adoption of it will adopt both of the substitute resolutions. They may be separated, if you so desire. Doctor Kilgore!

CALIFORNIA PHYSICIANS' SERVICE

Doctor Kilgore: Mr. Speaker! Again, I should like to speak in clarification of some of the problems involved in the second of the substitute resolutions, read by the chairman of your committee; namely, the proposal that California Physicians' Service open beneficiary membership registration to individuals—if I am quoting this correctly it is "individuals, including doctors themselves, adult members of their families, employees in their offices and other individuals," without specification.

This suggestion has been made repeatedly and often, coming from a number of parts of the State, coming from both medical and nonmedical sources. There is a large demand for individual registrations.

Trustees of California Physicians' Service have felt that they were exactly that—trustees for an organization supported by and belonging largely to the medical profession as represented in California Physicians' Service professional members; and as represented here in California Medical Association, as well as the beneficiary members whom we are taking care of through this service.

We are now at the stage where we are handling from seventeen to twenty thousand dollars a month in contributions and monthly dues from beneficiary members.

To embark upon a program of individual membership involves responsibilities for monies that are put into that program. It is our understanding that the experience of hospitalization associations and of such medical service plans as have tried it, has shown that in general, individual memberships are expensive — expensive to administer as well as to acquire—and we have had some experience with the handling of individual billing and collecting, during the period last fall when members of the State Employees Association had to be handled on that basis, before pay roll deduction could be put into effect. The expense of office work involved, of correspondence, of handling the purely administrative details of individual accounts is much larger than any of us would have thought.

In the second place, they are expensive because of the very well-known tendency of individuals to self-select themselves, giving the poorer risks to members and the better risks staying out.

If we are to do this, we should perhaps as a matter of fairness to the members now in, in groups, segregate the financial returns and costs of this group of members. It may cost more than we take in from it. The suggestion was made in this resolution, if I remember correctly, that the dues be set at $1.85 per month, whereas the full coverage dues now, in groups, is $1.70 per month. The differential of 15 cents will not, I believe, cover even the additional administrative costs, and will provide no padding for the matter of self-selection of risks on an individual basis. It may, therefore, involve some loss to the California Physicians' Service.

Now, I'm not—please don't misunderstand me—for the trustees arguing against this. As a matter of policy, for the benefit of the medical profession, as represented through California Physicians' Service, for the extension of this service to groups of individuals to whom it could not otherwise apply, and particularly in parts of the State where it is difficult to secure a large group representation; it may be a highly desirable thing to do, and if in your opinion it is a desirable thing to do, I am very sure that the Trustees of California Physicians' Service will be guided by your wishes. It is only in a feeling that you should do this with your minds open, as to all the implications of it, that I bother you to make this explanation. (Applause.)

Doctor Goin: Doctor Wilson!

Doctor Wilson: Mr. Speaker! Members of the House! The second substitute resolution introduced by the Committee was the result of a thought that occurred to me when Doctor Kilgore spoke to the Council the other day and stated that they had twelve thousand beneficiary members, and must have twenty thousand beneficiary members before the operation of California Physicians' Service is in the black. The House has authorized the Council to loan additional money. We probably will not find the money from our present general funds. The Chairman of the Council and the Budget Committee will have plenty to do in reorganizing the offices and showing a favorable balance sheet at the end of the year. The $15 dues authorized for next year will not be usable until next year, and we have certain sums of money which we have borrowed in order to loan money to the California Physicians' Service, and to carry on the other activities of the Association. So it occurred to me that the probable temper of this House would not be in favor of another assessment in order to raise money for the funding of California Physicians' Service. It did seem to me, however, that we have enough confidence in California Physicians' Service for its various purposes to voluntarily contribute to its financial stabilization.

---

* For text of Resolution No. 22, see page 270.

The thought occurred that if the doctors, the members of the Association and their wives, and possibly one or more of their office assistants—the suggestion was made, I think, by Doctor Rogers, that many of the nurses would like to participate—if a contract could be provided by California Physicians' Service whereby those individuals named in those groups could be brought into California Physicians' Service as beneficiary members, voluntarily contributing by subscribing to the Service, they would first receive hospital insurance as a part of the program.

Professional fees are not charged for services to doctors, their wives, nor ordinarily to nurses. Those fees would be waived in the contract so that the California Physicians' Service would be exposed to the acquisition cost, to the hospital insurance cost, and there would be necessarily some little adjustment with the hospital associations in this matter due to the fact that it would be necessary to work out an agreement with the hospital associations where substandard risks were undertaken or underwritten, as it is likely that there might be greater hospital costs in this group of people. However, that could be taken care of.

If we could get somewhere between the twelve thousand people who are now in, and the twenty thousand that are required—among the six thousand physicians in the California Medical Association, their wives, an equal number of office assistants and nurses—to bring our number up to twenty thousand subscribers paying the ordinary or modified rate, with hospitalization, acquisition and collection cost, administrative cost is the only drain on that fund—we would by this effort voluntarily and individually contribute to its success and put the thing over.

In addition to that there would be a tremendous advantage to California Physicians' Service from the public reception of the fact that almost all of our members were insured in our own operating scheme.

I would like to see the House endorse it. It was written up very generally in the Committee's recommendations because many of the details had not been discussed and worked out. I believe that from the standpoint of selling it to the membership, the various advantages, the voluntary contribution to the fund, in lieu of loaning more money and assessing ourselves to carry it on—from the financial statements which have been submitted, it would seem to me that it would require but very few months for large numbers of us to get behind this in this manner in order to see California Physicians' Service on a sound basis.

Doctor Kilgore: Mr. Speaker, may I have the consent of the House to speak once more?

Doctor Goin: Is there any objection to Doctor Kilgore having the floor again? (No objection.) Doctor Kilgore!

Doctor Kilgore: Again, without any argumentation whatsoever, may I—for the information of the House—point out the fact that California Physicians' Service does not control the hospital part of the contract, or at least the hospital contract which accompanies the California Physicians' Service contracts. These hospitalization contracts are furnished by separate hospitalization associations—The Associated Hospital Service of Southern California and the Insurance Association of Approved Hospitals and, to a limited extent, by the Interstate Hospitalization Insurance Association. We have no assurance whatever from any of these associations that they would accept individuals on any basis. We have had indications repeatedly from them in the past that they would look with a considerably jaundiced eye upon even groups of doctors and nurses. So we could have no assurance whatever that we could offer a complete coverage, including hospitalization, on this basis.

There are two or three members of the Board of Directors of the Associated Hospital Service here, and it may be one of them will want to speak to that.

Doctor Goin: Doctor Pallette!

Doctor Pallette: Mr. Chairman! Gentlemen! The experience of the Associated Hospital Service of Southern California in carrying this class of people has been bad. The only groups on whom we have lost money have been the groups from the hospitals—the employees, nurses, doctors, and doctors' families. This condition got so bad—we were losing so much money with these groups—that we had to inform them a year or two ago that unless they would make up the difference between the premium paid in and the money expended on these groups we would have to cancel our contracts with them. A number of hospitals in Southern California have been making up in service for the difference between the premium they pay in and the cost of carrying the insured.

The Associated Hospital Service of California is not taking individuals. We do not contemplate taking individuals for some time to come.

I think this recommendation might go to the Trustees, but it should go in a very mild form.

Doctor Chandler: Mr. Speaker! If it would simplify the expression of opinion of the House, the Reference Committee would be very glad to separate these two, and with consent of the seconder of my motion to adopt this portion of the resolution it could be withdrawn and a separate vote taken, if that would help any.

Doctor Goin: Is there any objection to separating these two substitute resolutions? If there is no objection, the first of the two substitute resolutions will then be considered as this section of the committee's report. Do you want to read it again, Doctor Chandler?

Doctor Chandler: That would be the first substitute resolution, which reads as follows:

Be It Resolved, That the Council of the California Medical Association is hereby authorized to advance, as loans to California Physicians' Service, such further sums of money as in its judgment may appear to be needed for the further continuance and expansion of California Physicians' Service, having in mind the limitations of such loans to the total amount such that the financial resources of the California Medical Association and the accomplishments of its purpose be not jeopardized, pending the time when such loans are repaid by California Physicians' Service.

Doctor Goin: The question is on the adoption of this section of the committee's report. Are you ready for the question?

Question called for. Vote taken. Motion carried and section adopted.

Doctor Chandler: The second substitute resolution reads as follows:

Be It Resolved, That the House of Delegates request that the California Physicians' Service put into effect an acquisition policy under which professional members shall be permitted and invited to receive applications from individuals, including physicians, adult members of their families, and employees in physicians' offices, and other individuals, under such limitations and regulations and at such rates as the Board of Trustees of California Physicians' Service shall determine.

I move the adoption of this section of the report.

Doctor Shephard: I second the motion.

Doctor Goin: The question is on the adoption of this section of the report. Doctor Cline!

Doctor Cline: Mr. Speaker! May I offer an amendment to the second half of the substitute resolution? Namely, to strike out the word "request" and substitute therefor "suggest that the Trustees of California Physicians' Service consider the extension of this policy."

Doctor Goin: Is there a second to the amendment?

Doctor Pallette: I'll second the amendment.

Doctor Goin: The question is now on the amendment to this section of the committee's report. Doctor Packard!

Doctor Packard: Mr. Speaker! Members of the House of Delegates! In the preparation of this second portion it was worded very carefully to include only the words "California Physicians' Service." Therefore, by no stretch of the imagination can hospital service or hospital insurance be tied to this portion. Any of the individuals who come under this in case it is adopted, would of necessity, therefore, if they have hospital insurance, provide it from sources available, either through hospital associations or stock company, and the California Physicians' Service are in nowise responsible or mixed up in any way in the hospital end of it. Therefore, so far as California Physicians' Service is concerned, the adoption of this does not bind anyone in the hospital end.

Doctor Kilgore mentioned the fact that $1.85 was mentioned if the second portion is adopted there is no freezing of any kind or nature. The original resolution did freeze the whole picture, and that is the main reason why it was entirely changed to unfreeze the resolution and to give the Trustees the power to do just exactly what is necessary and what is required to protect themselves and to protect the professional members.

In so far as Doctor Cline's amendment is concerned, the word "suggest" that the Trustees take this under advisement, is, I think, a very bad thing because they have already had this under advisement and have been considering it for a long time, and I don't believe the Board of Trustees of the California Physicians' Service will take any action unless they have the backing of the House of Delegates. I think they should have the backing of the House of Delegates before they undertake it. Therefore, to direct them to start to consider it again is just like telling the Council to put in the Basic Science Law without giving us any money to do it with. We are still tied right where we were, to the same post. I favor very much the adoption of the measure as it stands, without the amendment.

Doctor Goin: The question is now on the motion to amend the committee's report. Are you ready for the question?

Question called for. Vote taken. Standing vote. Amendment lost.

Doctor Goin: The question is now on the adoption of the committee's report. Are you ready for the question? Doctor Reinle!

Doctor Reinle: As I understand this, it means the acquisition of individuals. If that is so, it is extremely dangerous. From our experience in the Insurance Association Hospitals about the Bay, it was necessary to acquire one thousand members before we were allowed to incorporate by the Insurance Commissioners. Five hundred members of the Alameda County Medical Association subscribed $100 apiece, so as to raise the $25,000 deposit that was necessary. Let me tell you, gentlemen, we have had a headache with our doctors and their wives, and the nurses who we acquired as individuals. They have cost us as high as 300 per cent. I have heard Doctor Kilgore say that some individuals, for instance the school teachers, have cost them hundreds of per cent over and above what they have paid in.

To me it seems extremely dangerous to take in individuals. It is the gainfully employed, that are those with whom we should build California Physicians' Service.

In New York they were doing wonderfully well when they were acquiring members who were gainfully employed. When they began adding families and individual members, they immediately began to lose. So much so that they were fearful that the time would come when they would be bankrupt. I am quite sure if it were left to the Trustees of California Physicians' Service they would be very careful, and probably would think a long time before they would take individual members.

Doctor Goin: Doctor Kneeshaw!

Doctor Kneeshaw: I think that the members of the House here are ignorant—that is, most of us at least, myself included—as to what the Trustees want. I think that they have been studying this whole problem and if they want it, why don't they get out here and say so. I think that we, as members of the House, would really accept the opinion of the Board of Trustees, and I think they are the ones who should tell us whether to do this, rather than we do not understand the workings of the California Physicians' Service. (Applause.)

Doctor Goin: Doctor Kilgore has the floor.

Doctor Kilgore: Mr. Speaker! If you leave it to the Trustees, as a matter of pure business and safety at this stage of the organization, we would not dare to do it, for the reasons that I mentioned.

For the reasons that I mentioned otherwise, the profession in California has already put a lot of money into this thing. Not because it is something that any of us wanted as a matter of improving the conditions of our practice or making us any happier; but because we felt it was better for us to do this than to have somebody else do it for us, either private or government. That consideration is just as strong today as it was when we started California Physicians' Service, and will be with us for a long time to come. The point I am trying to make clear is that you, either through the machinery of the California Medical Association, or as professional members of the California Physicians' Service, have put up the necessary organization money and are putting up the necessary money to extend California Physicians' Service, and if you want to risk having to put up some more money on account of this thing; if you consider that the extension of membership to individuals in parts of the state which it has been impractical to reach so far is worth some risk—you are the people to decide that thing. We can tell you that so far as we are able to find out, from a purely business point of view, if we were in this simply for the sake of running a health insurance plan, we wouldn't think of doing it—for a minute.

We are, as I said earlier in this session, in general meetings, and so forth, about at the stage now where we can continue the service to the present twelve thousand members that we have, without the expenditure of any more administration funds than come in to us each month from our beneficiary members, allocating 25 per cent of what they take in for administration. You have to consider that if you want California Physicians' Service to grow, more capital funds still must be put in for a few months into the acquisition of additional members. The Trustees estimate that when we do reach a membership of twenty thousand, another eight thousand members, the administrative proportion which will come from them will take care of further acquisitions after that. In other words, we have reached about the end of the two-thirds stage; the first third being organization, the next third being reaching a self-sustaining basis for the care of the members that we have, and the final third being the reaching of a self-sustaining basis, including further acquisition.

Do I make myself clear about the attitude of the Trustees on this particular point?

Doctor Goin: Doctor Howell!

Doctor Newell: Mr. Chairman! Members of the House! The struggle is, in insurance, to get a good distribution of risks. The distribution of risks in the California Physicians' Service depends upon taking people in in unselected groups. The necessity is to get the income from the people who are not sick to support the expense of those who are sick, covered by California Physicians' Service. If they come in in groups, they are unselected, we hope. The ones who drop out are presumably those who find, after some years' experience, that they have not accepted or needed any benefits from California Physicians' Service. We have individual selection, then, on the way up. We will see in the future, therefore, a selection in favor of dropping the membership of those who are well, and a retention of membership of those who have much sickness. The result is, we can look in the future to see the per capita expense for the membership of the California Physicians' Service increasing. We can look to see, therefore, in the future the monthly payment requirement increasing. We can look, therefore, in the future, to see a vicious circle develop. The rates will rise and consequently the attractiveness of the policy will decrease, and consequently the difficulty of getting in more and more unselected groups will become greater and greater.

If we are not careful we will find California Physicians' Service pinching out on this basis of bad selection of risks. Why hasten this pinching out of California Physicians' Service by allowing the bad risks to nominate themselves for membership? (Applause.)

Doctor Goin: Doctor Ayres!

Doctor Ayres: Mr. Speaker! Members of the House! Sooner or later we are going to have to face the question of taking care of individual applicants as well as dependents of members if the California Physicians' Service is going to justify its existence, and to truly reach large proportions. I think that there would be several ways in which individual applicants could be taken in. For instance, they could be taken in on the basis of a physical examination plus, we will say, payment of one year's dues in advance. That would go a long way toward compensating for the otherwise increase in cost of acquisition. I think it would not be out of place to express your desires that some technique could be worked out for safely handling individual applicants.

Doctor Goin: The question is now on the adoption of this section of the committee's report. Are you ready for the question?

Question called for. Vote taken. The "Noes" have it. This section is deleted.

* * *

Doctor Chandler: **Resolution No. 23,*** introduced by Doctor Bullock, known as "Pound Legislation," directs the legislative committee to seek legislation allowing the use of unclaimed animals for scientific investigation by certain scientific institutions.

After careful consideration of the intent of this resolution, your committee recommends that this do pass. I move the adoption of this section of the report.

Doctor Voorsanger: Second the motion.

Doctor Goin: Is there any discussion?

No discussion. Vote taken. Motion carried and section adopted.

* * *

Doctor Chandler: **Resolution No. 24,*** introduced by Doctor Bullock, dealing with Motor Vehicle Acts and certain exemptions therefrom.

After careful consideration of the intent and the wording of this resolution, your committee recommends that it do pass. I move the adoption of this section of the report.

Doctor Bailey: I second the motion.

Doctor Goin: Is there any discussion?

Question called for. Vote taken. Motion carried and adopted.

* * *

Doctor Chandler: **Resolution No. 25,*** introduced by Doctor Vardon, dealing with Past Presidents and changing the present regulations.

In considering this resolution, your committee finds that the Constitution of the California Medical Association specifies the Past President as an officer of this Association. Therefore, this resolution is inadequate to deal properly with the problem. For this reason we recommend that it *do not* pass.

I move the adoption of this section of the report.

Doctor Dawson: Second the motion.

Doctor Goin: Is there any discussion?

No discussion. Vote taken. Carried and adopted.

* * *

Doctor Chandler: **Resolution No. 26,*** Public Health Education. I will read the last part of the resolution:

> . . . that California Medical Association countenance the submission by members, for publication in newspapers and periodicals, of comprehensive articles on medical topics, general in scope and written in simple language expressly designed for instructing lay people; that component county medical associations are urged to create committees on public relations for review and approval of any such articles submitted by its members; that articles published make no mention of the author's personal accomplishments or discoveries and that such published articles be accompanied by the caption: "This article is released in the interest of public health education and with the approval of the ——— County Medical Association.

Your committee recommends that this resolution do pass. I move the adoption of this section of the report.

Doctor Bullock: I second the motion.

Doctor Goin: Is there any discussion?

No discussion. Vote taken. Carried and adopted.

* * *

Doctor Chandler: **Resolution No. 28,*** introduced by Doctor Ghrist, Postgraduate Activities. I will not read it. It is there for you, unless someone requests it.

After consideration of the intent of this resolution, your committee recommends that this resolution do pass. I move the adoption of this section of the report.

Doctor Reinle: I second the motion.

Doctor Goin: Is there any discussion?

No discussion. Vote taken. Carried and adopted.

* * *

Doctor Chandler: **Resolution No. 29,*** from the anesthesia section, on anesthesiology, requesting our delegates to support the formation of such a section in the American Medical Association.

After consideration of the intent of this resolution, your committee recommends that it do pass. I move the adoption of this section of the report.

Doctor Bailey: I second the motion.

Doctor Goin: Is there any discussion?

No discussion. Vote taken. Carried and adopted.

* * *

Doctor Chandler: **Resolution No. 30,*** introduced by Doctor Josephson, dealing with fees in county hospitals. I would like to read it:

> *Be It Resolved,* That the California Medical Association investigate the practice in county hospitals regarding public liability accident cases in which the hospital is paid a per diem fee and the attending surgeon is not paid; be it further

---

* For text of Resolution No. 23, see page 271.
For text of Resolution No. 24, see page 271.

* For text of Resolution No. 25, see page 271.
For text of Resolution No. 26, see page 272.
For text of Resolution No. 28, see page 272.
For text of Resolution No. 29, see page 273.
For text of Resolution No. 30, see page 273.

Resolved, That all steps be taken to investigate the legality of this procedure; and be it further

Resolved, That the legality of the presentation and collection of professional fees by the nonpaid attending staff physician be investigated.

Your committee recommends that this do pass.

I move the adoption of this section of the report.

Doctor Reinle: Second the motion.

Doctor Goin: Is there any discussion?

No discussion. Vote taken. Carried and adopted.

* * *

Doctor Chandler: **Resolution No. 31,*** introduced by Doctor Carr of San Francisco, County Society Discipline. I will not read the resolution.

Resolution No. 31 undoubtedly was prompted by the relationship between the Sacramento County Medical Society and the California Physicians' Service.

The original action of the Sacramento County Medical Society was in accordance with the act creating the California Physicians' Service.

This action was reconsidered and rescinded at the request of the Council of the California Medical Association. In view of the unfortunate publicity which reflects upon the unity of the California Medical Association which has arisen in connection with this matter, and misunderstanding and misstatement, the House of Delegates should make their attitude perfectly clear. The regulations requiring the coöperation of component county societies of the California Medical Association in actions taken by the House of Delegates are already provided adequately in the Constitution and By-Laws.

We recommend that this resolution *do not* pass.

I move the adoption of this section of the report.

Doctor Alexander: I second the motion.

Doctor Goin: Is there any discussion?

No discussion. Vote taken. Carried and adopted.

* * *

Doctor Chandler: **Resolution No. 32,*** by Doctor Peers and Doctor Empey, dealing with Life Membership, and an amendment to Chapter I of the By-Laws.

After consideration of the intent of this resolution, your committee recommends that it do pass.

I move the adoption of this section of the report.

Doctor Reinle: Second the motion.

Doctor Goin: Is there any discussion?

No discussion. Vote taken. Carried and adopted.

* * *

Doctor Chandler: **Resolution No. 33,*** introduced by Doctor Anderson of Fresno, concerning needy physician members.

There has been a change in the action of the committee since mimeographing. The original resolution is there for you. It is rather long, but deals with the problem of raising funds and providing assistance to the needy members.

Your committee recommends the adoption of the following substitute resolution:

COMMITTEE'S SUBSTITUTE RESOLUTION

Resolved, That Chapter V of the By-Laws of this Association, California Medical Association, be and the same hereby is amended by adding to Chapter V a new section entitled "Section 23," reading as follows:

> Section 23.—*Committee on Aid to Needy Members*
>
> The Committee on Aid to Needy Members shall consist of three (3) members whose appointment and terms of office shall be as provided in Section 2 of this Chapter.
>
> The Committee shall be responsible to the Council and the House of Delegates for all of its activities.
>
> The Committee shall administer those funds, of this Association, hereinafter designated as comprising the Special Fund for Aid to Needy Members.
>
> The Committee's administration of said fund shall be subject to the provisions of this section.
>
> (*a*) The funds which may from time to time be allocated to it, from the general funds of the Association, by the Council, are the funds for this Committee.
>
> (*b*) All bequests, voluntary contributions, and donations, from any source whatever, that may be received by this Association for the express and implied purpose of aiding needy members, and
>
> (*c*) All other funds from whatever source derived, except Accounts Receivable, payments and indebtedness to this Association, Dues and Assessments received by this Association, which the payer, donor, or other person transferring the funds, expresses the intent that such funds shall be for aid to needy members.
>
> Funds contained in the Special Fund for Aid to Needy Members, may from time to time be disbursed by the Committee on Aid to the Needy.

Your committee recommends the adoption of this amended resolution.

I move the adoption of this section of the report.

Doctor Woolsey: I second the motion.

Doctor Goin: Is there any discussion?

No discussion. Vote taken. Carried and the By-Laws are so amended.

* * *

Doctor Chandler: **Resolution No. 34,*** which is the amendment to Article VIII, Section 1 of the Constitution, submitted at the annual session in Del Monte on May 1, 1939, and therefore, comes up for action at this time.

Your committee submits this amendment without recommendation.

Doctor Goin: What is your pleasure, gentlemen, on the Constitutional Amendment which has been before you for one year?

Doctor Bullock: I move that we adopt it.

Doctor Goin: Doctor Bullock moved adoption of the amendment to the Constitution. Is there a second?

Doctor Voorsanger: I second the motion.

(Request for reading of Resolution No. 34.)

Doctor Chandler: The amendment was submitted, as you recall last year, and according to the requirement of the Constitution and By-Laws has to lay over for one year. It was submitted without recommendation, by your committee, under the impression of the committee that that was the proper thing to do; that this is a matter of course; that it is now up for adoption.

It reads as follows:

Resolved, That Section 1 of Article VII of the Constitution of this Association, California Medical Association, be and is hereby amended as follows: by striking out all of the third paragraph of said Section 1 of Article VII, and inserting the following:

> The nine district councilors shall be elected as follows: Prior to the time set for the election of district councilors, the delegates of each councilor district for which a councilorship is about to become vacant, shall submit in writing to the Secretary-Treasurer the names of one or more nominees to fill the said vacancy. The Secretary-Treasurer shall transmit the names of such nominee or nominees so submitted to him to the House of Delegates on or before the time set for the election. A vote shall be taken by the House of Delegates upon the nominee or nominees so submitted and, in the event that only one nominee has been submitted, the House of Delegates may, by a majority vote, either elect or refuse to elect said nominee. If the House of Delegates shall reject the sole nominee of the delegates from the councilorship district, concerned, then said delegates must immediately thereafter submit an additional nominee or nominees and the House shall proceed to vote thereon; if there is but one nominee, the House may elect or reject. If, after such time as the Speaker may allow, delegates within such councilor district fail to submit an additional nominee or nominees, the House of Delegates may then proceed to make nominations from the floor of the House and a vote shall then be taken by the House of Delegates to determine who shall be elected to the vacant councilorship. All nominees for district councilorships must be members in good standing, residing within the district in which the vacancy exists.

Doctor Goin: The question is upon the adoption of the constitutional amendment. Doctor Cline!

---

* For text of Resolution No. 31, see page 273.
For text of Resolution No. 32, see page 261.
For text of Resolution No. 33, see page 261

* For text of Resolution No. 34, see page 262.

Doctor Cline: The reason for this amendment to the Constitution is that four years ago, when we were meeting at Coronado, there arose a situation which did not benefit the good feeling in the Association. At that time there was a councilor district which unanimously nominated, for councilor, a particular candidate. It was seen fit by members from other councilor districts to nominate another candidate, who was subsequently elected. That district felt that thereby it was deprived of its rights of representation.

As an outgrowth of that, a constitutional amendment was submitted the succeeding year, which placed the entire choice of district councilors within the delegation from a particular councilor district. That amendment was defeated, and the basis of its defeat was that a councilor is in actuality an officer of the Association, and therefore, the House of Delegates should have a right to elect or reject such nominees as are brought in. Therefore, last year, after conference with the people who had in the preceding year furthered the rejection of the original proposal, this was drawn as a compromise proposal, which would allow the primary initiation of nomination to reside in the councilor district, and permit the final choice by the House by rejection or election.

One of the objections which had been previously raised was that in such councilor districts, which as but one county with a large enough membership that the county by a majority vote could predominate. It would mean that in that district that county could predominate permanently. Therefore, there is no provision that such nominees as may be brought in, by the councilor districts, have to be by majority vote of the delegates, but any delegate from that councilor district can bring in a nominee for councilor. It seems to be the best compromise solution for a situation which created considerable dissension in the Society four years ago, and ought not to be allowed to recur.

Doctor Goin: The question is on the adoption of the amendment to the Constitution. Are you ready for the question?

Doctor Voorsanger: Mr. Speaker, may I ask a question? We have the word "nine" in here. There may be some day more than nine councilor districts, and if you want to pass a constitutional amendment, I think the word "nine" should be stricken out.

Doctor Goin: The question is on the adoption of the amendment to the Constitution. Are you ready for the question? The Constitution requires that there be a two-thirds majority of those present and voting, to amend.

Standing vote. Amendment carried.

* * *

Doctor Chandler: Mr. Speaker, that concludes our report, but before moving the adoption of the amended report, forgive me for taking liberties, but I want to express the thanks of the committee to the secretarial staff that was assigned to us. They were just grand and I hope you all appreciate the great amount of typing and clerical work that was required in order to get these forms out, in this time and in this shape, and in your hands.

I would also like to say that the committee itself, after finishing its work, felt that the situation at this interval between the First and Second House of Delegates, was not unlike the title of one of Shakespeare's plays—you can figure out which one.

I move the adoption of the amended report.

Doctor Cline: I second the motion.

Doctor Goin: Moved by the committee chairman, and seconded by Doctor Cline. Is there any discussion? The motion is on adoption of the report of the committee, as amended.

No discussion. Vote taken. Committee report is adopted, as amended.

Doctor Goin: Doctor Chandler, I am sure the House of Delegates thanks you and the other members of the committee for the tremendous amount of work you had to do. I was personally embarrassed to have to assign it all to you. (Applause.)

* * *

Mr. Secretary, have we any unfinished business?

Doctor Kress: Mr. Speaker, there is no unfinished business before the House.

Doctor Goin: Doctor Martin!

Doctor Martin: Mr. Speaker! Members of the House! I should like to ask the unanimous consent of the House of Delegates to propose a resolution of appreciation.

Doctor Goin: Does the House give consent? No objection appearing, you may go ahead, Doctor Martin.

Doctor Martin:

> Whereas, Pursuant to the instructions of this House of Delegates at its last annual meeting, California Physicians' Service has been organized and is now a growing concern of twelve thousand members; and
>
> Whereas, The enormous amount of work entailed by such organization and operation has been borne by the Trustees, the Medical Directors and the Deputy Medical Directors who have given freely and generously of their time on behalf of our members, and the public weal; now, therefore, be it
>
> *Resolved*, That this body expresses its sincere appreciation to all whose efforts have made possible this achievement, and is particularly appreciative of the unmeasured devotion of the Secretary of the Service, Dr. Alson Kilgore, upon whose shoulders has devolved a multitude of problems, the solution of which has been possible only because of his unswerving rectitude, sympathetic attitude and unselfish devotion to the highest aims of the organization.

(Applause.)

* * *

Doctor Goin: The Chair rules that the resolution was adopted by acclamation.

Members of the House of Delegates, it is now my pleasure and my privilege to present to you the new President of the California Medical Association, Dr. Harry Wilson of Los Angeles. (Applause.)

Doctor Wilson: Mr. Speaker and Friends! Some twenty-six years ago, as I walked from the altar with the hand of my lovely bride upon my arm, I was filled with pride and joy, and then a sudden sense of responsibility. Tonight I am filled with those same emotions and thoughts. I am deeply appreciative of the honor that you have bestowed upon me, but I am also filled with a calm assurance that in dealing with the responsibilities, I will be aided and guided by sound, stable, honest, intelligent men, and that I shall have the whole-hearted support and coöperation in the discharge of the trust, during the coming year, by all of the members of the California Medical Association. I thank you, gentlemen. (Applause.)

Doctor Goin: Members of the House of Delegates, I am more than happy to present to you the man who does not need to be presented to you at all—your President-Elect, Dr. Henry Rogers of Petaluma. (Applause.)

* * *

Doctor Rogers: Mr. Speaker! Members of the California Medical Association! I deeply appreciate the great honor which you have just conferred upon me. I accept it for myself, not personally, but as an honor conferred upon the country physician. As you well know, I am a country doctor, and I hope that I truly represent my confrères. I am proudest of all that I have been chosen in the belief that I am typical of my group.

As a councilor for many years, I have tried to do my part in representing you. In this new position with which you have honored me, I will continue to do the best of my ability. (Applause.)

Doctor Goin: Your Speaker turns out to be the same fellow, slightly shop-worn and he again thanks you for your expression of confidence. (Applause.)

* * *

I am happy to present to you your Vice-Speaker, Dr. E. Vincent Askey of Los Angeles. (Applause.)

Doctor Askey: Mr. Speaker! Members of the House of Delegates! I am honored by this group to be allowed to follow Dr. John Graves and my good friend Dr. Dewey Powell. I accept your election as a compliment and I also accept the responsibility which you have placed upon me. I thank you very much. (Applause.)

* * *

Doctor Goin: You have also elected a lot of new officers, the District and Councilors-at-Large.

Doctor Packard, of the Third District, will you take a bow? (Applause.)

Dr. Stanley Kneeshaw, for the Fifth District. (Applause.)

Dr. John Cline of San Francisco, for the Sixth District. (Applause.)

Dr. John Greene of Vallejo, for the Eighth District. (Applause.)

Dr. Dewey Powell of Stockton, Councilor-at-Large. (Applause.)

Dr. Edward B. Dewey of Los Angeles County, Councilor-at-Large. (Applause.)

The Chair recognizes Dr. W. W. Roblee of Riverside County. Doctor Roblee!

* * *

Doctor Roblee: Mr. Speaker! President Dukes! You have arrived at the end of your career as President of this Association. You've done a darn good job, Charlie. As your immediate predecessor, it is my privilege to present this Certificate, which to some extent tells you what we think of you. (Applause.)

Doctor Dukes: Thank you. I never can say enough about Bill, of course. I never can say enough about the generosity of all of you men assembled in the entire membership of the California Medical Association for honoring me. It is the greatest honor that can come to any man in the medical profession, and I assure you I appreciate it. Thank you. (Applause.)

Doctor Goin: Before we proceed to the approval of the minutes, I have been asked to make two announcements.

The Council will meet tomorrow at 9 o'clock in the Patio Dining Room, where the Council has met previously. It is on the right hand side of the Patio on the ground floor.

President Wilson has asked me to ask the Public Relations Committee to meet in that room immediately following this meeting.

* * *

The next order of business is the approval of the minutes. The Chair will entertain a motion that the President, the Speaker and the Secretary edit the minutes for publication. Do I hear such a motion?

Doctor Lee: I will make that motion.

Doctor Kiger: I second the motion.

Doctor Goin: Are you ready for the question?

Vote taken. Motion carried. So ordered.

Doctor Goin: Is there any further business to come before the House? Doctor Pallette!

Doctor Pallette: This is impromptu but I move, Mr. Chairman, a vote of thanks to the local committee and the ladies of the Auxiliary for the most beautiful entertainment at this convention. (Applause.)

Doctor Goin: The motion was seconded by Doctor Chandler of San Francisco, and unanimously carried.

Is there any further business to come before the House? (No further business.)

A motion to adjourn is in order.

Doctor Ruddock: I move we adjourn.

Doctor Cline: I second the motion.

Doctor Goin: Moved by Doctor Ruddock, seconded by Doctor Cline, that the House adjourn *sine die*.

The House of Delegates stood adjourned at 11:30 p. m.

Lowell S. Goin, *Speaker*.
George H. Kress, *Secretary*.

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Two Hundred and Eighty-Third (283rd) Meeting of the Council of the California Medical Association

Held in the Patio Dining Room, Hotel del Coronado, Coronado, California, Sunday, May 5, 1940, at 8 p. m.

1. Call to Order.

The meeting was called to order by Vice-Chairman Charles A. Dukes. The following members were present: Charles A. Dukes, President; Harry H. Wilson, President-Elect; William W. Roblee, Past President; Lowell S. Goin, Speaker; Councilors Calvert L. Emmons, George D. Maner, Louis A. Packard, Axcel E. Anderson, Oliver D. Hamlin, Frank A. MacDonald, Henry S. Rogers, C. O. Tanner, William H. Kiger, P. K. Gilman, E. Earl Moody, Elbridge J. Best, F. N. Scatena; George G. Reinle, Chairman of Committee on Public Relations; George H. Kress, Secretary-Treasurer; Legal Counsel Hartley F. Peart and his associate, Mr. Howard Hassard.

Absent: Karl L. Schaupp.

2. Minutes of the Council.

Minutes of the 282nd meeting of the Council were presented and, upon motion duly made and seconded, were approved as published in the April issue of California and Western Medicine. The Secretary stated that the minutes of the executive session of the 282nd meeting of the Council, as mailed to all Councilors, would be included in the official copy of the minutes on file in the Association offices.

3. Requests from Conference of County Society Secretaries.

(*a*) Robert A. Peers appeared before the Council stating that, as chairman of the meeting of May 4, he had been delegated by the Conference of County Society Secretaries to appear before the Council and request favorable consideration of the amendments providing for life membership in the California Medical Association.

(*b*) Dr. J. N. Chain of Humboldt County, speaking likewise as a representative of the Secretarial Conference, asked that some action be taken regarding the corporate practice of medicine by medical-service groups operating on a for-profit basis, with particular reference to certain conditions existing in Humboldt County.

(*c*) Dr. George Rohrbacher, also on behalf of the Secretarial Conference, spoke on the subject of lodge practice as carried on in the San Joaquin Valley counties, expressing the hope that the Council would be able to institute supportive measures to aid in the elimination of this evil.

General Counsel Peart commented on the corporate practice of medicine, and it was agreed that Doctors Maner, Chain, Rohrbacher, and Mr. Peart should discuss the matter with the legal authorities of the State, upon whom devolve the responsibility of prosecution of violations of the Medical Practice Act.

4. Financial Statements.

The financial statement for the month of April, 1940, was presented and, there being no objection, was approved.

The Secretary called attention to the payment on April 27 of the loan of $10,000 to California Physicians' Service, which had been authorized by the Council on January 6, 1940.

5. Budget.

The budget of the Association for the year 1941, as prepared by the Auditing and Executive Committees, was presented and copies distributed to the Councilors. The Secretary stated that this budget, as tentatively approved by the Council, was based on the present annual dues of

$10; and in the event that the annual dues were changed by the House of Delegates, some revisions in income and unexpended balance might be necessary. Upon motion, duly made and seconded, it was voted to submit the budget to the House of Delegates.

6. Retired Membership.

Membership data and requests from component county societies that retired membership in the California Medical Association be granted to certain members were presented.

On motion of Harry H. Wilson, seconded by A. E. Anderson, Charles W. Anderson, Bishop, a member of the Los Angeles County Medical Association, and S. F. Priestly of Stockton, a member of the San Joaquin County Medical Society, were granted retired membership in the California Medical Association.

The Secretary stated that correspondence was being carried on with the Los Angeles County Medical Association regarding the eligibility of Doctors J. H. Heerman and Z. T. Malaby to retired membership in the California Medical Association.

7. County Society Membership.

(*a*) The question of membership of a physician residing and having his major office in one county, and holding membership in the Association through an adjoining county medical society, arose in connection with a case in point, involving Los Angeles and Ventura County Medical Societies.

(*b*) Correspondence from a physician holding membership in a constituent state medical association of the American Medical Association, and who had been refused membership in a component medical society in California, was called to the attention of the Council, the opinion expressed being that the issues involved were not within the jurisdiction of the California Medical Association, because, under the Constitution and By-Laws of the Association, all questions relating to applications for membership are exclusively within the control of each component county society.

8. Council Report.

Consideration was had of the report of the Council as published in the "Pre-Convention Bulletin." In accordance with a letter from Karl L. Schaupp objecting to the phraseology in item marked "Third" in the Council's subsection on Survey of Association Offices, a revision of this section was made, to be submitted to the House of Delegates.

Doctor MacDonald was instructed to submit a paragraph on the reorganization of county societies within his district.

It was moved by Harry Wilson, seconded by Lowell S. Goin, that a committee of three be appointed to review the report and present recommendations to the Council at its meeting on Monday. Carried.

The committee appointed consisted of Harry H. Wilson (chairman), Frank A. MacDonald, and Elbridge J. Best.

9. Delegates to the American Medical Association.

Vacancies; Codification of the Code of Ethics; Needy Physicians.

(*a*) The Secretary reported that, by mail vote of the Council, Dr. Charles A. Dukes had been elected delegate to the American Medical Association to fill the vacancy caused by the inability of Delegate Robert A. Peers and his alternate, F. F. Gundrum, to attend the New York session of 1940.

It was reported that Alternate Frank R. Makinson would serve for Delegate George G. Reinle; and Alternate Bon O. Adams would serve for Delegate Lyell C. Kinney.

(*b*) It was moved by Lowell S. Goin, seconded by George G. Reinle, that the delegates to the American Medical Association be instructed to again attempt to secure a recodification of the American Medical Association Code of Ethics. Carried.

(*c*) It was moved by A. E. Anderson that the California Medical Association delegates to the American Medical Association be instructed to introduce a resolution recommending that the American Medical Association appoint a national committee to report on a plan for the care of needy physicians. Carried.

10. Reference Committees of House of Delegates.

The Secretary announced that the Speaker had appointed the following Reference Committees:

Reference Committee on Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business—L. R. Chandler, Chairman, San Francisco; Russel V. Lee, Palo Alto; and John C. Ruddock, Los Angeles.

Committee on the Report of the Council and the Report of the Secretary-Treasurer—H. E. Henderson, Chairman, Santa Barbara; F. E. Toomey, San Diego; and A. A. Alexander, Oakland.

Reference Committee on Reports of Officers and Standing Committees—Lyle G. Craig, Chairman, Los Angeles; G. Wendell Olson, Fullerton, and Lucas W. Empey, Roseville.

Credentials Committee—G. W. Walker, Chairman, Fresno; Walter S. Cherry, San Bernardino; and J. F. Doughty, Tracy.

11. California Physicians' Service.

Alson R. Kilgore, Secretary of California Physicians' Service, outlined the activities of the California Physicians' Service to the Council. Doctor Kilgore stated that a more satisfactory selling organization had been set up; that Dr. A. C. Larson had been employed as medical director; and that conferences were being held with governmental authorities responsible for the care of citizens on relief.

Dr. Samuel Ayres, trustee of California Physicians' Service, then outlined the studies that had been made for possible care through California Physicians' Service of citizens who were receiving governmental aid.

Discussion was had of the financing of California Physicians' Service through voluntary contributions from the medical profession. The importance of the whole-hearted support of the medical profession was stressed.

12. Next Annual Session.

Preliminary to an invitation that the California Medical Association hold its annual session of 1941 at Hotel Del Monte, Mr. Winslow, a representative, outlined sketches of possible changes in construction whereby increased facilities would be available. The Association Secretary spoke on his recent conferences with the Hotel authorities in regard to the prospective changes, which it was hoped would be instituted, unless war conditions should prevent.

13. Letter from Karl L. Schaupp.

President Dukes presented a letter received from Karl L. Schaupp, Chairman of the Council, suggesting certain changes in the organizational setup.

It was moved by William W. Roblee, seconded by Lowell S. Goin, that the letter be referred to a Committee of Three with instructions to review the letter and make recommendations to the Council at its next meeting. Carried.

The Committee appointed consisted of Doctors Best, Powell, and Maner.

14. Resignation of C. Kelly Canelo.

The resignation of C. Kelly Canelo, Councilor of the Fifth District, was presented to the Council.

It was moved by George Maner, seconded by Axcel Anderson, that the resignation of C. Kelly Canelo, as councilor of the Fifth District, be accepted with regret, and that, as suggested in his letter, the delegates of the Fifth

District be requested to nominate a successor, whose name would be presented to the House of Delegates.

15. 1943 Session of the American Medical Association.

The San Francisco County Medical Society's resolution inviting the American Medical Association to hold its 1943 meeting at San Francisco was presented, together with a request from the San Francisco Convention and Tourist Bureau, asking that the California Medical Association likewise extend such an invitation to the American Medical Association.

It was moved by P. K. Gilman, seconded by E. Earl Moody, that the California Medical Association invite the American Medical Association to hold its annual session of 1943 in San Francisco. Carried.

16. County Societies: Butte-Glenn; Yuba-Sutter-Colusa; and Yolo.

Frank A. MacDonald, Councilor of the Eighth District, reported on the proposed redistricting of certain societies within his jurisdiction, which had received the sanction of the counties concerned.

The plans proposed, which had been approved by the respective counties involved, would provide:

(1) That physicians practicing in Glenn County would be districted with physicians of Butte County, to form the Butte-Glenn County Medical Society;

(2) That Colusa County physicians would join with Yuba-Sutter physicians, to form the Yuba-Sutter Colusa County Medical Society;

(3) That Yolo County would have a separate county society, to be known as the Yolo County Medical Society, and composed of physicians residing in that county.

On motion of George G. Reinle, duly seconded, the report of Councilor MacDonald was accepted for inclusion in the Council report for submission to the House of Delegates, with the recommendation that new charters be granted the various component county societies as above outlined.

17. Councilor District Reapportionment.

The report of the Special Committee on Redistricting the Councilor Districts was presented. The question of removing the counties of Mono and Inyo from the Second District and placing them in the Third Councilor District was discussed. It was felt that an effort should first be made to learn the wishes of the members in the counties involved before definite action was taken.

18. Duties of Councilors at Large.

The Council approved the recommendations of the Committee that rules be established whereby councilors-at-large would take on more responsibilities concerning visitations to component county societies lying in their respective geographical areas, to the end that, like the District Councilors, they also would maintain active contacts with component county units.

19. Committee on Revision of Constitution and By-Laws.

George Maner, Chairman of the Committee on Revision of the Constitution and By-Laws, reported that the Committee had reviewed fifteen or twenty constitutions and by-laws of various state societies and that, as a result of its studies, the Committee realized that the revision of the Constitution and By-Laws was a momentous task and requested that the Committee be continued. Doctor Maner reported that the General Counsel had drafted several amendments in accordance with requests of the Council and certain special committees, and that such amendments had been considered by the Committee on Revision of By-Laws.

It was moved by George Maner, seconded by George G. Reinle, that the Committee be continued and that a report covering complete revision of the Constitution and By-Laws be submitted to the next House of Delegates in 1941. Carried.

20. Standing Committee Membership.

On motion of Harry H. Wilson, seconded by A. E. Anderson, a special committee on review of the membership of Standing Committees was appointed, with instructions to report its recommendations at the next meeting of the Council. Carried.

The Chairman appointed A. E. Anderson, Chairman; and Calvert L. Emmons and George G. Reinle.

21. Recess.

At this point a recess of the Council was called to permit a meeting of the Trustees Of The California Medical Association.

22. Reconvening of Council.

After the recess, the Council reconvened and proceeded with consideration of other items on its docket.

23. Proposed Section on Orthopedic and Traumatic Surgery.

The request of the Western Orthopedic Association that a section on orthopedic and traumatic surgery be established was read. The Secretary stated that he had advised the officers of the Association concerning the procedure provided in the By-Laws for the establishment of scientific sections of the State Association.

24. Indemnity Defense Fund.

The legal opinion of Mr. Peart, addressed to the members of the Trustees Of The California Medical Association, was considered. Mr. Peart's opinion concerned a proposed loan of a portion of the funds of the Indemnity Defense Fund to the Trustees Of The California Medical Association, said loan, if and when made, to be used as provided by previous resolutions of the Council for a proposed loan to California Physicians' Service.

It was moved by Louis A. Packard, seconded by Harry H. Wilson, that Dr. Lemuel P. Adams of Oakland, a trustee of the Medical Indemnity Fund, be requested to ask his personal attorney, who had advised him concerning his duties as a trustee, to confer with Mr. Peart, legal counsel of the California Medical Association. Carried.

25. Adjournment.

There being no further business the meeting adjourned until Monday, May 6.

Charles A. Dukes, *Vice-Chairman.*
George H. Kress, *Secretary.*

* * *

Minutes of the Two Hundred and Eighty-Fourth (284th) Meeting of the Council of the California Medical Association

Held in the Patio Dining Room, Hotel del Coronado, Coronado, California, Monday, May 6, 1940, at 9 a. m.

1. Roll Call.

The meeting was called to order by Vice-Chairman Dukes, with the following members present: Charles A. Dukes, President; Harry H. Wilson, President-Elect; William W. Roblee, Past President; Lowell S. Goin, Speaker; Councilors Calvert L. Emmons, George D. Maner, Louis A. Packard, Axcel E. Anderson, Oliver D. Hamlin, Frank A. MacDonald, Henry S. Rogers, C. O. Tanner, William H. Kiger, P. K. Gilman, E. Earl Moody, Elbridge J. Best, F. N. Scatena; George G. Reinle, Chairman of Committee on Public Relations; George H. Kress, Secretary-Treasurer; Legal Counsel Hartley F. Peart and his associate, Mr. Howard Hassard.

Absent: Karl L. Schaupp.

2. **Membership.**

A request was submitted from Dr. William H. Eaton of Kern County, in which he asked the privilege of the floor of the Council to speak on his membership status in the California Medical Association.

It was moved by Doctor Packard, seconded by Doctor Reinle, that a committee, consisting of Doctors Dukes and Best, be appointed to go over the files and records of the case and report back to the Council. Carried.

Dr. W. H. Eaton then addressed the Council, explaining why he felt his membership in the Association should be reëstablished.

3. **Report of the Council.**

Harry H. Wilson submitted a tentative report on the draft of a proposed plan of department responsibilities within the Council, to be tried out during the coming year. It was proposed that the plan be presented to the House of Delegates. It was suggested that this Council recommend to the incoming Council that it adopt some such form of organization of the Council, to learn whether it would not make for a more efficient supervision and management of Association activities.

It was moved by Elbridge J. Best, seconded by Henry S. Rogers, that the Council recommend to the House of Delegates that the dues be fixed at $20 per year for 1941.

Discussion was then had of the letter addressed to the Council by Karl L. Schaupp. Elbridge Best submitted a written report thereon for consideration by the Council.

In discussing the report of the special committee on survey of the offices, Doctor Maner stated that he wished to go on record as not being a candidate for the position of editor.

A change in the reading of paragraph "Third" in the Survey report was then made to read: "An executive secretary or business manager should be employed as business manager of the office, to be business manager of California and Western Medicine, etc., this individual to be either a layman or a doctor of medicine. The duties to be defined by the Council from time to time. The majority favored a trained business layman with organization background."

4. **Adjournment.**

The Council adjourned to meet at 11:30 a. m., Tuesday, May 7, 1940.

Charles A. Dukes, *Vice-Chairman.*
George H. Kress, *Secretary.*

* * *

Minutes of the Two Hundred and Eighty-Fifth (285th) Meeting of the Council of the California Medical Association

Held in the Patio Dining Room, Hotel del Coronado, Coronado, California, Tuesday, May 7, 1940, at 11:30 a. m.

1. **Call to Order.**

The meeting was called to order by Vice-Chairman Charles A. Dukes, with the following members present: President Charles A. Dukes, Past President William W. Roblee; Councilors Elbridge J. Best, Frank A. MacDonald, F. N. Scatena, William H. Kiger, George D. Maner, P. K. Gilman, C. O. Tanner, A. E. Anderson, E. Earl Moody, C. L. Emmons, O. D. Hamlin; Speaker Lowell S. Goin; George G. Reinle, Chairman of Committee on Public Relations; George H. Kress, Secretary-Treasurer; Hartley F. Peart, Legal Counsel.

Absent: Karl L. Schaupp.

2. **Standing Committee Memberships.**

Axcel E. Anderson, Chairman of the Special Committee appointed by the Council to review the vacancies in the memberships of all standing committees, submitted recommendations to the Council for discussion. The personnel of each committee was then considered and the following report was approved for submission to the House of Delegates:

Committee on Associated Societies and Technical Groups

John V. Barrow (chairman), Los Angeles	1943
Edwin L. Bruck, San Francisco	1941
Willard H. Newman, San Diego	1942

Committee on Health and Public Instruction

J. C. Geiger, San Francisco	1943
Roy E. Thomas (chairman), Los Angeles	1941
William Dock, San Francisco	1942

Committee on History and Obituaries

Hyman Miller, Los Angeles	1943
Frank R. Makinson (chairman), Oakland	1941
J. Marion Read, San Francisco	1942
Secretary ex officio	
Editor ex officio	

Committee on Hospitals, Dispensaries, and Clinics

Benjamin W. Black, Oakland	1943
George I. Dawson, Napa	1941
J. Norman O'Neill (chairman), Los Angeles	1942

Committee on Industrial Practice

G. H. Sanderson, Stockton	1943
Morton R. Gibbons, San Francisco	1941
Donald Cass (chairman), Los Angeles	1942

Committee on Medical Defense

Lewis T. Bullock, Los Angeles	1943
George G. Reinle (chairman), Oakland	1941
William J. Van Den Berg, Sacramento	1942

Committee on Medical Economics

Edward C. Pallette, Los Angeles	1943
John H. Graves (chairman), San Francisco	1941
L. W. Hines, Santa Rosa	1942

Committee on Medical Education and Medical Institutions

Fred Kruse, San Francisco	1943
B. O. Raulston, Los Angeles	1941
L. R. Chandler (chairman), San Francisco	1942

Committee on Membership and Organization

A. J. Cooper, San Diego	1943
George D. Maner (chairman), Los Angeles	1941
Dewey R. Powell, Stockton	1942

Committee on Postgraduate Activities

Dwight L. Wilbur (chairman), San Francisco	1943
F. E. Clough, San Bernardino	1941
H. E. Henderson, Santa Barbara	1942

Committee on Publications

George W. Walker, Fresno	1943
A. A. Alexander, Oakland	1941
Francis E. Toomey (chairman), San Diego	1942

Committee on Public Policy and Legislation

E. T. Remmen, Glendale	1943
Junius B. Harris (chairman), Sacramento	1941
T. Henshaw Kelly, San Francisco	1942
President ex officio	
President-Elect ex officio	

Committee on Scientific Work

George H. Kress, Secretary of the California Medical Association (chairman) ex officio	1941
Lemuel P. Adams, Oakland	1943
J. Homer Woolsey, Woodland	1941
Howard F. West, Los Angeles	1942
Secretary of Section on General Medicine ex officio	
Secretary of Section on General Surgery ex officio	

3. **Cancer Commission.**

Report was made that the Cancer Commission had elected, as chairman, Charles A. Dukes of Oakland, and as secretary, Otto H. Pflueger of San Francisco. Lyell C. Kinney was reappointed a member of the Commission.

4. **Place of Next Annual Session.**

Letter from the Monterey County Medical Society, inviting the California Medical Association to hold its next annual session at Del Monte, was presented.

Mr. Winslow, representative of Hotel Del Monte, outlined the facilities of the Hotel and submitted a blueprint and written tables in which increased space, which it was hoped would be available in 1941, were outlined.

It was moved by William H. Kiger, seconded by Lowell S. Goin, that the 1941 annual session of the California Medical Association be held at Del Monte. Carried.

5. Time of Next Council Meeting.

The next meeting of the Council was set for Wednesday, May 8, 1940, at 3:45 p. m.

6. Adjournment.

There being no further business the meeting adjourned.

Charles A. Dukes, *Vice-Chairman.*
George H. Kress, *Secretary.*

* * *

Minutes of the Two Hundred and Eighty-Sixth (286th) Meeting of the Council of the California Medical Association

Held in the Crown Room of Hotel del Coronado, Coronado, California, Wednesday, May 8, 1940, at 3:45 p. m.

1. Call to Order.

The meeting was called to order by Vice-Chairman Charles A. Dukes.

Present: Charles A. Dukes, President; Harry H. Wilson, President-Elect; William W. Roblee, Past President; Lowell S. Goin, Speaker; Councilors Calvert L. Emmons, George D. Maner, Louis A. Packard, Axcel E. Anderson, Oliver D. Hamlin, Frank A. MacDonald, Henry S. Rogers, C. O. Tanner, William H. Kiger, P. K. Gilman, E. Earl Moody, Elbridge J. Best, F. N. Scatena; George G. Reinle, Chairman of Committee on Public Relations; George H. Kress, Secretary-Treasurer; Legal Counsel Hartley F. Peart and his associate, Mr. Howard Hassard.

Absent: Karl L. Schaupp.

Dr. Mast Wolfson, President of the Monterey County Medical Society, explained the proposed plans of the Hotel Del Monte, whereby the meeting room and exhibit space facilities would be considerably enlarged. The proposed changes met with general approval.

2. Adjournment.

In view of the convening of the House of Delegates at 4 p. m., and since there was no business demanding immediate consideration by the Council, the Council adjourned to meet at 9 a. m., Thursday, May 9, 1940.

C. A. Dukes, *Vice-Chairman.*
George H. Kress, *Secretary.*

* * *

Minutes of the Two Hundred and Eighty-Seventh (287th) Meeting of the Council of the California Medical Association

Held in the Patio Dining Room, Hotel del Coronado, Coronado, California, Thursday, May 9, 1940, at 9 a. m.

1. Call to Order.

The meeting was called to order by the acting chairman, Charles A. Dukes, with the following members present: President Harry H. Wilson, President-Elect Henry S. Rogers, Speaker Lowell S. Goin, Past President Charles A. Dukes; Councilors C. O. Tanner, O. D. Hamlin, Frank A. MacDonald, R. Stanley Kneeshaw, Edward B. Dewey, Elbridge J. Best, J. W. Cline, George D. Maner, E. Earl Moody, P. K. Gilman, Calvert L. Emmons, Axcel E. Anderson, Dewey R. Powell, Louis A. Packard, John W. Green; Chairman of Committee on Public Relations Committee George G. Reinle, Secretary-Treasurer George H. Kress, and Legal Counsel Hartley F. Peart and his associate, Mr. Howard Hassard.

2. Introduction of New Members of Council.

The Chairman introduced the newly elected members of the Council: R. Stanley Kneeshaw, Councilor of the Fifth District; Edward B. Dewey, Councilor-at-Large; John W. Cline, Councilor of Sixth District; John W. Green, Councilor of Ninth District; Dewey R. Powell, Councilor-at-Large.

3. Committee on Public Relations.

Chairman Reinle of the Committee on Public Relations stated that no meeting of the Committee had been held at Coronado, but that he had instructed the Secretary to call such a meeting within thirty days in conformity with the By-Laws.

4. Election of Chairman of the Council.

On nominations duly made, P. K. Gilman and Charles A. Dukes were nominated for chairman of the Council.

Two ballots were then taken. Philip K. Gilman having received the majority of the votes cast, was declared elected as chairman of the Council for the ensuing year.

5. Vice-Chairman of Council.

Elbridge J. Best nominated Harry H. Wilson as vice-chairman of the Council. The nomination was seconded by C. A. Dukes. There being no further nominations, the acting chairman announced the election of Harry H. Wilson as vice-chairman of the Council for the ensuing year.

6. Executive Session.

At this point, on motion of Harry H. Wilson, seconded by R. Stanley Kneeshaw, the Council went into executive session.*

The Council proceeded to consider the election of an editor, a secretary-treasurer, and a general counsel for the ensuing year.

After discussion, upon motion duly made, seconded and carried, it was

Resolved, That Dr. George H. Kress be elected editor of California and Western Medicine for a period of one year from this date, at a salary of $4,000 per annum.

The Chairman of the Council declared a short recess.

The meeting reconvened, a quorum present.

After discussion and upon motion duly made, seconded and carried, it was

Resolved, That Dr. George H. Kress be elected secretary-treasurer of the California Medical Association until the end of the next annual session, and that his salary be $666.66 per month for such office, payable on a month-to-month basis, with the understanding that, upon the approval of the reorganization plan and re-definition of duties of the secretary-treasurer's office, such compensation be subject to revision, this resolution to become effective upon its acceptance by Doctor Kress; and be it further

Resolved, That the date of reorganization and adjustment of salary be not later than the September or fall meeting of the Council.

Dr. George H. Kress was then consulted and was informed of the action of the Council in the matter of his election as editor and in the matter of his election as secretary-treasurer and the terms of his compensation for each of said offices. Doctor Kress accepted his appointment and election subject to the terms of the foregoing resolutions.

Upon motion duly made, seconded and carried, it was

Resolved, That this Council authorize and instruct Dr. Harry H. Wilson to make a study of the Association offices and report back to the Council suggestions for reorganization not later than the fall meeting of the Council.

Upon motion duly made, seconded and carried, it was

Resolved, That complete authority be given the Secretary-Treasurer in the engaging and terms and conditions of the office personnel, subject to the approval of a committee of three, consisting of the President-Elect, Chairman of the Council, and the President, until reorganization is effected.

---

* A digest of the minutes of the executive session appears herewith. The complete minutes are on file in the official records in the headquarters office in San Francisco.

The matter of appointment of the General Counsel and Associate Counsel was then discussed.

Upon motion duly made, seconded and carried, it was

Resolved, That General Counsel Hartley F. Peart be reappointed as general counsel of this Association, California Medical Association, for a period of one year from this date, and that his retainer and secretarial allowance be the same as during the past year, namely, $333.33 per month retainer and $75 per month secretarial allowance, payable on a month-to-month basis, with understanding that, upon the approval of the reorganization plan and re-definition of duties, such compensation be subject to revision, this resolution to become effective upon its acceptance by Mr. Peart; and be it further

Resolved, That Associate Counsel Hubert T. Morrow be reappointed as such associate counsel for a period of one year, without retainer.

Mr. Peart was thereupon consulted and informed of the terms of the foregoing resolution and signified his acceptance of the same.

The Council then considered the matter of associate editors of California and Western Medicine.

Upon motion duly made, seconded and carried, it was

Resolved, That Dr. Robert S. Kneeshaw* and Dr. E. Earl Moody* be and they hereby are elected associate editors of California and Western Medicine.

P. K. Gilman.

7. Date of Next Council Meeting.

On motion of Lowell S. Goin, seconded by Elbridge J. Best, the next meeting of the Council was fixed for Saturday, June 29, 1940, at San Francisco.

8. Basic Science Act.

The Secretary and the Legal Counsel were instructed to check over the basic science act and draft constitutional amendments for presentation to the Legislature, if deemed advisable by the Council or the Committee on Public Policy and Legislation.

9. Committee on Public Relations.

It was moved by Harry H. Wilson, seconded by Lowell S. Goin, that the Secretary call a meeting of the Public Relations Committee at a date not later than May 25th.

10. Delegates to the American Medical Association.

It was moved by Lowell S. Goin, seconded by Louis A. Packard, that the Council instruct the delegates to the American Medical Association to again attempt to secure a recodification of the principles of medical ethics.

At this point the opinion was expressed that the California Medical Association delegates to the American Medical Association be notified through the regular channel of the Secretary's office on matters that they should bring to the attention of the House of Delegates of the American Medical Association: Needy members; Section on Anesthesiology; Recodification of Ethics; Invitation to the American Medical Association to hold its 1943 meeting in San Francisco.

11. Resolution of Appreciation.

It was moved by Harry H. Wilson, seconded by George D. Maner, that the Council express to Karl L. Schaupp its deep appreciation of his untiring services as a member of the Council and as chairman of the Council, and its regret at the loss of his services.

12. Adjournment.

There being no further business the meeting adjourned.

P. K. Gilman, *Chairman.*
George H. Kress, *Secretary.*

---

* Doctors R. Stanley Kneeshaw and E. Earl Moody have submitted their resignations as associate editors.

COUNTY SOCIETIES†

KERN COUNTY

The Kern County Medical Society held a regular meeting at the Bakersfield Firehouse Auditorium on the evening of April 18, when Dr. C. S. Compton presided. The Secretary announced that Dr. Moses Thorner of Bakersfield had been elected to membership.

Dr. Keith McKee spoke briefly concerning the Community Chest, and various members expressed themselves as to this community activity.

Dr. Lloyd Fox then introduced Dr. Lowell S. Goin of Los Angeles, who spoke on the *X-ray Treatment of Carcinoma of the Urinary Bladder.* Excellent colored motion pictures, depicting the technique of this new method, were shown, with explanations by Dr. Eugene Hoffman, also of Los Angeles. Eric Colby, *Secretary.*

⁂

SAN JOAQUIN COUNTY

The regular meeting of the San Joaquin County Medical Society was held on May 2 in the Medico-Dental clubrooms, Stockton, preceded by the customary supper at the Hotel Wolf, at which Vice-President Ray Owens presided. There were eighteen members and guests present. Doctor Eccleston gave an illustrated talk on a recent trip to Tulane University in New Orleans.

The meeting was called to order by Vice-President Ray Owens at 8:20 p. m. A petition of Doctor Dyar was read and referred to the Admissions Committee. Doctor Owens then announced that the June meeting of the Society would be held at Pete's Place at Valley Springs, and appointed Doctors Dewey Powell and A. K. Merchant as a committee of two to organize the caravan from Stockton. Doctor Wever reported that the dinner for the medical dental, and legal groups would be held at the Country Club in Stockton on May 24.

The paper of the evening was presented by Dr. Clarke M. Johnson, who spoke on *Diagnosis and Treatment of Renal and Vesicle Injuries.* This was illustrated by lantern slides and evoked considerable discussion from the floor. There being no further business to come before the Society, the meeting was declared adjourned at 9:15, after which refreshments were served.

G. H. Rohrbacher, *Secretary.*

⁂

SHASTA COUNTY

The regular monthly meeting of the Shasta County Medical Society was held at the Golden Eagle Hotel in Redding at 6:30 p. m. on March 8, when the following members were present: Doctors Gerrard, Hansen, Kahn, Marchus, Mosher, Murphy, Pratt, Rowell, Saylor, and Trelstad. The following visitors were in attendance: Doctors Kehoe, Jantzen and Lubin of Redding, Doctor Mayers of Fall River Mills, Doctor Schmidt, and Mr. Wellington from the Lederle Laboratories at San Francisco.

The meeting was called to order by President Gerrard. Following the dinner, Doctor Schmidt addressed the Society on *Treatment of Pneumonia.* A moving picture was used to demonstrate the results from various types of treatment, and the use of the newer drugs and serums.

The business meeting followed the program. The applications of Doctors Briggs, Jantzen, Mayers, and Whiteside were read and referred to the Committee on Credentials for investigation and recommendation.

The certificate of transfer of Dr. James B. Cutter from Santa Cruz County Medical Society was read. He was accepted as a member of our Society.

---

† For roster of officers of component county medical societies, see page 4 in front advertising section.

A discussion was held in regard to authorizing the Secretary to respond to requests from the American Medical Association, California Medical Association, and allied groups, stating the stand of the Society on legislative and judicial issues under consideration. In view of the fact that such matters require immediate attention, authority was given the Secretary, with the approval of the President and the Vice-President, to respond to requests which appear to be important, stating a definite stand of the Society.

The members expressed a desire to have a pediatrician address the Society at the April meeting.

B. L. Trelstad, *Secretary.*

⁂

VENTURA COUNTY

The regular meeting of the Ventura County Medical Society was held at Saticoy on Tuesday, April 9, with Doctor Barker presiding and twenty members and five guests present.

Doctor Barker introduced Dr. Harry Wilson, President-Elect of the California Medical Association, who spoke on *Association affairs, malpractice insurance, California Physicians' Service, health insurance, Speakers' Bureau, special assessment, and the National Physicians' Committee.*

Doctor Strong then presented Dr. Joseph Boyes of Los Angeles, who spoke on *Fractures of the Fingers and Wrists.*

A motion was made, seconded and carried, that $10 be allowed for a small addressograph, and that $5 be authorized for fifty copies of "On the Witness Stand."

Dr. W. Sterling Clark will act as program chairman for May.

A. A. Morrison, *Secretary.*

CHANGES IN MEMBERSHIP

New Members (64)

Alameda County

William B. MacCracken, *Berkeley*
John J. Melvin, *Oakland*
Thomas T. Rolleri, *Alameda*

Contra Costa County

Vernon E. Greer, *Galt*

Kings County

Earl Hagen, *Hanford*

Los Angeles County

Frederic L. Baer, *Beverly Hills*
Merrill G. Barmore, *Whittier*
Reid L. Beers, *Glendale*
Mary F. Bigler, *Los Angeles*
Milo B. Brooks, *Los Angeles*
C. Edgerton Carter, *Los Angeles*
Ambrose S. Churchill, *Los Angeles*
Frederick G. Clark, *Los Angeles*
Franz L. Engelman, *Los Angeles*
Daniel B. Esterly, *Pasadena*
George W. Frankel, *Los Angeles*
Victor Goldberg, *Long Beach*
Henry H. Henstell, *Los Angeles*
Harold J. Hoxie, *Los Angeles*
L. A. J. La Motte, *Los Angeles*
H. Veazie Markham, *Los Angeles*
Stephen E. McKenna, *Los Angeles*
Arthur J. Mendenhall, *Los Angeles*
Philip J. Miller, *Santa Monica*
E. Reed Oakley, *Pasadena*
Fred A. Polesky, *Los Angeles*
Walter F. Schwartz, *Pasadena*
Sidney F. Shear, *Los Angeles*
Harry Singer, *Los Angeles*
Edwin J. Smith, *Hondo*
Charles W. Stewart, *Los Angeles*
Matthew C. Sturdevant, *Glendale*
Walter L. Taylor, *Los Angeles*
Julius N. Van Meter, *Monrovia*
Erle B. Woodward, *Monrovia*

Monterey County

Dixi Bingaman, *Salinas*
Lester L. Blount, *Spreckels*
Russell D. Williams, *Monterey*

Riverside County

John H. Austin, *Banning*
J. F. Barnard, *Arlington*
Oliver B. Barron, *Hemet*
Lewis C. George, *Arlington*
Elmer A. Hankins, *Riverside*
Denson B. Wheelis, *Arlington*

San Bernardino County

James H. Beggs, *Ontario*

San Diego County

Durwin H. Brownell, *San Diego*
Henry M. Cuneo, *National City*
Alvin H. Lorch, *San Diego*
Hugo Lucic, *San Diego*
William M. Wilson, *National City*

San Francisco County

Joseph Auerbach, *San Francisco*
David Lee Bassett, *San Francisco*
Gerson R. Biskind, *San Francisco*
Miriam Miller, *San Francisco*
Dorothy L. Morse, *San Francisco*
Kenneth G. Rew, *San Francisco*
James G. Terry, *San Francisco*

San Joaquin County

Louis L. Ghiglieri, *Stockton*
Edmund P. Halley, *Stockton*
Helen L. Starbuck, *Stockton*

Santa Barbara County

Sanji Oda, *Santa Barbara*

Ventura County

Julius J. Renger, *Ventura*
Marian Swezey Renger, *Ventura*

Yolo-Colusa-Glenn County

John G. O'Hara, *Woodland*

Transfers (7)

Amy C. Barton, from Humboldt County to Lassen-Plumas-Modoc County.

Louis H. Chaiken, from Santa Clara County to New Jersey State Association.

Mark Gerstle, Jr., from San Francisco County to Santa Clara County.

Joseph H. Patterson, from Los Angeles County to New Mexico State Association.

Gaynell Robertson, from Alameda County to Arkansas State Association.

Moses Thorner, from Santa Barbara County to Kern County.

Harold V. Weatherman, from Orange County to San Diego County.

Resigned (5)

Arthur E. Geschke, from Monterey County.
Armas Manning, from Los Angeles County.
K. Murakami, from Monterey County.
Guy V. Rukke, from Monterey County.
Pieter Van der Leek, from San Joaquin County.

In Memoriam

Cook, Clarence Sylvester. Died at Los Angeles, May 8, 1940, age 54. Graduate of Chicago College of Medicine and Surgery, 1919. Licensed in California in 1921. Doctor Cook was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

✠

Doane, Philip Schuyler. Died at Pasadena, April 27, 1940, age 68. Graduate of Rush Medical College, University of Chicago, 1895. Licensed in California in 1920. Doctor Doane was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✠

Hamilton, Percy Lee. Died at Paradise, May 9, 1940, age 66. Graduate of California Eclectic Medical College, Los Angeles, 1896, and licensed in California the same year. Doctor Hamilton was a member of the Butte County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✠

Mordoff, Charles Espy. Died at Oakland, May 7, 1940, age 57. Graduate of the College of Physicians and Surgeons, Los Angeles, 1910. Licensed in California in 1912. Doctor Mordoff was a member of the Alameda County Medical Association, the California Medical Association, and the American Medical Association.

✠

Salter, Ney Milton. Died at Williams, April 13, 1940, age 56. Graduate of Northwestern University Medical School, Chicago, 1911, and licensed in California the same year. Doctor Salter was a member of the Yolo-Colusa-Glenn County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✠

OBITUARIES

Philip Schuyler Doane

1872–1940

Philip Schuyler Doane died on April 27, 1940. His funeral at the Neighborhood Church in Pasadena was a memorable tribute from his fellow physicians, nurses, patients, and friends. He meant so much to so many.

Born at Oak Park, Illinois, in 1872, a graduate of Phillips Exeter Academy and Rush Medical College, and an intern for two years at the Presbyterian Hospital of Chicago, he became a member of the faculty of Rush Medical College and the attending staffs of the Cook County Hospital, the Michael Reese Hospital and Polyclinic, St. Joseph's Hospital, and St. Luke's Hospital, all of Chicago.

In 1903 he married Helen Pullman Stewart of Chicago.

On the entrance of our country into the war, Doctor Doane joined the service as a first lieutenant, soon becoming a lieutenant-colonel, as commanding officer of Base Hospital No. 11. Later he was Director of Health and Sanitation of the U. S. Shipping Board, Emergency Fleet Corporation.

In 1920 Doctor Doane brought his family to Pasadena. He not only served as chief of staff and senior gynecologist of the Pasadena Hospital, but as president of the Pasadena Humane Society, and director of the American Red Cross; and among many other civic services he organized the Pasadena Central Health Service and was the first president of the Pasadena Flower Show Association.

He was a Fellow of the American Medical Association and of the American College of Surgeons; a member of the Los Angeles County Medical Association, the California Medical Association, and the Psi Upsilon and Nu Sigma Nu fraternities.

Doctor Doane had many hobbies, in which he excelled, including horticulture and philately. Possessed of artistic talent in painting, he also spent his leisure hours in drawing and creating unusual wood carvings. He made the illustrations for textbooks written by the master surgeon, Immanuel Senn; and illustrated the gynecological section of the book written by the late Dr. Charles D. Lockwood of Pasadena. He was also the author of numerous monographs in various medical journals, chiefly on gynecology and obstetrics.

Having lived a well-rounded life, with many talents and many interests, a host of friends and patients will remember Doctor Doane—his ability, his strength and his kindliness.

George Dock, M. D.
Edward M. Pallette, M. D.
Isaac H. Jones, M. D.

✠

Alfred James Scott, Jr.

1881–1940

A. J. Scott, Jr., was born in Paw Paw, Michigan, on September 28, 1881, the eldest son of Dr. A. J. Scott. The Scott family moved to Los Angeles in 1900 and young A. J. Scott attended the University of Southern California Medical School, where he was graduated with the class of '09, joining the Los Angeles County Medical Association some six months after graduation.

Doctor Scott was in general practice for about ten years, always with particular interest in children, and about 1919 began to limit his work to pediatrics. He exhibited in his chosen field such fine intelligence and understanding that he was soon widely recognized as one of its leaders. Then rapidly followed numerous evidences of recognition: Appointment in pediatrics to the faculty of the University of Southern California and later a professorship in pediatrics at the College of Medical Evangelists; appointment to the State Board of Health, to various advisory committees and to important County Medical Association committees, and to many other communal activities almost too numerous to mention.

His frequent election as a delegate to the State Medical Association bespeaks the esteem in which the membership at large always held him.

His appointment to many important committees, and the constantly thoughtful and untiring devotion he lent to this work for nearly thirty years is evidence of the fine spirit of service to organized medicine that was part of his creed. Especially noteworthy was his contribution as a member of the Certified Milk Commission.

His appointment to the State Board of Health was a fitting mark of recognition of his constant interest in the public health.

To all of the many activities in which he participated he brought a thoughtful and sincere attention which earned him the respect and admiration of his colleagues.

Besides his membership in the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association, he was a member of the American College of Physicians and the American Academy of Pediatrics. He was one of the founders and a past president of the Southwestern Pediatric Society, and a member and past president of the Obstetrical and Pediatric Section of the Los Angeles County Medical Association. He was a member, also, of the University and the Wilshire Country Clubs.

Those of us who knew him well will always carry in our minds the memory of a man of great sincerity and of unswerving integrity, and one who was always ready to help a friend.

Oscar Reiss, M. D.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION[†]

MRS. A. E. ANDERSON..........President
MRS. WILLIAM C. BOECK..........Chairman on Publicity
MRS. KARL O. VON HAGEN..Asst. Chairman on Publicity

News Letters

Dear Auxiliary Members:

For the splendid coöperation of the officers, chairmen of publicity and their assistants, and members who have contributed faithfully each month during the past year to our pages in CALIFORNIA AND WESTERN MEDICINE, I wish to join the state chairman of publicity, Mrs. William C. Boeck, in thanking you all.

The Auxiliary has completed a very active and constructive year in all our counties, and we have greatly appreciated hearing about the many health programs, educational talks, philanthropies, and hidden talents among our members, and last, but not least, the enthusiasm of our new auxiliaries.

To Dr. George H. Kress, our guide, philosopher and friend, for his patience and good counsel, our deepest gratitude. To the newly elected officers we extend our sincere good wishes for another successful year.

Faithfully,
MRS. KARL VON HAGEN.

* * *

Just before the close of her term of office as state chairman of membership and organization, Mrs. Harry O. Hund announced a new county auxiliary, the fourth to be organized during the year.

This was the Woman's Auxiliary to the Solano County Medical Society, the first meeting of which was held during the tea hour on Tuesday, April 16, at the Casa de Vallejo, in Vallejo.

Mrs. H. Randall Madeley was elected president, Mrs. Cary A. Snoddy, vice-president and chairman of membership, and Mrs. F. Burton Jones, secretary-treasurer, by the fifteen charter members present. Directors, chairmen of standing committees, chosen were: Mrs. Carlton C. Purviance, Program Chairman; Mrs. H. B. Perkins, Public Relations and Hospitality Chairman; Mrs. A. J. Ryan, Publicity Chairman; and Mrs. Gordon Bunny, Hygeia Chairman.

Charter members, in addition to the above named, were: Mesdames Milton B. Bransford, G. J. Budd, A. E. Chappell, N. J. Crisp, Paul F. Dieffenbacher, Walter A. Fort, Grace B. Howard, and Felix R. Rossi, Jr.

Meetings will be held on the second Tuesday of each month at the Casa de Vallejo. Godspeed to this newest member group! MRS. WILLIAM C. BOECK,
Chairman on Publicity.

Component County Auxiliaries

Humboldt County

The Woman's Auxiliary to the Humboldt County Medical Society met in regular session on Friday evening, April 12, at the home of Mrs. Edgar Holm, who has kindly offered it as a permanent meeting place for the Auxiliary. Mrs. John Chain, Sr., presided. The ten members who were present held a short business meeting, after which refreshments were served by Mrs. Edgar Holm and Mrs. O. R. Myers.

The group decided to invite the doctors as guests for a dinner dance which will mark the last meeting of the Auxiliary for the season.

MRS. MAX GOODMAN, *Publicity Chairman.*

⁂

Los Angeles County

The Woman's Auxiliary to the Los Angeles County Medical Association met in regular session at the Annandale Country Club on April 23, with the Pasadena branch of the Auxiliary acting as hostess. The Club was beautifully decorated with spring flowers, and the occasion was a most festive one. Mrs. Frederick Speik was mistress of ceremonies and presided graciously, introducing the speakers of the afternoon and the special guests. Following the program, Mrs. Eric Larson conducted the regular business meeting.

Irene Tedrow Kent, a member of the Maurice Evans Shakespearean Players, spoke very entertainingly in honor of Shakespeare's birthday.

Dr. Robert Glass Cleland, Vice-President of Occidental College, who was the guest speaker, chose as his topic *The Historian Looks at the Future.* Doctor Cleland pointed out that the quiet, unnoticed research taking place in the laboratories today is more important than the war in Europe, and he said, in part: "The human race is not likely to be destroyed by this or subsequent wars. Western civilization may suffer greatly, but it will not be destroyed. The great principle of democracy is not yet doomed—it has spread its roots throughout the world. Democracy has gone into an eclipse before and emerged." Doctor Cleland closed with the thought that "All individual events move in some mysterious way, forming a logical pattern, when there shall be a happier, freer destiny for man. The historian looks through a glass darkly, but through it all sees a world where righteousness and peace may yet find a haven." MRS. WILLIAM BENBOW THOMPSON.

⁂

Marin County

The Woman's Auxiliary to the Marin County Medical Society met for dinner on Thursday evening, April 25, at Deer Park Villa in Fairfax, twenty-two members being present. Mrs. George Landrock presided in the absence of Mrs. C. A. De Lancey.

The chairman of the Nominating Committee, Mrs. Wilson Goddard, presented the following recommendations for the various offices for the coming year: For president, Mrs. Lloyd Tyler; first vice-president, Mrs. Harry Hensler; second vice-president, Mrs. John C. W. Taylor; secretary, Mrs. E. V. Knapp; and treasurer, Mrs. George Lowell.

Mrs. Harry Hensler thanked the Auxiliary for its contribution to Sunnyhills Farm (San Francisco Presbyterian Orphanage).

Former plans for a "Bring your husband dinner" were changed in favor of a barbecue, to take place on Sunday, May 26 at Dr. and Mrs. Wilson Goddard's summer home at Bolinas. The members of the Marin County Medical Society will be the guests of honor.

MRS. JOHN C. W. TAYLOR.

⁂

Santa Cruz County

The Woman's Auxiliary to the Santa Cruz County Medical Society met for a luncheon at the Pasatiempo Country Club, Santa Cruz, on Monday, April 22. The meeting was presided over by our president, Mrs. F. P. Shenk.

[†] As county auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers shauld be forwarded to Mrs. Karl O. Von Hagen, Assistant Chairman on Publicity, 5867 Whitworth Drive, Los Angeles. Brief reports of county auxiliary meetings will be welcomed by Mrs. Von Hagen and must be sent to her before publication takes place in this column. For lists of state and county officers, see advertising page 6. The Council of the California Medical Association has instructed the Editor to allocate two pages in every issue to Woman's Auxiliary notes.

We had as our guest speaker, Mr. Robin Lampson of the Extension Department of the University of California, who reviewed his latest book, *Death Takes a Pair of Wings,* which is a best seller of 1940.

Invitations were extended to the Santa Clara, San Benito, San Mateo, and Monterey county societies. Reservations were made for seventy members.

Mrs. R. Carey Alsberge.

⁂

Sonoma County

On February 8, at a luncheon, also held at the "Birches," the Marin and Sonoma County Auxiliaries honored Mrs. Frederick Scatena, President of the State Auxiliary.

A regular meeting of the Sonoma County Auxiliary was conducted prior to the luncheon.

* * *

On March 14, the regular monthly dinner meeting was held at Cotati Inn, Cotati.

As a program, three of the members gave short reviews on recent books dealing with medical care. These included *Medicine at the Cross Roads,* by Bertram M. Bernheim, M. D.; Dr. Hugh Cabot's, *The Patient's Dilemma*; and a discussion on *Experimentation in Meeting Medical Needs by Voluntary Action,* by Martin W. Brown.

* * *

On April 18, the president, Mrs. Dwight Barnett, entertained the Auxiliary at her home on Rincon Heights, Santa Rosa. After the regular business meeting, twenty-four members enjoyed a social afternoon of bridge and tea.

Eugenia Fleissner.

⁂

Stanislaus County

On April 12, the Woman's Auxiliary to the Stanislaus County Medical Society met in the home of Mrs. Donald Robertson, and listened to the guest for the evening, Mr. L. M. Morris, who showed colored movies of his tour through the British Isles and Scandinavia last summer, stressing, in his comments, the beauty of the scenes rather than any preoccupation with war.

Following his departure, the business meeting received the recommendations of the Nominating Committee for officers to be elected next month. Upon adjournment of the meeting, which was conducted by Mrs. Hartman, refreshments were served. There were sixteen members present.

Mrs. Warren Steele, Jr.

DIVISION OF NARCOTIC ENFORCEMENT STATE OF CALIFORNIA*

Paul E. Madden, *Chief*

New Narcotic Regulations Triplicate Prescription Forms Effective July 1, 1940

Effective July 1, 1940, the new forms for writing prescriptions for narcotic drugs will be in use, as provided for in an amendment to the Narcotic Act passed by the last regular session of the Legislature. This date was set in order to suit the convenience of the medical profession, June 30 marking the end of the fiscal year and being the last day for registration under the Harrison Narcotic Law, so that the use of the new forms and records for the new fiscal year may begin simultaneously.

The new forms will be mailed or delivered to all those authorized to write narcotic prescriptions, the first supply automatically, and from then on upon request. They will be furnished free of cost by the California State Division of Narcotic Enforcement, 156 State Building, San Francisco.

All narcotic prescriptions are to be written on these special blanks, and they must be used for that purpose exclusively. They must be written wholly in the handwriting of the person authorized to issue them (not by his nurse or secretary, and then merely signed by him) and all three copies must be signed by the prescriber. They must, of course, contain the true name and address of the person for whom prescribed, and must not be antedated nor postdated.

The original and a duplicate copy is given to the patient to deliver to the pharmacist filling the prescription. The pharmacist retains the original for his permanent record and returns the duplicate copies at the end of the month in which the prescription is issued, to 156 State Building, San Francisco. The pharmacist must keep his record open to inspection by the prescriber as well as to the inspectors of the Narcotic Division and the Board of Pharmacy for a period of three years. He must not fill a prescription if it shows evidence of alteration, erasure, or addition by any person other than the person who wrote it, nor if it is tendered to be filled after the seventh day following the date of issue.

The physician's copy, which remains in his book, will serve as the doctor's permanent record by merely indicating, in the space provided, the pathology for which the prescription is issued, and preserving it for the two-year period required by the law. In fact, it is suggested that the doctor's prescription book be used for this purpose, as a convenience to the physician himself—avoiding a duplication of records—as well as to the inspectors of the Narcotic Division and the Board of Pharmacy, should there be any occasion to refer to it.

The Narcotic Act provides for the following exception to the rule that all narcotic prescriptions must be written on these official forms and that no person shall fill one that is not so written. In the case of an epidemic or a sudden or unforeseen accident or calamity, a prescriber may issue a prescription on a form other than the official prescription form issued by the State Division where failure to issue such prescription might result in loss of life or intense suffering; but such prescription shall have endorsed thereon by the prescriber a statement concerning the accident, calamity, or circumstances constituting the emergency because of which the unofficial blank is used.

The law further provides that no person shall furnish a narcotic pursuant to a telephone order, except that in an emergency a pharmacist may deliver a narcotic through his employee or responsible agent pursuant to a telephone order of a person authorized to prescribe narcotics, *if the employee or agent is supplied with a prescription before delivery.*

The provisions of the Act, with reference to the writing of narcotic prescriptions on official blanks, and the filling thereof, *do not apply to preparations* of the United States Pharmacopoeia, National Formulary, United States Dispensatory, or other recognized or established formulae—nor to preparations containing codein *without additional narcotics when compounded with other medicinal ingredients,* prescribed in good faith for medicinal purposes only. However, when it is found necessary to write a prescription for *straight codein* (powder, tablet triturates, hypodermic tablets, etc.), it *will be necessary to use the official prescription blanks.*

* * *

Every conceivable detail has been taken into consideration to alleviate any suspicion on the part of the patient that narcotic drugs are being prescribed on this form. No mention is made anywhere on the blank that narcotics are prescribed and the form itself is very simple, and conforms to the prescription blanks that have been in use for many years—other than that there is a serial number at the top of each blank. We have tried to avoid any embarrassment between the patient and the doctor in the use of these forms.

---

* For editorial comment, see page 252.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings.

American Medical Association. New York, June 10–14, 1940. Olin West, M. D., Secretary, 535 North Dearborn Street, Chicago, Illinois.

Western Section of the American Urological Association. Empress Hotel, Victoria, B. C., July 29–31, 1940. Dudley P. Fagerstrom, M. D., Secretary, 710 Medico-Dental Building, San Jose, California.

Medical Broadcasts.*

American Medical Association Broadcasts: "Medicine in the News."—The American Medical Association and the National Broadcasting Company have announced "Medicine in the News," on timely topics from medical news of the week. Thursdays, 4:30 p. m., Eastern standard time (1:30 p. m., Pacific standard time), Blue Network, coast to coast. Thirty weeks. Opened on November 2, 1939. Facts, drama, entertainment, music.

Pacific States:

KECA	Los Angeles	KTMS	Santa Barbara
KFSD	San Diego	KEX	Portland
KGO	San Francisco	KJR	Seattle
KGA	Spokane		

* * *

Los Angeles County Medical Association.

The radio broadcast program for the Los Angeles County Medical Association for the month of June is as follows:

Saturday, June 1—KFI, 9:45 a. m., The Road of Health; KFAC, 10:15 a. m., Your Doctor and You.
Wednesday, June 5—KECA, 11:15 a. m., The Road of Health.
Saturday, June 8—KFI, 9:45 a. m., The Road of Health; KFAC, 10:15 a. m., Your Doctor and You.
Wednesday, June 12—KECA, 11:15 a. m., The Road of Health.
Saturday, June 15—KFI, 9:45 a. m., The Road of Health; KFAC, 10:15 a. m., Your Doctor and You.
Wednesday, June 19—KECA, 11:15 a. m., The Road of Health.
Saturday, June 22—KFI, 9:45 a. m., The Road of Health; KFAC, 10:15 a. m., Your Doctor and You.
Wednesday, June 26—KECA, 11:15 a. m., The Road of Health.
Saturday, June 29—KFI, 9:45 a. m., The Road of Health; KFAC, 10:15 a. m., Your Doctor and You.

The Pacific Coast Oto-Ophthalmological Society.—The twenty-eighth annual meeting of the Pacific Coast Oto-Ophthalmological Society will be held on Monday, June 24, to Thursday, June 27, inclusive, in Spokane, Washington, the Davenport Hotel being the headquarters. Guest speakers will be Dr. F. K. Hansel of St. Louis, Dr. Walter B. Lancaster of Boston, and Dr. Meyer Weiner of St. Louis. Further information may be obtained from the secretary, C. Allen Dickey, M. D., 450 Sutter Street, San Francisco.

New Health Chief Named—Doctor Brown Replaces Doctor Dickie.—Sacramento, May 27 (INS).—Governor Olson appointed today George J. Knox, 60, San Francisco, as state superintendent of banks and Dr. Bertram Brown, Los Angeles, as state director of public health.

Brown succeeds Dr. Walter Dickie, San Francisco, State Health Director under three state administrations.

Brown's Record Praised

In announcing selection of Doctor Brown to the $6,000 a year state health job, Governor Olson highly praised his qualifications, adding he was "eminently fit for this important post."

Brown received his medical degree at New York University in 1914, served in the World War medical service, and entered private practice in Hollywood in 1920.

Dickie Long on Job

Dickie, the deposed state health chief, was first appointed chief of the division of venereal disease control in 1919, but this activity ceased in 1920 due to lack of funds. In 1921, Dickie was named secretary of the State Board of Health by former Governor William D. Stephens. He held this post through the Richardson régime and in 1927 was made director of public health by former Governor C. C. Young, which he held in 1931.

In 1935, Dickie was again named health director by former Governor Frank F. Merriam.

* * *

Informed of Governor Olson's appointment of Dr. Bertram Brown to succeed Dr. Walter M. Dickie as state director of public health, Dr. Howard Morrow, President of the State Board of Health, who fought to retain Dickie in office, made the following statement:

Governor Olson has placed political expediency ahead of public welfare in making the appointment. Doctor Brown's name was submitted for approval to Dr. Thomas Parran, Jr., United States Surgeon-General, and he was found unfitted for the position because of lack of public health experience. I will wire Doctor Parran at once to learn what further moves may be made.—San Fransisco *Call-Bulletin*, May 27.

Pan-American Congress of Ophthalmology in Cleveland Next October.—Plans for a Pan-American Congress of Ophthalmology to be held at the Hotel Cleveland, Cleveland, Ohio, October 11 and 12, have been announced.

The Congress will be sponsored by the American Academy of Ophthalmology and Otolaryngology, an organization of more than 2,500 specialists in diseases of the eye, ear, nose and throat, which will hold its annual convention immediately preceding the Pan-American gathering.

The United States Department of State has expressed its interest, and the governments of all the countries of the Western Hemisphere have been invited to send official delegates. It is felt that the meeting will do much toward bringing about an *entente cordiale* among scientific men of the two Americas, and it is expected that a permanent organization will be effected.

The committee that is developing the congress has the following members: Doctors Harry Gradle, Chicago;

---

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

Conrad Berens, New York; and Moacyr E. Alvaro, Sao Paulo, Brazil. The executive secretary of the American Academy of Ophthalmology and Otolaryngology, which will be host to the Latin-American eye specialists, is Dr. William P. Wherry, 1500 Medical Arts Building, Omaha, Nebraska, who may be addressed for additional information.

Dedication of Osler Memorial to Be Held at Blockley.—The old autopsy house where Osler worked at Blockley has been restored as the Osler Memorial Building, and will be dedicated on the grounds of the Philadelphia General Hospital at Curie Avenue, near Thirty-fourth and Pine streets, Philadelphia, Pennsylvania, at 2 p. m. on June 8, 1940.

Original furnishings, including the necropsy table, have been collected. The painting by Dean Cornwell, N. A., of New York, entitled "Osler at Old Blockley," later to be hung in the building, will be on exhibition during the celebration.

There are facilities in the building for the housing and preservation of relics of old Blockley, as well as Osleriana. The Committee would welcome any additions to this collection.

Medical Library Association.—The forty-second annual meeting of the Medical Library Association will be held at the University of Oregon Medical School, Portland, June 25-27, under the presidency of Colonel Harold W. Jones of the Army Medical Library, Washington, D. C. Hotel headquarters will be at the Heathman. The program will include talks on the literature of epidemiology of plague, tularemia, and Rocky Mountain spotted fever; a symposium on investigations in local medical history, and problems in bibliography based on a study of terminology in the field of nutrition.

American Congress of Physical Therapy.—The nineteenth annual scientific and clinical session of the American Congress of Physical Therapy will be held on September 2 to 6, 1940, at the Hotel Statler, Cleveland, Ohio.

The mornings will be devoted to an annual instruction course, enabling attendance at both the course and scientific sessions which will be given in the afternoons and evenings. This will minimize the time element and permit attendance at both functions during the same week. The seminar and convention proper will be open to physicians and qualified technicians.

For information concerning the seminar and preliminary program of the convention proper, address American Congress of Physical Therapy, 30 North Michigan Avenue, Chicago.

Awards of Merit for Sacramento and Kern County in City and Rural Health Conservation Contests.—Winners in the 1939 City and Rural Health Conservation contests were recently announced by the Chamber of Commerce of the United States.

These contests are conducted annually by the Chamber in coöperation with the American Public Health Association for the purpose of furthering adequate health protection and health promotion services throughout the United States. The competent manner in which a community is meeting its health problems is the basis upon which the awards are made. This does not necessarily mean that awards are made to the healthiest communities. A group of public health experts from all parts of the country carefully appraise each participating city and county. Each community is graded on what measures it takes:

To provide and safeguard its water supply.

To furnish adequate and safe sewage disposal.

To reduce infant and maternal deaths.

To combat tuberculosis and syphilis.

To protect its citizens against other communicable diseases.

To insure healthy children.

To protect and safeguard its milk and other foods.

To promote effective coöperation with its physicians and dentists in furnishing necessary services to all those who need them.

To enlarge and improve its lay-understanding of ways and means of preventing sickness and death and of maintaining good health.

Winners in the Rural Contest are chosen geographically. Winners are:

Northeastern Division—Alger-Schoolcraft Health Unit, Michigan.

Eastern Division—Fayette County, Kentucky.

Southeastern Division—Lauderdale County, Mississippi.

South Central Division—St. Mary's Parish, Louisiana.

Western Division—Wasco County, Oregon.

Winners in the Eleventh Annual City Health Contest.—In Group IV (cities of 50,000 to 100,000 population) the winner is Newton, Massachusetts. Award of merit went to Sacramento, California.

Winners in the Sixth Annual Rural Health Contest.—In the Western Division the winner is Wasco County, Oregon. Award of merit went to Kern County, California.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

$60,000,000 Hospital Bill Approved by the Senate

Washington, May 30 (UP).—The Wagner-George Hospital expansion bill, authorizing a $60,000,000 program for federal-state-municipal coöperation in building hospitals, won Senate approval today and was sent to the House.

The measure provides for federal contributions of $10,000,000 a year for six years, starting with the present fiscal year. The money would be paid in grants to be matched on an ability-to-pay basis. Grants would be distributed to states and communities under direction of the Surgeon-General of the United States Public Health Service.

Senator James E. Murray (D., Mont.) argued the program was necessary to relieve an "appalling shortage" of medical care for underprivileged citizens. He said it would provide from 25,000 to 30,000 additional beds in hospitals.—San Francisco *Chronicle,* May 31.

* * *

California Medical Association Elects Officers

After spending most of the day in talking over how to improve the working of the human machine, the California Medical Association swung into organizational activity late yesterday, elected officers, set its 1941 meeting place and waded into a mass of resolutions.

Meeting in Hotel del Coronado, the convention delegates seated Dr. Harry H. Wilson, Los Angeles, as president and elected Henry S. Rogers, Petaluma, as president-elect. This means Doctor Rogers will be elevated to the presidency next year.

The delegates selected Del Monte for the 1941 convention.

Dr. Lowell S. Goin, Los Angeles, was reëlected speaker of the House of Delegates and Dr. E. Vincent Askey, Los Angeles, was elected vice-speaker.

New Councilmen

Vacancies in the Association's Council were filled as follows: Dr. Louis A. Packard, Bakersfield; Dr. John W. Cline, San Francisco; Dr. John W. Green, Vallejo; Dr. R. Stanley Kneeshaw, San Jose; Dr. Edward B. Dewey, Pasadena; Dr. Dewey Powell, Stockton.

Named as delegates to the American Medical Association were Dr. Edward N. Ewer, Oakland; Dr. Edward M. Pallette, Los Angeles; Dr. Robert A. Peers, Colfax; Dr. William R. Molony, Los Angeles. Alternates are Dr. Frank R. Makinson, Oakland; Dr. William H. Kiger, Los Angeles; Dr. Frank Scatena, Sacramento; Dr. John C. Ruddock, Los Angeles.—San Diego *Union,* May 9.

* * *

Physicians Study Program for Reliefers

Extension of Voluntary Health Insurance on Clinical Basis

Coronado, May 9 (AP).—The California Medical Association is considering a plan designed to care for the health needs of the State's estimated 350,000 relief dependents.

Recommended to the Association's House of Delegates by trustees of the California Physicians' Service, the proposal suggests extension of the voluntary health insurance plan on a modified clinical basis to all persons on state relief and their families.

Announcement that the plan had been submitted to the House of Delegates with a hope for approval was made by Dr. Ray Lyman Wilbur, C. P. S. president, who also is president of Stanford University and former Secretary of the Interior. Doctor Wilbur, emphasizing the program would depend on what funds are available for this purpose by the Legislature, stated:

"This is a public health measure of the greatest importance. By improving the health of those on relief, public health costs throughout the State will be reduced as the spread of disease is cut down.

"Doctors should take this step in order to stay at the helm in the new social progress inevitably involving medicine."

Welfare of the eight-months-old voluntary health plan and proposals for its extension to persons in the lower income groups occupied the major attention at yesterday's initial general convention session.

The maximum income limit of the California plan is $3,000. The cost to the individual is $2.50 a month, for which in case of disability he receives hospital and medical care, and is allowed to select his physician and hospital.

Need of Cheaper Plan

Alson R. Kilgore, San Francisco, C. P. S. secretary, said there was a vital need for a downward rate revision to permit participation of persons whose income is $1,200 a year or less, and who cannot afford the $2.50 charge.

Kilgore indicated a plan probably would be formulated to extend the service facilities to the low income group with all advantages with the possible exception of the privilege of selecting their physician and hospital.

Dr. W. H. Bueermann, who heads a similar bureau which provides medical service on a prepayment basis in Portland, Ore., told the Association the profession itself "must demonstrate that it has the leadership that is both capable and willing to develop and successfully operate" a plan of voluntary health insurance for the low wage worker.

When this is accomplished, the Portland physician said, "We will have made long strides toward answering the demands of 'pressure groups' for 'politicalized medicine' administered by an unsympathetic and nonmedical bureaucracy."—Santa Cruz *Sentinel,* May 10.

* * *

Is Medicine a Trade or a Profession?

The refusal of the Supreme Court to take over the antitrust case against the American Medical Association leaves in effect a lower court decision that the practice of medicine is a trade rather than a profession and as such is subject to the Sherman Act.

To most thinking people this will appear a disturbing situation. The healing art has commercial aspects, it is true; but this decision seems to ignore the others. Since in the Apex Hosiery case, decided last week, the court held in effect that the activities of labor unions are no concern of the Sherman Act if their primary purpose is not interference with commerce and the interference is merely incidental, this decision does not seem to grant to the American Medical Association even the privileges of a labor union.

For the primary purposes of the American Medical Association in moving against a group health organization in Washington was to preserve the standards of medical practice, and not the revenues of doctors. The decisions are difficult to reconcile.—Editorial, Los Angeles *Times,* June 4.

* * *

American Medical Association Faces Court June 14

Washington, June 5 (UP).—The United States District Court today ordered arraignment June 14 of the American Medical Association and several of its officers on charges of violating antitrust laws.

The order followed the Supreme Court's refusal to hear the American Medical Association plea for exemption from the Sherman Antitrust Act on the ground the doctors are not engaged in "trade" within the meaning of the law.

Criminal indictments were handed down after a Federal Grand Jury investigation of alleged efforts of the American Medical Association and two affiliated organizations to hinder operation of a coöperative health movement in Washington. No trial date has been set.—San Francisco *Chronicle,* June 6.

Wilbur Speaks at Convention

State Doctors Hear of Medical Progress

"The amazing advance in the application of chemistry and physics to biological processes is revolutionizing medicine," President Ray Lyman Wilbur declared yesterday in addressing the annual convention of the California Medical Association at Coronado.

Speaking on the subject of "Biological Engineers," Doctor Wilbur told the convention that the physician can no longer be symbolized by pills and scalpels because "he is becoming a biological engineer serving the individual and society in many fresh and startling ways."

Discussing the change in the activities of the medical practitioner through the last fifty years, he reminded his listeners that fifty years ago the functions of the medical man were largely determined by observation and experience. Since then, however, "experimentation and analysis have been brought in at such a rapid rate that at times we almost forget that over the centuries medicine was largely based upon shrewd observation and the accumulation and digestion of past experiences."

Doctor Wilbur talked of the way in which the general advance in all the fields of science had immeasurably aided the field of medicine. Concerning biology he said: "As our knowledge of the different forms of life about us, including bacteria and viruses as well as insects and protozoa, increases, our skill in controlling the diseases caused by parasites has grown."

Similar advances in other fields, such as the development of chemical remedies, of which quinine is a good example, have likewise helped the medical man, the lecturer stated.—Stanford *Daily,* Stanford University, May 8.

* * *

New Hospitals for Southland

House Committee Acts to Locate U. S. Marine Buildings Here Soon

By a *Times* Staff Correspondent

Washington, March 21 (Exclusive).—Construction of a marine hospital either at Los Angeles or San Diego was virtually assured today as an agreement was reached before the House Merchant Marine Committee to abandon sectional feuds over the location and leave the selection of a site to the Public Health Service.

With only two out of twenty-six United States marine hospitals located on the West Coast, Southern California is entitled to one, or possibly two, new institutions, the committee was told by Representative Izac (D.) of San Diego.

Urges Building

Izac spoke in behalf of his bill for a fifty-bed tuberculosis hospital to be located at San Diego, but agreed with other California Representatives that the important point is to obtain a hospital regardless of the district in which it will be located.

A 300-bed hospital for Los Angeles Harbor was proposed at the same hearing by Representative Geyer (D.), Gardena, who has been sponsoring the proposal.

Help Promised

J. F. Zurich of the International Fishermen and Allied Workers of America spoke in behalf of the Geyer Bill and coöperation of other labor unions was promised.

The Los Angeles hospital would require an appropriation of $2,500,000, Geyer explained. Izac's bill calls for expenditure of $950,000.—Los Angeles *Times,* March 22.

* * *

Angel City Golfer Captures State Medico Tourney

Dr. W. H. Moore of Los Angeles assumed the mantle of California Medical Association golf champion for 1940 Tuesday when he captured low gross, with a 78, in the annual tournament held over the San Diego Country Club course.

One stroke behind Doctor Moore was Dr. J. Hromadka of San Francisco, and Dr. F. Casto of La Jolla was third with an 80.

Six of the 111 who competed in the event tied for blind bogey, with net 69's, and Dr. J. F. Churchill of San Diego won the draw. Others in the deadlock were Dr. R. Kaysen, Dr. L. A. Packard, Dr. C. S. Ianne, Dr. R. Ouer and Dr. Robert Monteith.

Dr. William Lewis was the low net winner, carding a 67 to beat out Dr. Thomas O'Connell by a stroke. Doctor

Casto was third, Dr. Ray Lounsberry fourth, and other net leaders included Doctor Churchill, Dr. Joe O'Neill and Dr. Frank McGuire.

The visiting linksmen were high in their praise of the San Diego Country Club membership and Professional Fred Sherman, who coöperated in making the tourney a success. Prizes were awarded at a dinner in Hotel del Coronado, where the Medical Association is holding its state convention.

Gross leaders: Dr. W. H. Moore, 78; Dr. J. Hromadka, 79; Dr. F. Casto, 80; Dr. M. Josephs, 81; Dr. W. Dodge, 81; Dr. R. K. Gustafson, 81; Dr. W. C. Black, 81; Dr. A. J. Scholl, 81; Dr Ray Lounsberry, 81; Dr. J. E. Novak, 81; Dr. F. H. Falconer, 83; Dr. L. A. Packard, 85; Dr. L. Stelzer, 85; Dr. J. F. Churchill, 85; Dr. F. Ullrich, 85; Dr. R. S. Kneeshaw, 86; Dr. Eric Larson, 86; Dr. W. H. Olds, 87; Dr. D. F. Polford, 87; Dr. M. T. Ussher, 88; Dr. F. Ruby, 88; Dr. J. Stevens, 88; Dr. E. E. Kenzer, 88; Dr. L. R. Trigg, 89; Dr. A. A. Blatherwick, 89; Dr. Thomas L. Rogers, 89; Dr. Emil Tholen, 89.—San Diego *Union,* May 9.

* * *

California Up in Health Care

Figures Show State in First Ten

By Ruth Finney, *The News* Washington Correspondent

Washington, May 13.—California is one of the first ten states in the matter of providing hospital beds for its citizens, according to figures just made public by the Senate Committee on Education and Labor.

The figures are in a committee report urging a national hospital act, proposed some time ago by the Administration as a substitute for the Wagner Health Bill.

The measure would make $10,000,000 a year available for the next six years to start a hospital building program in the states.

Rural Need Exists

The report points out that in states with a large amount of hospital accommodations, these accommodations usually are centered in the larger communities, and need still exists in smaller towns and rural areas. The committee says seventeen million Americans live in thirteen hundred counties where there are no registered Federal hospitals.

Authorities agree, says the report, that four and one-half beds per thousand population are required to assure the amount of hospitalization necessary for adequate care. California has 4.42 beds per thousand.

Two beds per tuberculosis death are required. California has only 1.54 beds, lagging behind twelve states and the District of Columbia.

Insanity Care Shown

For mental cases, the report says, approximately one-fourth of the states have 4.8 beds per thousand population. California has 4.69 beds per thousand.

The bill provides that the Government use the first ten million dollars to build hospitals which it would lease to states showing the most need. Title would be transferred after the state or political subdivision had demonstrated successful operation.

Appropriations for the next five years would be used to make grants-in-aid, ranging from 25 per cent to 90 per cent, to communities building hospitals.—San Francisco *News,* May 13.

* * *

Golden Gate International Exposition

Entirely new, the Pageant of the Pacific opened on Treasure Island on May 25. Every part of this magic city breathes enchantment and excitement. Millions of California's flowers weave a carpet of fragrant beauty and the towering walls, in fresh, gay colors, present a picture that might have come from the dream world of the Arabian Nights.

In one of the world's most gorgeous settings, you will see strange and exotic arts and crafts from every shore of the great Pacific. The West's World's Fair in Forty is dedicated to knowledge, leisure, travel and recreation . . . all here, in magnificent array! It's a sixty-million-dollar attraction . . . a thing of beauty . . . a joy forever.

Highlights of the Golden Gate International Exposition of 1940:

America, Cavalcade of a Nation. Great events in the history of the United States portrayed by fifteen hundred characters on a gigantic stage. A dramatic thriller from the landing of Columbus to the gay "nineties" in San Francisco. Three-four shows daily.

Aquacade. Billy Rose's spectacular swimming, diving, dancing and singing novelty, which won wide acclaim at the New York Fair last year. To be staged in a great wooden tank in International Hall. Three-four shows daily.

Folies Bergère. Clifford Fischer's Parisian vaudeville troupe in a completely new program. One of the big hits of the Exposition last year. Three-four shows daily.

Salici Puppets. A $50,000 marionette show which originated in Italy nearly two hundred years ago and has been carried on by the same family in its original form. Hall of Western States. Three-four shows daily.

National Garden Show. Floral exhibit under direction of Howard Gilkey continuing throughout the Fair. Floral sun dial, garden plots with formal and informal design featured.

Symphony Concerts. The San Francisco Symphony Orchestra, under the direction of Pierre Monteux in a series of programs.

Fine Arts Palace. Art in action with Diego Rivera and noted sculptors and painters at work. Construction of mural for San Francisco Junior College. Fresco painting. Printing from 1457-1940, celebrating the 500th anniversary of the discovery of printing from movable types. Photographic salon. Old masters. Contemporary European and American art.

Federal Building. Modern trench warfare exhibit by U. S. Army; Navy craft open for inspection; Indian craftsmanship. Federal projects.

University of California Exhibit. Hall of Science. Miniature model atom-smashing cyclotron. Anthropological maps showing migrations of man. Biological exhibits. Visual demonstrations of science.

Automotive. Ford display illustrating development of transportation. General Motors exhibits with cut-out models of modern automobiles.

When. Opens on May 25 and closes on September 29.

Where. Treasure Island, in San Francisco Bay. Reached by automobile from San Francisco or Oakland via the Bay Bridge (toll 35 cents) or by ferry from San Francisco and by bus (Key System) from Oakland and the East Bay area.

Costs. Season tickets: Adults, $7.50; juniors, $3.75; children under 12, $1.00. Single admissions, 50 cents, 25 cents and 10 cents. Parking fee, 25 cents. Bridge toll, including round trip to the island, 35 cents.

Attendance last year, 10,496,203.

Cost of site and Fair of 1939. Approximately $60,000,000.

Size of Treasure Island. Four hundred acres, largest man-made island in the world.

Distance from San Francisco. 4.70 miles; from Oakland, 7.3 miles.

LETTERS

Subject: Registration of medical technologists.

Registry of Medical Technologists
of the
American Society of Clinical Pathologists

Denver, Colorado, May 7, 1940.

To the Editor:—You have probably seen the editorial in the Hospital Number of *The Journal of the American Medical Association* (March 30, 1940), page 1269, warning against the pernicious activities of a New Jersey organization which presumes to issue certificates of qualification to laboratory technicians in opposition to our own Registry.

In order that this warning reach as many physicians as possible, it has been suggested that the enclosure be reprinted in all medical state journals or copy inserted similar in tenor to the enclosed announcement in our *American Journal of Clinical Pathology.*

Thanking you for your coöperation with the Registry of the American Society of Clinical Pathologists, I am

234 Metropolitan Building.

Fraternally yours,
Philip Hillkowitz, M. D.,
Chairman, Board of Registry.

* * *

THE REGISTRY FOR CLINICAL LABORATORY TECHNICIANS*

In 1928 the American Society of Clinical Pathologists established a registry to pass on the qualifications of laboratory technicians and to approve schools for training these workers. Soon this Registry received the recognition of the American Medical Association, the American College of Surgeons, the American Hospital Association, the Catholic Hospital Association, and other scientific and medical organizations. The Council on Medical Education and Hospitals was authorized to formulate standards and approve schools which meet its requirements. After a thorough test, conducted by clinical pathologists, successful applicants for a certificate were designated as Medical Technologists (M. T.), a title which connoted a holder of a certificate of competence from the Registry, nationally recognized in the medical and hospital spheres.

---

* From *The Journal of the American Medical Association,* Volume 114, Number 13, March 30, 1940.

Within the past six months a citizen of Red Bank, New Jersey, who has never himself been registered, began to circularize the medical laboratory technicians of New England asking them for a fee of $5 to join the "American Medical Technologists" and offering to bestow the title "M. T." by virtue of a charter from the State of New Jersey. As far as we know, this movement is not supported or authorized by any scientific body. . . .

Certainly physicians everywhere will do their utmost to inform young men and women who contemplate a career in medical technology of the hazard that lies in participation in such courses or organizations.

Subject: Letter from the Board of Medical Examiners of the State of California to a foreign medical graduate seeking information concerning hospital internships.

(COPY)

Dear Doctor:

Your letter addressed to George H. Kress, M. D., Secretary of the California Medical Association, has been forwarded us for reply.

We [California State Board of Medical Examiners] regret our inability to find for you a hospital where you can serve a one-year rotating internship required of foreign medical school graduates. Each individual must correspond with hospitals anywhere in the United States approved for the training of interns in order to secure said internship. A list of such hospitals will be found in the directory published by the American Medical Association, or you can obtain a printed pamphlet listing said hospitals by communicating with the American Medical Association, Council on Medical Education and Hospitals, William D. Cutter, M. D., Secretary, 535 North Dearborn Street, Chicago, Illinois.

Very truly yours,

C. B. Pinkham, M. D.,
Secretary-Treasurer.

CALIFORNIA STATE BOARD OF PUBLIC HEALTH

Celebration of Its Seventieth Birthday

The Northern California Public Health Association at its regular meeting, held in San Francisco on May 20, devoted its entire session to the celebration of the seventieth anniversary of the organization of the California State Board of Health.

Dr. I. O. Church, Health Officer of Alameda County and President of the Northern California Public Health Association, presided.

The meeting was made interesting because of the presence of blood relatives of men who, in its early days, had guided the destinies of the state health organization. Among them were Dr. Morton R. Gibbons of San Francisco, whose grandfather, Dr. Henry Gibbons, was the first president of the California State Board of Health and who served in that capacity from 1870 to 1884, when he died.

Mrs. Annie L. Blanchard of Berkeley, now in her eighty-sixth year, and daughter of Dr. Fred W. Hatch, Sr., who served as secretary of the Board from 1876 to 1884, was also present, as well as Miss Margaret Hatch of Mill Valley, and Francis Hatch, M. D., of San Francisco, grandchildren of Dr. F. W. Hatch, Sr. Upon the death of Dr. Thomas M. Logan, first secretary of the Board, who served from 1870 to 1876, Doctor Hatch succeeded him in office and served until his death in 1884.

Among the young physicians who were employed by the State Board of Health and the San Francisco Board of Health in 1900, when bubonic plague first appeared in the United States in San Francisco, were: Dr. Howard Morrow, now president of the California State Board of Public Health; Dr. W. R. P. Clark of San Francisco, now a member of the Board; Dr. Walter M. Dickie, now director of the California State Department of Public Health; Dr. Carleton Mathewson, now City Health Officer of Fresno; and Dr. Chester G. Woolsey of San Francisco. Several of these early-day workers in plague control were present at the dinner.

When Dr. George C. Pardee was elected Governor of California in 1901, he appointed Dr. N. K. Foster of Oakland as secretary of the California State Board of Health, and Dr. Harry E. Foster, his son, was present to acknowledge the ovation that was given to the constructive services rendered by his father, who, during his administration organized the State Bureaus of Vital Statistics, Bacteriology and Foods and Drugs; and who also instituted activities that led to the organization of concerted efforts in the control of tuberculosis. It was by means of appropriations made available through the activities of Doctor Foster that the State Tuberculosis Commission was authorized by the California Legislature and established during the secretaryship of Doctor Foster's successor, Dr. William F. Snow. The recommendations of this Commission, in which Dr. George H. Kress of Los Angeles was elected chairman, were given in a report issued by Dr. Charles C. Browning and Dr. George H. Kress, and led to the organization of the State Bureau of Tuberculosis under the California State Board of Public Health and the passage of the State Tuberculosis Subsidy Law which nullified the persistent agitation for the establishment of state tuberculosis sanatoria. The Commission had the vision and courage to battle for the solution of California's tuberculosis problem from the community rather than from the state standpoint.

Dr. Adelaide Brown of San Francisco, member of the State Board of Health from 1915 to 1930, was present to acknowledge the greetings of the assemblage for her activities in 1918 that led to the establishment of the State Bureau of Child Hygiene.

Dr. Wilfred H. Kellogg of Berkeley, who was a young bacteriologist in 1900 and co-demonstrator of the plague bacillus at that time, and who served as secretary of the State Board of Health from 1917 to 1919, and who since 1920 has been chief of the State Division of Laboratories, was given an ovation for his contributions to the state public health organization.

Dr. Walter M. Dickie, Director of the California State Department of Public Health since 1920, presented a paper upon the development of the state public health organization, and Dr. Junius B. Harris of Sacramento, who served as a member of the California State Board of Health from 1930 to 1934, addressed the meeting upon the early history of public health activities in Sacramento, presenting stereopticon slides showing portraits of the first members of the California State Board of Public Health, early-day hospitals, interiors of the offices of practitioners of medicine in the early days, and many other subjects of historical interest.

The timeliness of this meeting and the presence of blood relatives of those doctors of medicine who organized public health services in California, added greatly to the interest. Since California was the second state to establish a State Board of Health, Massachusetts having organized its Board but six months previously, the occasion was significant and emphasized the importance of medicine in its continued support of public health activities in California for more than seventy years.

TWENTY-FIVE YEARS AGO[†]

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XIII, No. 6, June, 1915

From Some Editorial Notes:

American Medical Association Meeting.—As we have previously mentioned in the JOURNAL, the American Medical Association is to meet in San Francisco during the third week of this present month of June. The House of Delegates will begin its work on Monday, and the scientific sections will begin their programs on Tuesday afternoon, Tuesday morning being given over, as always, to the general public session which will be held in the Columbia Theater, Geary and Mason streets. Wednesday was set aside by the House of Delegates as a special memorial day to commemorate the work in medicine and collateral science which led to the possibility of digging the [Panama] canal; for the canal was dug by scientific medicine and not by picks or steam shovels. . . .

* * *

Report Applicants.—Again we must urge county society secretaries to report to the State Society office the names of applicants for membership. In the last few weeks we have received notice of three new members, elected to membership in various counties, and it is absolutely certain that none of them would have been elected had the facts in our possession been known to the secretary of the local society. When a man is once in, it is not easy to get him out, and membership in the county and State Societies now means a good deal; a good deal to the member and a good deal to the Society, for any member may be the cause of an expense of thousands of dollars. . . .

* * *

Medical Pirates Convicted.—For a long time past the Federal Government, through the Post Office Department, has been getting evidence against a number of licensed medical pirates. Incidentally, it may be said in passing that this JOURNAL has for years held that the licensed physician who is doing wrong, or practicing his profession in a disgraceful manner, is infinitely more dangerous and harmful than the unlicensed person be he Chinese "herb specialist" or any other variety. But the licensed crook is hard to get. Generally he follows some one of the several lines of quackery that have been carefully worked out by clever lawyers, and are thus held just within the letter of the law. . . .

* * *

Present-Day Knowledge.—The whole range of medical activity is so great, and specialization both in research and in practice has so extended the general store of knowledge, that very few of us can say with any degree of certainty what is the present-day status of those things in medicine which do not come within our own limited range of work and interest. There are many cancer commissions and research laboratories; what is the work today on that subject? What is the trend of thought as to the causation of cancer? Has there been any material advance lately in the treatment of epilepsy, or measles or scarlet fever? It has been suggested that these are subjects which would be of interest to all of us, if a summary of today's knowledge, put authoritatively and concisely, could be placed before us. The JOURNAL is planning to do this, and to publish from month to month short articles on various phases of medicine, giving the present-day status of each particular

(Continued in Front Advertising Section, Page 22)

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA[†]

By CHARLES B. PINKHAM, M. D.
Secretary-Treasurer

News

"Retirement of Dr. Oliver D. Hamlin, chief surgeon of Alameda County Hospital, will bring to an end a public service career which began in Oakland forty-five years ago. Doctor Hamlin will retire on May 20. He was 70 on April 21. . . . He has been chief surgeon at the Alameda County Emergency Hospital since 1900. During his long career he served as president of the Oakland Board of Health and chairman of the staff of Providence Hospital. He also is a past president of the Alameda County Medical Association and the California Medical Association and for fourteen years served as a state delegate to the National Medical Association. Doctor Hamlin is a nationally recognized authority on autopsy work and has been called in by other cities to aid in criminal investigations." (Oakland *Post-Enquirer,* May 3, 1940.)

"Nelson A. LaPlant, local massotherapist, was arrested late Monday by Joseph W. Williams, Special Investigator for the State Board of Medical Examiners, taken before Justice F. W. Sidener here and liberated under $100 bonds to face charges of 'treating the sick and afflicted without a license.' The offense is a misdemeanor. LaPlant, Williams claimed, had posed as an osteopath and naturopath. The state officer also said LaPlant had used the title of 'doctor.' La Plant will be charged with treating a number of local people for all types of ailments and diseases, Williams said. Among suspected treatments, also, is the case of a Chico woman for whom LaPlant is said to have set a pelvic fracture. . . ." (Orland *Unit,* April 11, 1940.) "N. A. LaPlant, charged with treating patients without a license, has pleaded guilty and been fined $25 in the local justice court. . . ." (Orland *Unit,* April 29, 1940.)

"Dr. W. G. Cardew, seventy-two, chiropractor, was arrested last night at his Chapman Street home on charges of practicing medicine without having a state license. Complaint against Cardew was sworn in Judge Grandin H. Miller's court by Inspector T. P. Hunter of the California Board of Medical Examiners. . . ." (San Jose *Mercury-Herald,* April 20, 1940.) "A chiropractor was fined $100 for practicing medicine without a license and two electricians pleaded not guilty to charges of stealing a truck tire tube. . . . Fined was Dr. W. G. Cardew, seventy-two, after he entered a guilty plea to the medical charge. . . ." (San Jose *News,* April 27, 1940.)

"Found guilty of the illegal practice of medicine, a misdemeanor, Jean Baudizzino, relief worker, was sentenced to 180 days in jail, suspended on condition he refrain from repeating the offense in this state for two years. . . . Baudizzino was arrested on complaints filed by numerous victims who reported that he waived his hands over them and gave them a salt solution as cures for their ailments. Condition of the sentence included order that he pay his victims a total of $70 he reportedly mulcted from them. The case was prosecuted by Joseph Wooldridge and James Vizzard of the district attorney's office." (*Kern Herald,* Bakersfield, April 17, 1940.)

(Continued in Back Advertising Section, Page 35)

[†] This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

[†] The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6.

FLEXIBLY—CONVENIENTLY—ECONOMICALLY *Packaged*

ANOTHER RESPONSIBILITY OF LEADERSHIP

When Baxter began to supply Parenteral Solutions in Vacoliters, only the Liter size was provided. Soon it became apparent that a Half Liter—a Double Liter—would sometimes prove convenient and economical.

To supply a wide range of solutions in new sizes meant additional filling machinery, records, inventories of cartons, labels, and price lists; and greatly increased stock inventories at all warehousing points. From the beginning, however, Baxter has recognized its responsibility to provide whatever the best interests of the profession may indicate.

However broad the requirements, hospitals may specify Baxter Parenteral Dextrose and Saline Solutions with assurance not only of wide variety and highest quality, but also of packaging in containers of all needed sizes—containers which in every case are complete Vacoliters (approved by the American College of Surgeons) *with their exclusive visible index of vacuum.*

In developing its now widely accepted new technique for aseptic indirect Blood Transfusion, Baxter has been guided by these same considerations of convenience and economy in use.

With the Baxter Transfuso-Vac, Drawing the Blood, Citrating, Transporting, Storing, Filtering and Infusing are all accomplished in and from a single vacuum container, bridging both time and space without break in asepsis. Procedure is almost automatic in its convenience, enabling one operator to perform the entire sequence with remarkable economy of time and effort, and without wasting a drop of blood. Citrate* contents are supplied in three quantities—for 250, 500 and 750 cc. of Blood. Accessory sets are provided for every important requirement.

For the average hospital, the safe rule is to stock two more Transfuso-Donor Sets *than the maximum number of blood transfusions per day.*

*2½ Sodium Citrate in Physiological Solution of Sodium Chloride in the Baxter TRANSFUSO-VAC

One of a Series on the Progress of Intravenous Infusion and Blood Transfusion.

Don Baxter, Inc.

RESEARCH AND PRODUCTION LABORATORIES

GLENDALE, CALIFORNIA

DISTRIBUTORS:

The C. A. Bischoff Surgical Co.	*Oakland*
The Denver Fire Clay Co.	*Denver-Salt Lake City-El Paso*
Great Falls Drug Co.	*Great Falls*
McKesson & Robbins	*Billings*
Missoula Drug Company	*Missoula*
Ohio Chemical & Manufacturing Co.	*San Francisco*
Shaw Supply Co., Inc.	*Tacoma-Seattle*
Shaw Surgical Co.	*Portland*
Southwestern Surgical Supply Co.	*Phoenix*
Spokane Surgical Supply Company	*Spokane*

THE CALIFORNIA SANATORIUM

Fully equipped for the diagnosis and modern treatment of diseases of the chest, including tuberculosis and other respiratory diseases.

BELMONT, CALIFORNIA
Phone BElmont 100

San Francisco Office: **384 Post Street**
Phone GArfield 4633

H. C. WARREN, M. D.
Medical Director

MAX ROTHSCHILD, M. D.
Founder

H. VAN HORNE, M. D.
G. F. FAIRBAIRN, M. D.
Resident Clinicians

RICHARDSON MINERAL SPRINGS
(Near Chico, Butte County, California)

Fire proof hotel, comfortable cottages at rates from $30 per week up including medical advice, meals, steam and mineral baths.
RHEUMATISM, ARTHRITIS, KIDNEY AND BLADDER DISORDERS
Hydrotherapy Combined With a Warm Dry Climate

●

For particulars write
LEE RICHARDSON, RICHARDSON SPRINGS, CALIFORNIA

St. Luke's Hospital
SAN FRANCISCO
A Limited General Hospital of 200 Beds

▼

Executive Committee
Harold P. Hill, M.D., *Chairman*
Alanson Weeks, M.D.
W. G. Moore, M.D.
George D. Lyman, M.D.

Howard H. Johnson, M.D.
Medical Director

Kenneth Monteagle, *President*

▼

Fully approved by the American College of Surgeons and the American Medical Association for Resident and Intern Training.

Limited Facilities for Part-Pay Treatment

TWENTY-FIVE YEARS AGO

(Continued from Front Advertising Section, Page 30)

From an Original Article on "A Short Description of the United States Public Health Service Exhibit at the Panama-Pacific International Exposition (Palace of Liberal Arts), San Francisco, California, 1915"—General Remarks.—The Public Health Service has endeavored to present in a popular and comprehensive way the latest methods of preventing the common communicable diseases. With the limited funds available for preparing the exhibit, many things have necessarily been omitted which might properly be shown. However, such material as has been prepared has been made of a permanent character, and scientifically accurate as to details of construction and information furnished. The Service will maintain an office on the exhibit floor space, where officers and attendants of the Service will be constantly stationed to explain the different exhibits. All of the Service publications will be displayed for ready reference, and bound copies of these publications will be available in case visiting physicians and health officers desire to consult same. Such exhibits as require to be inclosed in glass cases have been provided with narrow frame bronze cases with plate glass of selected quality to avoid glare and interference with proper vision. The exhibit material is grouped according to the disease which the exhibit material is designed to illustrate; in states; and methods of prevention. The organization of the U. S. Public Health Service is explained by a chart, and a map shows where officers of the Service are stationed throughout the world. There are also models of various Public Health Service stations, including a hospital, quarantine station, and detention camp. . . .

From the Medical Practice Act—(Remarks in the Senate by Mr. F. H. Benson, at the Forty-First Session of the

THE POTTENGER SANATORIUM AND CLINIC

For Diseases of the Chest *Monrovia, California*

AN INSTITUTION FOR DIAGNOSIS AND THERAPY

CHOICE rooms and bungalows at rates ranging from $35 per week up, including medical service, general nursing, x-rays, routine laboratory examinations, ordinary medicines and therapeutic pneumothorax.

A few accommodations as low as $25 per week assigned on special application in selected cases.

In the foothills of the Sierra Madre Mountains, thirty-five miles from the ocean. Surrounded by beautiful gardens.

Close medical supervision. Aside from tuberculosis, special attention is given to asthma, bronchiectasis, lung abscess and kindred diseases.

For particulars address:

THE POTTENGER SANATORIUM AND CLINIC, Monrovia, California

Luzier's Fine Cosmetics and Perfumes

Are distributed in California by:

Southern California Distributor
LYLE G. CHRISTY
1718 N. Gramercy Place • Hollywood

Northern California Distributor
J. R. HAVLIN
1544 Sixteenth Avenue • San Francisco

Central California Distributor
PAYSON-BURNS
1365 Wishon Street • Fresno

LOCAL DISTRIBUTORS WANTED

KING AMBULANCE COMPANY

Transporting the Sick since 1906

WEst 1400

2570 Bush Street
SAN FRANCISCO

Physicians' and Surgeons'
Telephone Exchange
Nurses' Bureau

California Legislature, 1915).—Mr. President: This is the bill presented by the State Board of Medical Examiners. It is what is known as the "regular" or "orthodox" bill, and has the support of some seven thousand medical practitioners who yet cling to the belief that the practice of medicine is a science, and that the care of the human body is a function of sufficient importance to warrant careful regulation by the State. It has the support, too, in spite of the vigorous and misleading propaganda which has been conducted against it, of the overwhelming majority of the citizens of our State, and it is in their interest and for their protection, that the bill is advocated.

It would not seem necessary in an intelligent gathering to pause in the discussion of a health measure to defend the members of the medical fraternity. It would seem that the wonderful part which the doctor has played in the history of mankind would protect him from promiscuous and vicious attack upon every occasion when he seeks to improve the standards of his high calling. But, unfortunately, such has not been the case. Through the activities of the most numerous and the most persistent lobby which has attended upon this legislature, an atmosphere has been created here in which the family doctor, whom we have long loved and revered, is made to appear as a self-serving opportunist, intent upon obtaining his own personal advantage at all hazards, and oblivious of the rights or interests of all mankind. . . .

At every session of the legislature we may expect that there will be persistent and vigorous efforts to tear down the standards which have been established. We may expect to be overwhelmed with stories of the failures of the learned medical profession, and be regaled with wonderful stories of the achievements of the unlearned. Unfortunately, this has come to be an old story in the California legislature, and I am confident that this body would rather vote to raise, than to lower, the standard of medical education, and that those who are now complaining most bitterly against the provisions of the law which has operated against them, will, when they have earnestly and honestly attained the standards which have been set, be proud to number themselves among those who are striving to retain for the healing profession the glorious position to which its history, practices and aspirations entitle it.

BOARD OF MEDICAL EXAMINERS

(Continued from Text Page 312)

"Dr. Maude Ramer, fifty-nine, under plea of guilty of an illegal operation upon the young wife of a Navy man, today was granted probation by Superior Judge E. J. Kelly, for three years, apparently leaving it to probation authorities to enforce general probation. Petition for probation was based by Doctor Ramer's counsel on her age, diabetic condition, and the understanding she was resigning from medical practice. Doctor Ramer had filed her resignation with the State Medical Board, the Court was informed by counsel. Probation was recommended by Wood F. Worcester, County Chief Probation Officer, with the condition that Doctor Ramer go to Los Angeles to live with her sister, Mrs. Blanche Ramer Blake, wife of a physician. . . ." (San Diego *Sun-Tribune*, April 20, 1940.)

"A fake physician who has victimized a number of elderly San Jose men in recent weeks, was hunted by police

(Continued on Next Page)

Approved for . . .
PSYCHIATRIC ●
NEURASTHENIC
ADDICTION CASES
CALL MARKET 9024
HEMLOCK 6326
● **KEVIN McGETTIGAN**
MANAGER

PARK SANITARIUM 1500 PAGE ST.
SAN FRANCISCO.

For Acidity and Allied Conditions, we suggest
ADAMS SPRINGS MINERAL WATER

● MANY physicians recommend the water in conjunction with the treatment of stomach, liver and kidney trouble.

ADAMS MINERAL SPRINGS is one of the seven known iron and maganese bi-carbonate springs in the world, and the only one in Western America.

It is not a cure-all, but it overcomes acid excesses in the body, and is a very mild but wonderfully effective eliminator. The bowels function without spasm, the kidney output is greatly increased, and there is *marked* drainage of bile from the gall bladder and liver.

There is also some constitutional upset for a few days, particularly in gall bladder cases. But this is soon over and your patient begins to show improvement and is now in condition to profit by any medication you may prescribe. If the case is an operative one, you have improved your patient and made of him a better risk.

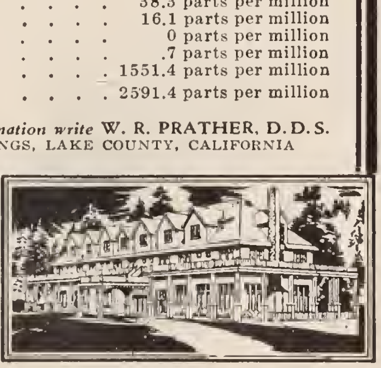
We will be pleased to cooperate in any way whatever, and samples of water are yours for the asking.

A Natural Mineral Water
SHOWING MAIN CONSTITUENTS
By Prof. Sydney A. Tibbetts, *Berkeley*

MANGANESE	1.3 parts per million
IRON	12.5 parts per million
CALCIUM	173.3 parts per million
MAGNESIA	339.3 parts per million
SODIUM	365.0 parts per million
SILICA	93.0 parts per million
CHLORINE	38.3 parts per million
SULPHATE	16.1 parts per million
NITRATE	0 parts per million
PHOSPHATE	.7 parts per million
CARBONATE	1551.4 parts per million
TOTAL	2591.4 parts per million

For further information write W. R. PRATHER, D. D. S.
ADAMS SPRINGS, LAKE COUNTY, CALIFORNIA

Modern hotel, open all year around.
3000 feet up in the Lake County Pines.
(Since 1870)



BOARD OF MEDICAL EXAMINERS

(Continued from Preceding Page)

yesterday following robbery of August Gaimereux, sixty-five, of $115 at 127 Santa Teresa Street. Gaimereux told Sergeants Terrence Blackwood and Julian Covill that the so-called doctor pretended to be making a home call following treatment the victim had received at the county hospital. In the course of the examination, Gaimereux told police, his wallet and the money were slipped from his inside vest pocket. The 'doctor,' young and well-dressed, then concluded his visit, walked to an auto which awaited him in front of the residence, where the victim is a boarder. Police said the robber promised to return with a prescription that was to be filled at a local pharmacy. Gaimereux waited an hour, then notified police." (San Jose *Mercury-Herald*, April 25, 1940.)

"Accused of nearly scaring an elderly Santa Cruz woman to death with a fictitious list of her ailments, J. D. Menta, fifty-three, who assertedly posed as an herbalist in the United States Medical Department, has been arrested by federal officers. In a letter to Mrs. Agnes Thrift of Santa Cruz, Menta warned her she was the victim of 'dry sinuses, tumor of the lung, cancer of the liver, ulcer of the duodenum, high blood pressure, pus in the blood stream, cerebrospinal fever, enlarged prostate, and rupture of the colon.' 'Dr.' Menta offered to give her a five-year treatment at a cost of $12,000. The Government claims he collected $500 in advance. He was held by United States Commissioner E. E. Williams for lack of $5,000 bail on the charge of impersonating a federal officer. He is a cook by occupation." (Sacramento *Bee*, May 9, 1940.)

"Trial of the Theban professoress who wanted to reduce and the chiropractor she says only made her stouter was in recess today, scheduled for resumption on Monday in the court of Municipal Judge Byron Walters. Mrs. Ditra White, known professionally as Ditra Sebelt, accuses Dr. Maurice LeBell, chiropractor, of prescribing for $350 a course of pills which increased her weight and made her ill. The State Medical Board accuses LeBell of violation of the Medical Practice Act. Mrs. White described herself as professor of the Esoteric School of Theban Culture, an organization devoted to study of ancient Egyptian philosophy." (Los Angeles *Herald-Express*, May 4, 1940.) (Previous entries, May and June, 1930; July, 1934.)

"George W. Fair, thirty-one, who gave his occupation as physician, of 162 Hickory Street, San Francisco, was jailed here late last night by a sheriff's officer, who arrested him at his room in the Rosslyn Hotel, Los Angeles, on

St. Mary's Hospital

2200 Hayes Street
SAN FRANCISCO, CALIFORNIA

▼

Conducted by
Sisters of Mercy

▼

Accredited by the American Medical Association and Approved by the American College of Surgeons. Open to all members of the California Medical Association. Accredited School of Nursing and Out-Patient Department.

a complaint charging him with defrauding an innkeeper. M. J. Cummings, manager of the California Hotel here, signed the complaint, alleging Fair owes about $6 on a hotel bill. Fair assertedly admitted owing Cummings about half that amount." (Santa Ana *Register*, April 25, 1940.) No one by the name of George W. Fair holds any form of license under jurisdiction of the Board of Medical Examiners; however, our records show George Winfield Fair, arrested in Long Beach, November 12, 1930, on a charge of violation of the Medical Practice Act, was on November 15, 1930, sentenced to pay a $40 fine or serve twenty days in jail. He is classified in our impostor file.

Investigation reports relate that on April 24 Lawrence Gaylor, licensed chiropractor, was, in the municipal court of Los Angeles found guilty of violation of the Business and Professions Code relating to the practice of medicine, after a jury trial.

Records indicate that Harry M. Hull on April 25, in the municipal court of Los Angeles, was sentenced to serve ninety days in the city jail, suspended on condition that defendant not again violate any of the medical laws. The report indicates he was placed on probation for two years, and ordered by the Court to make restitution of $120 to the complaining witnesses, payable at the rate of $10 per month.

A disease which cannot be overlooked in a health report is tuberculosis; not only because it is still responsible for a great many unnecessary deaths, but also because the tuberculosis death rate is considered a fairly reliable index of a community's economic, social and health status.—*Bulletin, Milwaukee Health Department.*

SULFANILAMIDE THERAPY

To avoid failure the following blood levels are suggested*

	Mgms. per cent
Erysipelas	5.0
Scarlet fever	5.0
Scarlet fever (complicated)	10.0
Undulant fever	10.0
Urinary infections	4.0
Gonorrheal urethritis	15.0
Gonorrheal vaginitis	15.0
Epidemic meningitis	10.0
Streptococcic meningitis	10.0

*Marshall, Hamilton and Bower, California and Western Medicine, March, 1940, Vol. 52, No. 3.

ZERA E. BOLIN, M.D.
Pathologist
490 POST STREET
EXbrook 7600 MOntrose 2105
SAN FRANCISCO

(Approved by San Francisco County Medical Society, California State Board of Health and American Medical Association)

24-HOUR SERVICE . . . . PHONE MARKET 2100

THE CALSO COMPANY

To the Medical Profession

May we suggest **CALSO WATER** as a vehicle for supplying your alkalinity when **administering Sulfanilamide to your patients.**

CALSO is not a laxative and contains no sulphate.

SPARKLING PALATABLE

25 Years Ethical

CALSO WATER CO.
524 Gough St. • San Francisco

Las Encinas Sanitarium . . . Pasadena, California

INTERNAL MEDICINE INCLUDING NERVOUS DISEASES

Board of Directors: George Dock, M. D., *President;* W. Jarvis Barlow, M. D.; Samuel D. Ingham, M. D.

Address: STEPHEN SMITH, M. D., F. A. C. P.; CHARLES W. THOMPSON, M. D., F. A. C. P.
MEDICAL DIRECTORS, PASADENA, CALIFORNIA

Medical Placement Bureau

(AGENCY)

SPECIALIZING IN

Trained Medical Personnel

FOR HOSPITALS, LABORATORIES, MEDICAL AND DENTAL OFFICES

291 Geary Street *San Francisco* YUkon 2484

ACOUSTICON

Scores Another Hearing Triumph

This Time With Its

VACUUM TUBE HEARING AID

Full clear tone without distortion; greater and more easily controlled volume; wider range and audibility arc.

They are all part and parcel of the new ACOUSTICON—with either **BONE OR AIR CONDUCTION.**

You can't judge this new Hearing Aid by anything you have ever seen before. May we have the pleasure of demonstrating it for your inspection? Literature sent upon request.

ACOUSTICON

457 Powell Street
SAN FRANCISCO

725 Foreman Building
LOS ANGELES

Offices in all principal cities.

Senator Lodge's Proposed National Health Act Summarized.—"On March 19, Senator Lodge of Massachusetts proposed by S. 3630 the enactment of a National Health Act of 1940," *The Journal of the American Medical Association* states. "The bill is in two parts. The first part represents a revision of a bill introduced by Senator Lodge last August. It proposes to pay cash benefits from the old age insurance fund, created under the provisions of the Social Security Act, on behalf of certain unemployed individuals who receive medical, dental or hospital care, or whose wife, child under the age of 16, or wholly dependent parent receives such care. The benefits to be thus paid may not exceed $40 in any calendar year and are payable, on application of the individual, by the managing trustee of the old age insurance fund to the doctor, dentist or hospital rendering services. Among other conditions that must be met by an individual before the benefits may be payable is the requirement that he must have been registered as unemployed for at least four consecutive weeks at a public employment office or other agency approved by the Social Security Board. Senator Lodge estimates that this part of the bill will involve a possible expenditure of some $15,000,000 for the first fiscal year of its operation.

"The second part of the bill would add a new title to the Social Security Act to be captioned 'Grants to States for Medical Services and Facilities.' The theory from which this part of Senator Lodge's bill stems is that there are certain standardized medical services and facilities which because of their high costs are not used in many cases in which their use is desirable. Senator Lodge proposes, therefore, federal grants to states that develop plans to provide such services and facilities free to needy persons and at a minimum cost to other persons, the federal grant to equal the amount expended by the state under the plan. The medical services and facilities that are thus to be made available, it is proposed, are x-ray treatments, respirators and any drug which is of substantial, accepted and specific value in the treatment or prevention of pneumonia, streptococcic infections, diabetes, anemia, congestive heart failure, glandular and nervous disorders, nutritional deficiency and typhoid fever. In a statement issued concurrently with the introduction of this bill, Senator Lodge indicated that he had in mind such drugs and substances as sulfapyridine, insulin, liver extract, ampules and suppositories of mercupurin (a drug which increases the secretion of urine), endocrine products, vitamin products and typhoid vaccine.

"The author of the bill emphasized the fact that his proposal does not smack of regimentation, that each individual would be accorded the privilege of selecting his own doctor and hospital and that the state plan would then come into operation by making available the designated services and facilities. Senator Lodge was unable to supply any estimate as to the probable cost of this section of his bill, which was referred to the Senate Committee on Education and Labor, before which is pending also Senator Wagner's hospital construction proposal.

"This measure is interesting for the thought it stimulates. Essentially part one is a sickness compensation plan for

(Continued on Page 40)

YOUR IDEAS—OR OURS
OR BOTH!

"ALL THINGS TO ALL MEN" must be the slogan of the printing house that aspires to a high percentage of usefulness.

Possibly your ideas may be of the nebulous sort that require the expert service of a good layout man, or artist.

Or, as frequently happens, your plans have been worked out along general lines, but would be all the better for the few suggestions that we might be able to make.

Printing that can make sales for its sponsors is the result of up-to-date equipment and skilled workmen—No doubt! But there's an added knack that comes from long experience. When a printer has that, your sales message really hums.

You have no printing need that we have not the talent and capacity to fill.

THE
JAMES H. BARRY CO.

Telephone
UNderhill
7780

Printers and Publishers
ESTABLISHED 1879
170 South Van Ness Avenue
SAN FRANCISCO

Colfax School for the Tuberculous

COLFAX, CALIFORNIA

◀ There are two units, The Colfax Hospital and the Bushnell Sanatorium, for the treatment of Pulmonary Tuberculosis.

The Colfax School for the Tuberculous is located in the pine clad Sierra Nevada foothills, at an elevation of 2,400 feet; an elevation free from the fogs of the valleys and free from extremes of heat or cold.

This Institution supplies, among other advantages:

1. Individual care and supervision under skilled physicians.
2. Education as to the essentials of recovery from, and the prevention of the spread of, disease.
3. Complete laboratory and x-ray equipment.
4. Every proved method of treatment, including pneumothorax and phrenic nerve interruption. (Major thoracic surgery referred to skilled thoracic surgeons.)
5. An absence of institutional atmosphere.
6. Reasonable rates.

* * *

For further information write

ROBERT A. PEERS, M. D.
Medical Director
COLFAX, CALIFORNIA

* * *

F. LYNN SMITH, M.D.
Associate Medical Director

R. C. ATKINSON, M.D.
Consultant, General Surgery

EMILE HOLMAN, M.D.
(Stanford Hospital), Consultant, Thoracic Surgery

COMPTON SANITARIUM
(For Mental Illness)
LAS CAMPANAS HOSPITAL
(A General Hospital)
COMPTON, CALIF.
1052 West 6th Street Los Angeles
Telephone MIchigan 3454
GLENN MYERS, M.D. • PHILIP J. CUNNANE, M.D.
Medical Directors

RESIDENT MEDICAL STAFF
G. Creswell Burns, M.D.
Russell Johnson, M.D.
Helen Rislow Burns, M.D.
Robert M. Newhouse, M.D.
Byron L. Stewart, M.D.

APPROVED BY AMERICAN COLLEGE OF SURGEONS

LOS ANGELES TUMOR INSTITUTE
1407 South Hope St. • Los Angeles, Calif.
Hours 9 to 5
Saturday afternoons and Sundays excepted
Telephone PRospect 1418

An institution owned and operated by Drs. Soiland, Costolow and Meland, dedicated to the study and treatment of cancer, neoplastic pathology and allied disease.

The Institute is provided with adequate facilities for the surgical and radiological treatment of such lesions by approved standardized methods.

STAFF
Albert Soiland, M.D.
William E. Costolow, M.D.
Orville N. Meland, M.D.
Harry F. Mershon, M.D.
Roy W. Johnson, M.D.
John W. Budd, M.D.
A. H. Warner, Ph.D.
R. B. Neil, A.B.
—Physicists

(Continued from Page 38)

unemployed and their dependents, subject to innumerable abuses and almost impossible of regulation. Part two recognizes the catastrophic character of certain expenses associated with illness and attempts to meet them on an emergency basis. This obviously represents only one phase of a large problem."

Institutional care is always necessary at one time or another in treating tuberculosis, because of communicability. There is a considerable class which may be regarded as custodial cases, and there is need for domiciliary institutions where they can be cared for. When returned to the community, results are often disastrous to them and their families. After-care and vocational rehabilitation are essential in restoring the patient to normal life.—J. Masur, *Hospital Management*, October, 1939.

"...Casein Modified"

ACCEPTED
AMERICAN MEDICAL ASSN
Council on Foods

Made from fresh skim milk (casein modified) with added lactose, salts, milk fat, and vegetable and codliver oils.

In human milk 2/3 of the protein is in true solution, while in cow's milk only 1/6 of the protein is soluble. During the process employed in preparing Similac the soluble proteins in cow's milk are increased to a point approximating the soluble proteins in human milk. How greatly this improves the digestibility is indicated by a comparison of the curd (insoluble calcium paracaseinate) formed by cow's milk, with the soft flocculent curd of Similac. The softer the curd the shorter the digestive period.* Similac, like breast milk, has a consistently zero curd tension.

* Espe & Dye — "Effect of Curd Tension on the Digestibility of milk" — Amer. Journal Diseases of Children — 1932, Vol. 43, p. 62.

SIMILAC } **SIMILAR TO BREAST MILK**

M & R DIETETIC LABORATORIES, INC. • COLUMBUS, OHIO

"You're my third doctor who's switched to Cutter's Gonadin this week."
"Now that the price has dropped, more of my patients can afford it. There's never been any question about Gonadin being the most potent gonadotropic hormone."

GONADIN-CUTTER WILL RETURN TO NORMAL FUNCTION OVARIES AND TESTES THAT ARE CAPABLE OF STIMULATION

MANY CASES of sterility and menstrual disorders in the female, and sterility in the male, are due to insufficient pituitary stimulation. Endometrial biopsies, vaginal smears and sperm counts can give definite indications of such deficiency.

Used where indicated, Gonadin—the gonadotropic hormone from pregnant mares' serum—will produce results which cannot be expected from the urinary gonadotropic hormone.

Gonadin is prepared in solution, ready for injection. Like all other protein derivatives in solution, Gonadin slowly loses potency at a measureable rate. Sufficient excess unitage is added to insure full labeled strength at expiration date—at which time it may be exchanged, thus insuring a constant supply of *fresh* material. Gonadin is packaged in 600-unit cartons, each containing three 200 *Cole-Saunders* unit vials—which may be given in three 200-unit doses or six 100-unit doses.

CUTTER Laboratories BERKELEY · CHICAGO · NEW YORK

Manufacturers of fine biologicals and pharmaceutical specialties since 1897

SUPPLEMENT TO

CALIFORNIA
AND
WESTERN MEDICINE

Official Journal of the California Medical Association
FOUR FIFTY SUTTER, ROOM 2004, SAN FRANCISCO

VOLUME 52
NUMBER 3

MARCH, 1940

50 CENTS A COPY
$5.00 A YEAR

MEMBERSHIP ROSTER
YEAR 1939

(Inclusive of 1940, up to March 1, 1940)

THE N. Y. ACADEMY OF MEDICINE
MAR 20 1940
LIBRARY

▼

CALIFORNIA MEDICAL ASSOCIATION

INDEX

PAGE
ACTIVE MEMBERS 3
ASSOCIATE MEMBERS 23
HONORARY MEMBERS 23
RETIRED MEMBERS 23
NEW MEMBERS SINCE JANUARY 1, 1940 23
DECEASED MEMBERS (YEAR 1939–40) 24

Owned and Published Monthly by the California Medical Association
Copyright, 1940, by the California Medical Association
"Entered as second-class matter at the post office at San Francisco, under the Act of March 3, 1879." Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 10, 1918.

Officers of the California Medical Association

General Officers

President—Charles A. Dukes, 601 Wakefield Building, 426 Seventeenth Street, Oakland.

President-Elect—Harry H. Wilson, 1919 Wilshire Boulevard, Los Angeles.

Speaker of House of Delegates—Lowell S. Goin, 414 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

Vice-Speaker of House of Delegates—Dewey R. Powell, 501 Medico-Dental Building, 242 North Sutter Street, Stockton.

Chairman of Council—Karl L. Schaupp, 490 Post Street, San Francisco.

Vice-Chairman—Charles A. Dukes, 601 Wakefield Building, 426 Seventeenth Street, Oakland.

Chairman of Executive Committee—Philip K. Gilman, 2000 Van Ness Avenue, San Francisco.

Chairman of the Committee on Public Relations—George G. Reinle, 532 Fifteenth Street, Oakland.

Past-President—William W. Roblee, 202 Mission Inn Rotunda, Riverside.

Secretary-Treasurer—George H. Kress, 450 Sutter Street, Room 2004, San Francisco. Telephone DOuglas 0062.

Editor—George H. Kress, 450 Sutter Street, Room 2004, San Francisco.

General Counsel—Hartley F. Peart, Room 1800, 111 Sutter Street, San Francisco.

Associate General Counsel—Hubert T. Morrow, Van Nuys Building, 210 West Seventh Street, Los Angeles.

Councilors

(In addition to the elected district and at-large Councilors, the Council has as ex officio members, the general officers and the Chairman of the Committee on Public Relations. Chairman of Council, Karl L. Schaupp; Secretary, George H. Kress.)

District Councilors

First District—Imperial, Orange, Riverside, San Bernardino and San Diego Counties, Calvert L. Emmons (1941), 206 Emmons Building, Ontario.

Second District—Los Angeles, Inyo and Mono Counties, George D. Maner (1942), 657 South Westlake Avenue, Los Angeles.

Third District—Kern, San Luis Obispo, Santa Barbara and Ventura Counties, Louis A. Packard (1940), 563 Haberfelde Building, Bakersfield.

Fourth District—Calaveras, Fresno, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare and Tuolumne Counties, Axcel E. Anderson (1941), Medical Group Building, 1759 Fulton Street, Fresno.

Fifth District—Monterey, San Benito, San Mateo, Santa Clara and Santa Cruz Counties, C. Kelly Canelo (1942), 505 Medico-Dental Building, San Jose.

Sixth District—San Francisco County, Karl L. Schaupp (1940), 530 Medico-Dental Building, 490 Post Street, San Francisco.

Seventh District—Alameda and Contra Costa Counties, Oliver D. Hamlin (1941), 389 Thirtieth Street, Oakland.

Eighth District—Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Sutter, Tehama, Yolo and Yuba Counties, Frank A. MacDonald (1942), 822 Medico-Dental Building, 1127 Eleventh Street, Sacramento.

Ninth District—Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma and Trinity Counties, Henry S. Rogers (1940), 200 Fourth Street, Petaluma.

Councilors-at-Large

C. O. Tanner (1942), 3255 Fourth Street, San Diego.

William H. Kiger (1940), 911 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

Philip K. Gilman (1941), 2000 Van Ness Avenue, San Francisco.

E. Earl Moody (1941), 829 South Alvarado Street, Los Angeles.

Elbridge J. Best (1942), 384 Post Street, San Francisco.

Frederick N. Scatena (1940), Medico-Dental Building, 1127 Eleventh Street, Sacramento.

Standing Committees

Executive Committee

The President, the President-elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Chairman of the Committee on Public Relations, the Past President, the Secretary-Treasurer, and the Editor. (Philip K. Gilman, chairman; George H. Kress, secretary.)

Auditing Committee

Philip K. Gilman (Chairman)	San Francisco	1940
O. D. Hamlin	Oakland	1940
Elbridge J. Best	San Francisco	1940

Members of the Auditing Committee are appointed each year by the Chairman of the Council.

Committee on Associated Societies and Technical Groups

John V. Barrow (Chairman)	Los Angeles	1940
Edwin L. Bruck	San Francisco	1941
Willard H. Newman	San Diego	1942

Committee on Health and Public Instruction

Benjamin W. Black	Oakland	1940
Roy E. Thomas (Chairman)	Los Angeles	1941
William Dock	San Francisco	1942

Committee on History and Obituaries

A. Elmer Belt	Los Angeles	1940
Frank R. Makinson (Chairman)	Oakland	1941
J. Marion Read	San Francisco	1942

Secretary ex officio
Editor ex officio

Committee on Hospitals, Dispensaries and Clinics

Karl L. Schaupp	San Francisco	1940
George I. Dawson	Napa	1941
J. Norman O'Neill (Chairman)	Los Angeles	1942

Committee on Industrial Practice

Harry E. Zaiser	Orange	1940
Morton R. Gibbons	San Francisco	1941
Donald Cass (Chairman)	Los Angeles	1942

Committee on Medical Defense

John P. Nuttall	Santa Monica	1940
George G. Reinle (Chairman)	Oakland	1941
William J. Van Den Berg	Sacramento	1942

Committee on Medical Economics

Edward M. Pallette, Sr.	Los Angeles	1940
John H. Graves (Chairman)	San Francisco	1941
L. W. Hines	Santa Rosa	1942

Committee on Medical Education and Medical Institutions

John B. Doyle	Los Angeles	1940
B. O. Raulston	Los Angeles	1941
L. R. Chandler (Chairman)	San Francisco	1942

Committee on Membership and Organization

G. Dan Delprat	San Francisco	1940
George D. Maner (Chairman)	Los Angeles	1941
Dewey R. Powell	Stockton	1942

Committee on Postgraduate Activities

Dwight L. Wilbur (Chairman)	San Francisco	1940
F. E. Clough	San Bernardino	1941
H. E. Henderson	Santa Barbara	1942

Secretary ex officio

Committee on Publications

Ralph B. Eusden (Chairman)	Long Beach	1940
Ruggles A. Cushman	Talmage	1941
Francis E. Toomey	San Diego	1942

Secretary ex officio
Editor ex officio

Committee on Public Policy and Legislation

E. T. Remmen	Glendale	1940
Junius B. Harris (Chairman)	Sacramento	1941
T. Henshaw Kelly	San Francisco	1942

President ex officio
President-Elect ex officio

Committee on Scientific Work

Lemuel P. Adams	Oakland	1940
J. Homer Woolsey	Woodland	1941
Howard F. West	Los Angeles	1942

Russell V. Lee, Secretary of Section on General Medicine, ex officio
Frederick S. Foote, Secretary of Section on General Surgery, ex officio
George H. Kress, Secretary of California Medical Association, (Chairman) ex officio

Committee on Public Relations

The Committee on Public Relations consists of the chairmen of the following standing committees and of certain general officers of the Association, all serving ex officio. The chairman of the committee is George G. Reinle, the secretary is George H. Kress. The director of the Department of Public Relations is George H. Kress. The chairman of the Committee on Public Relations is ex officio a member of the Council.

Roy E. Thomas	Chair., Com. on Health and Public Instruction
J. Norman O'Neill	Chair., Com. on Hospitals, Dispensaries, Clinics
Donald Cass	Chair., Com. on Industrial Practice
George G. Reinle	Chair., Com. on Medical Defense
George D. Maner	Chair., Com. on Membership and Organization
John H. Graves	Chair., Com. on Medical Economics
Junius B. Harris	Chair., Com. on Public Policy and Legislation
Alson R. Kilgore	Chair., Cancer Commission
Dwight L. Wilbur	Chair., Com. on Postgraduate Activities
Charles A. Dukes	President of California Medical Association
Harry H. Wilson	President-elect
George H. Kress	Secretary-Treasurer

Communications for the Public Relations Department should be addressed to the Director, George H. Kress, M. D., Room 2004, 450 Sutter Street, San Francisco.

Cancer Commission

Charles A. Dukes	Oakland	1940
Lyell C. Kinney (Vice-Chairman)	San Diego	1940
Otto H. Pflueger (Secretary)	San Francisco	1940
Orville N. Meland (Sec. for Southern Section)	Los Angeles	1941
A. Herman Zeiler	Los Angeles	1941
Gertrude Moore	Oakland	1941
Clarence J. Berne	Los Angeles	1942
Alson R. Kilgore (Chairman)	San Francisco	1942
Henry J. Ullmann	Santa Barbara	1942

Communications for the Cancer Commission should be addressed to the Secretary, Otto H. Pflueger, M. D., Room 2004, 450 Sutter Street, San Francisco.

ROSTER OF COUNTY MEDICAL SOCIETIES, CALIFORNIA MEDICAL ASSOCIATION

(County society secretaries are requested to promptly notify "California and Western Medicine" when changes are indicated in their roster information.)

Alameda County Medical Association

2404 Broadway, Oakland

President, A. A. Alexander, 1904 Franklin Street, Oakland.
Secretary, Gertrude Moore, 2404 Broadway, Oakland.
Meeting, *Third Monday, 8:15 p. m., Hunter Hall, Oakland.*

Butte County Medical Society

President, William W. Carey, 103 Hazel Street, Gridley.
Secretary, J. O. Chiapella, 131 Broadway, Chico.
Meeting, *Second Thursday.*

Contra Costa County Medical Society

President, Kaho Daily, 314 Tenth Street, Richmond.
Secretary, Clifford E. Dietderich, 1306 Pomona Avenue, Crockett.
Meeting, *Second Tuesday, 8:00 p. m.*

Fresno County Medical Society

President, Ray R. Dearborn, First National Bank Building, Madera.
Secretary, J. E. Young, 405 Rowell Building, Fresno.
Meeting, *First Tuesday, University-Sequoia Club, Fresno.*

Humboldt County Medical Society

President, John N. Chain, Fourth and E Streets, Eureka.
Secretary, Joseph S. Woolford, 350 E Street, Eureka.
Meeting, *First Thursday.*

Imperial County Medical Society

President, Henry B. Graeser, 115 E. Fifth Street, Holtville.
Secretary, William A. Clarke, Holtville.
Meeting, *Third Tuesday, 7:00 p. m., Barbara Worth Hotel, El Centro.*

Inyo-Mono County Medical Society

President, Lloyd S. Bambauer, 705 Home Street, Bishop.
Secretary, Clarence L. Scott, 609 Elm Street, Bishop.
Meeting, *Fourth Wednesday, Methodist Church, Bishop, except December, January, February.*

Kern County Medical Society

President, C. S. Compton, 428 C Street, Bakersfield.
Secretary, Eric F. Colby, Hopkins Building, Bakersfield.
Meeting, *Third Thursday, 8:00 p. m.*

Kings County Medical Society

President, P. K. Edmunds, Corcoran.
Secretary, William A. Johnstone, Hanford.
Meeting, *Second Monday, 8:00 p. m., Legion Hall, Hanford.*

Lassen-Plumas-Modoc County Medical Society

President, W. B. McKnight, Portola.
Secretary, Bernard S. Holm, Quincy.
Meeting, *On Call.*

Los Angeles County Medical Association

1925 Wilshire Boulevard, Los Angeles

President, Roy E. Thomas, 1136 W. Sixth Street, Los Angeles.
Secretary, L. A. Alesen, 1925 Wilshire Boulevard, Los Angeles.
Meetings, *First and Third Thursdays, 1925 Wilshire Boulevard, Los Angeles.*

Marin County Medical Society

President, Harry N. Hensler, Home Market Building, San Anselmo.
Secretary, Carl W. Clark, 510 B Street, San Rafael.
Meeting, *Fourth Thursday, 7:00 p. m., Marin Golf and Country Club.*

Mendocino-Lake County Medical Society

President, Dallas L. Wagner, 615 Main Street, Fort Bragg.
Secretary, Royal Scudder, Fort Bragg.
Meeting, *On Call.*

Merced County Medical Society

President, William E. Fountain, 557 Seventeenth Street, Merced.
Secretary, James A. Parker, Bank of America Building, Merced.
Meeting, *Third Thursday, Hotel Tioga, Merced.*

Monterey County Medical Society

President, Mast Wolfson, 215 Franklin Street, Monterey.
Secretary, Arnold Manor, 215 Franklin Street, Monterey.
Meeting, *First Thursday.*

Napa County Medical Society

President, Frank X. McGreane, Silverado Sanatorium, Calistoga.
Secretary, M. M. Booth, Bruck Building, St. Helena.
Meeting, *First Wednesday.*

Orange County Medical Society

President, John A. Wood, 605 No. Los Angeles Street, Anaheim.
Secretary, Glenn Curtis, 323 North Pomona Street, Brea.
Meeting, *First Tuesday, 8:00 p. m., Chapel of the Orange County Hospital, Orange.*

Placer County Medical Society

President, William M. Miller, Auburn.
Secretary, Robert A. Peers, Colfax.
Meeting, *At Call of President.*

Riverside County Medical Society

President, Thomas A. Card, 3616 Main Street, Riverside.
Secretary, W. Philip Corr, 3616 Main Street, Riverside.
Meeting, *Second Monday, 8:00 p. m., Library, Riverside Community Hospital.*

Sacramento Society for Medical Improvement

President, Norris R. Jones, M. D., 1127 Eleventh Street, Sacramento.
Secretary, Glenn E. Millar, 321 Physicians Building, Sacramento.
Meeting, *Third Tuesday, 8:30 p. m., Auditorium, Sacramento.*

San Benito County Medical Society

President, J. M. O'Donnell, Hollister.
Secretary, L. E. Smith, Hollister.
Meeting, *At Call of President.*

San Bernardino County Medical Society

President, Walter S. Cherry, Rialto.
Secretary, A. E. Varden, Medico-Dental Building, San Bernardino.
Meeting, *First Tuesday, 8:00 p. m., San Bernardino County Charity Hospital.*

San Diego County Medical Society

1410 Medico-Dental Building, 233 A Street, San Diego

President, Joseph Weinberger, Medico-Dental Building, 233 A Street, San Diego.
Secretary, C. V. Bernardini, 1410 Medico-Dental Building, 233 A Street, San Diego.
Meeting, *Second Tuesday, University Club.*

San Francisco County Medical Society

2180 Washington Street, San Francisco

President, William Reilly, 490 Post Street, San Francisco.
Secretary, L. Henry Garland, 2180 Washington Street, San Francisco.
Meetings, *Every Tuesday, 8:15 p. m., 2180 Washington Street, San Francisco.*

San Joaquin County Medical Society

President, Hugh J. Bolinger, Farmers and Merchants Bank Building, Lodi.
Secretary, George H. Rohrbacher, 1005 Medico-Dental Building, Stockton.
Meetings, *First Thursday, 8:15 p. m., Medico-Dental Club Rooms, Stockton.*

San Luis Obispo County Medical Society

President, F. W. Yocom, 732 Thirteenth Street, Paso Robles.
Secretary, E. M. Bingham, County Health Department, San Luis Obispo.
Meeting, *Third Saturday, 6:30 p. m., Gold Dragon Cafe, San Luis Obispo.*

San Mateo County Medical Society

President, Carl D. Benninghoven, Mills Memorial Hospital, San Mateo.
Secretary, Robert F. Monteith, 18 California Street, Redwood City.
Meeting, *Fourth Wednesday, Benjamin Franklin Hotel, San Mateo.*

Santa Barbara County Medical Society

President, Henry J. Profant, 1421 State Street, Santa Barbara.
Secretary, D. H. McNamara, 317 W. Pueblo Street, Santa Barbara.
Meeting, *Second Monday, Cottage Hospital.*

Santa Clara County Medical Society

President, Merlin T.-R. Maynard, 241 East Santa Clara Street, San Jose.
Secretary, Leslie B. Magoon, 652 East Santa Clara Street, San Jose.
Meeting, *Third Wednesday, 8:00 p. m., Medico-Dental Building, San Jose.*

Santa Cruz County Medical Society

President, A. F. Giberson, Watsonville.
Secretary, Samuel B. Randall, 84 Walnut Avenue, Santa Cruz.
Meeting, *First Tuesday of each month (except June, July and August), 7:30 p. m., Club Rio del Mar, Aptos.*

Shasta County Medical Society

President, Clarence C. Gerrard, Redding.
Secretary, Bertram L. Trelstad, CCC District Surgeon, Redding.
Meeting, *Second Monday.*

Siskiyou County Medical Society

President, Charles Pius, Yreka.
Secretary, Victor W. Hart, 113 No. Oregon Street, Yreka.
Meeting, *Sunday on call.*

Solano County Medical Society

President, H. Randall Madeley, 727 Sonoma Street, Vallejo.
Secretary, John W. Green, Box 539, Vallejo.
Meeting, *Second Tuesday, 8:00 p. m., Casa de Vallejo Hotel, Vallejo.*

Sonoma County Medical Society

President, S. Z. Peoples, 159 Kentucky Street, Petaluma.
Secretary, T. E. Albers, 600 B Street, Santa Rosa.
Meeting, *Second Thursday.*

Stanislaus County Medical Society

President, Richard D. Husband, P. O. Box 709, Modesto.
Secretary, Hoyt R. Gant, 403 Beaty Building, Modesto.
Meeting, *Second Friday, 7:30 p. m., Hotel Hughson.*

Tehama County Medical Society

President, O. T. Wood, Red Bluff.
Secretary, R. G. Frey, Red Bluff.
Meeting, *At Call of President.*

Tulare County Medical Society

President, Newton Miller, 231 No. Main Street, Porterville.
Secretary, Ray Cronemiller, Exeter.
Meeting, *Sunday Evening once a month.*

Ventura County Medical Society

President, Harry E. Barker, 1484 East Main Street, Ventura.
Secretary, A. A. Morrison, 625 Main Street, Santa Paula.
Meeting, *Second Tuesday, Ventura County Country Club.*

Yolo-Colusa-Glenn County Medical Society

President, Charles F. Keith, Williams.
Secretary, W. J. Blevins, Jr., Woodland.
Meeting, *First Tuesday.*

Yuba-Sutter County Medical Society

President, Ben F. Miller, Yuba City.
Secretary, Leon M. Swift, I. O. O. F. Building, Marysville.
Meeting, *First Tuesday.*

OFFICERS OF SCIENTIFIC SECTIONS, CALIFORNIA MEDICAL ASSOCIATION

Request is made that any member who desires to submit papers before an annual session section, write in regard thereto, to respective section secretary, as soon as convenient after the close of an annual session.

Anesthesiology

Chairman, Adena C. Dutton, 2400 Pacific Avenue, San Francisco.
Secretary, Charles F. McCuskey, 1561 Pueblo Drive, Glendale.

Dermatology and Syphilology

Chairman, Nelson Paul Anderson, 2007 Wilshire Boulevard, Los Angeles.
Vice-Chairman, Frederick G. Novy, Jr., 411 Thirtieth Street, Oakland.
Secretary, Julius R. Scholtz, 1930 Wilshire Boulevard, Los Angeles.

Eye, Ear, Nose and Throat

Chairman, Dewey R. Powell, 242 No. Sutter Street, Stockton.
Vice-Chairman, Warren D. Horner, Medico-Dental Bldg., 490 Post St., San Francisco.
Secretary, Harry J. Wiley, 2701 Florence Street, Huntington Park.

General Medicine

Chairman, William H. Barrow, 1400 Medico-Dental Building, San Diego.
Secretary, Russell V. Lee, 300 Hamilton Avenue, Palo Alto.

General Surgery

Chairman, Clarence E. Rees, 2001 Fourth Avenue, San Diego.
Secretary, Frederick S. Foote, 490 Post Street, San Francisco.
Assistant Secretary, Frank J. Breslin, 2007 Wilshire Boulevard, Los Angeles.

Industrial Medicine and Surgery

Chairman, George H. Sanderson, 242 North Sutter Street, Stockton.
Vice-Chairman, John S. Stephens, 1136 W. Sixth Street, Los Angeles.
Secretary, Wilbur J. Cox, 450 Sutter Street, San Francisco.

Neuropsychiatry

Chairman, George S. Johnson, Stanford University Hospital, San Francisco.
Secretary, R. B. Raney, 727 West Seventh Street, Los Angeles.

Obstetrics and Gynecology

Chairman, John N. Ewer, 411 Thirtieth Street, Oakland.
Vice-Chairman, William Benbow Thompson, 1930 Wilshire Boulevard, Los Angeles.
Secretary, C. F. Fluhmann, Stanford University Hospital, San Francisco.

Pathology and Bacteriology

Chairman, Paul H. Guttman, 1127 Eleventh Street, Sacramento.
Secretary, Roy W. Hammack, 657 South Westlake Boulevard, Los Angeles.
Assistant Secretary, John W. Budd, 2131 West Third Street, Los Angeles.

Pediatrics

Chairman, Hartzell H. Ray, 23 Second Avenue, San Mateo.
Secretary, W. W. Belford, 601 Medico-Dental Building, San Diego.
Assistant Secretary, John J. Miller, 2000 Van Ness Avenue, San Francisco.

Radiology

Chairman, Robert R. Newell, Stanford University Hospital, San Francisco.
Secretary, Carl D. Benninghoven, Mills Memorial Hospital, San Mateo.
Assistant Secretary, Ray A. Carter, Los Angeles County General Hospital, Los Angeles.

Urology

Chairman, John A. Dougherty, 3115 Webster Street, Oakland.
Secretary, Lyle G. Craig, 65 North Madison Avenue, Pasadena.

California Medical Association Delegates and Alternates to the American Medical Association

DELEGATES		ALTERNATES
George G. Reinle, Oakland	(1939-1940)	Frank R. Makinson, Oakland
Edward M. Pallette, Sr., Los Angeles	(1939-1940)	William H. Kiger, Los Angeles
Robert A. Peers, Colfax	(1939-1940)	F. F. Gundrum, Sacramento
William R. Molony, Sr., Los Angeles	(1939-1940)	John C. Ruddock, Los Angeles
Elbridge J. Best, San Francisco	(1940-1941)	Robert S. Stone, San Francisco
Lyell C. Kinney, San Diego	(1940-1941)	Bon. O. Adams, Riverside
Lowell S. Goin, Los Angeles	(1940-1941)	Roy E. Thomas, Los Angeles

Special Committees

Committee on Public Health Education

Frank R. Makinson, Chairman	Oakland
Karl L. Schaupp, Secretary	San Francisco
Samuel Ayres, Jr.	Los Angeles
Thomas A. Card	Riverside
Lowell S. Goin	Los Angeles
Junius B. Harris	Sacramento
Dewey R. Powell	Stockton
Charles A. Dukes (ex officio)	Oakland

Ross Marshall, Public Relations Counsel

* * *

Local Committee on Arrangements
1940 Coronado Session

C. O. Tanner, Chairman
Ray C. Lounsberry
Victor C. Bernardini
Alfred E. Cooper

Committee on Maternal Welfare

T. Henshaw Kelly	San Francisco
Lyle G. McNeile	Los Angeles
Ralph J. Thompson	Los Angeles
T. Floyd Bell	Oakland
Hans F. Schluter	Sacramento

Committee on Hours, Pay and Duties of Municipal, County, State and Federal Medical Employees

Wm. C. Voorsanger, Chairman	San Francisco
L. A. Alesen	Los Angeles
Robert S. Kneeshaw	San Jose

Committee on Hospitals

Louis A. Packard, Chairman	Bakersfield
Axcel E. Anderson	Fresno
Calvert L. Emmons	Ontario

Committee on Syphilis

Howard Morrow, Chairman	San Francisco
Charles W. Barnett	San Francisco
William H. Goeckerman	Los Angeles

Committee on Survey of Association Offices

Elbridge J. Best, Chairman	San Francisco
Dewey R. Powell	Stockton
George D. Maner	Los Angeles

Committee on Life Membership Plan

Robert A. Peers, Chairman	Colfax
A. Bennett Cooke	Los Angeles
G. W. Walker	Fresno

Committee on Needy Members

Axcel E. Anderson, Chairman	Fresno
Elizabeth M. Hohl	Los Angeles
Robert A. Peers	Colfax

Woman's Auxiliary to the California Medical Association

State Auxiliary Officers

President, Mrs. Frederick N. Scatena, 1453 Forty-fifth Street, Sacramento.
President-Elect, Mrs. A. E. Anderson, 1035 Cambridge Street, Fresno.
First Vice-President, Mrs. Harry O. Hund, 1304 Grand Avenue, San Rafael.
Second Vice-President, Mrs. Frank Baxter, 33 Bowling Drive, Oakland.
Recording Secretary, Mrs. G. Wendell Olsen, 219 Buena Vista Drive, Fullerton.
Corresponding Secretary, Mrs. G. A. Spencer, 1915 Twenty-first Street, Sacramento.
Treasurer, Mrs. C. G. Stadfield, 1314 N. Highland Avenue, Los Angeles.

Officers of County Auxiliaries

Alameda County—President, Mrs. George Calvin, 406 Bellevue Avenue, Oakland.

Butte County—President, Mrs. N. T. Enloe, 488 East Third Street, Chico.

Contra Costa County—President, Mrs. Kaho Daily, 2367 Carquinez Avenue, Richmond.
Fresno County—President, Mrs. Kenneth J. Staniford, 437 Olive Avenue, Fresno.
Humboldt County—President, Mrs. John W. Chain, Eureka.
Kern County—President, Mrs. J. J. McCarthy, 2026 C Street, Bakersfield.
Kings County—President, Mrs. C. T. Rosson, Jr., N. Redington Street, Hanford.
Lassen-Plumas-Modoc County—Pres., Mrs. G. R. Fortson, 912 Lassen St., Susanville.
Los Angeles County—President, Mrs. E. Eric Larson, 126 Fremont Place, Los Angeles.
Marin County—President, Mrs. C. A. DeLancey, 1 Culloden Park Road, San Rafael.
Merced County—President, Mrs. C. E. Fitz Gibbon, 650 Twenty-sixth Street, Merced.
Monterey County—President, Mrs. Raymond V. Rukke, 135 Franklin Street, Monterey.
Orange County—President, Mrs. Edward Lee Russell, 1439 Louise Street, Santa Ana.
Riverside County—President, Mrs. W. W. Roblee, 3177 Orange Avenue, Riverside.
Sacramento County—President, Mrs. Norris R. Jones, 2725 Coleman Way, Sacramento.
San Diego County—President, Mrs. William C. Cooke, 2770 Sixth Avenue, San Diego.
San Francisco County—President, Mrs. E. J. Morrissey, 2540 Filbert St., San Francisco.
San Joaquin County—President, Mrs. Hudson Smythe, 1605 N. Hunter St., Stockton.
San Luis Obispo County—Pres., Mrs. G. D. Kelker, 1305 Marsh St., San Luis Obispo.
San Mateo County—President, Mrs. George Sevenman, 225 Catalpa Avenue, San Mateo.
Santa Barbara County—President, Mrs. E. L. Markthaler, 2304 State St., Santa Barbara.
Santa Clara County—President, Mrs. Phillip L. Wise, 199 S. Sixteenth Street, San Jose.
Santa Cruz County—President, Mrs. F. F. Shenk, 450 Escalona Drive, Santa Cruz.
Sonoma County—President, Mrs. E. Dwight Barnett, Proctor Heights, Santa Rosa.
Stanislaus County — President, Mrs. Hans Hartman, 715 Magnolia Avenue, Modesto.
Tulare County—President, Mrs. J. C. McClure, Box 36, Lindsay.
Ventura County — President, Mrs. A. J. Strong, Santa Paula.

Miscellaneous California Medical Organizations

California Northern District Medical Society

President—John H. White, Chico.
Secretary—J. Homer Woolsey, Woodland Clinic, Woodland.

Department of Public Health of the State of California

San Francisco—State Office Building, McAllister and Larkin streets, UNderhill 8700.
Sacramento—State Office Building, Tenth and L streets, CApital 2800.
Los Angeles—State Office Building, 217 West First Street, MAdison 1281.
President, Howard Morrow, San Francisco.
Director, Walter M. Dickie, State Building, San Francisco.

Board of Medical Examiners of the State of California

San Francisco, Rm. 214, 515 Van Ness Ave.
Los Angeles, 906 State Building.
Sacramento, Business and Professional Bldg., 1020 N Street.
President, William R. Molony, Sr., Los Angeles.
Secretary, C. B. Pinkham, Room 214, 515 Van Ness Avenue, San Francisco.

Southern California Medical Association

President, John C. Ruddock, 1930 Wilshire Boulevard, Los Angeles.
Secretary, John B. Doyle, 501 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

The Public Health League of California

Executive Secretary, Ben H. Read, San Francisco office, 244 Kearny Street, phone SUtter 8470. Los Angeles office, Room 563, 1151 South Broadway, phone PRospect 5711.

MEMBERSHIP ROSTER: C. M. A.

COUNTY SOCIETIES INDICATED BY KEY NUMBERS

This roster gives the list of members for the year 1939. † Resigned in 1940. ‡ Transferred to other State Society.

KEY NUMBERS FOR COUNTY MEDICAL SOCIETIES

Key No.	Name
1.	Alameda County Medical Association.
2.	Butte County Medical Society.
3.	Contra Costa County Medical Society.
4.	Fresno County Medical Society.
5.	Humboldt County Medical Society.
6.	Imperial County Medical Society. *Inyo-Mono (key number is 40).
7.	Kern County Medical Society.
8.	Kings County Medical Society.
9.	Lassen-Plumas-Modoc County Medical Society.
10.	Los Angeles County Medical Association.
11.	Marin County Medical Society.
12.	Mendocino-Lake County Medical Society.
13.	Merced County Medical Society.
14.	Monterey County Medical Society.
15.	Napa County Medical Society.
16.	Orange County Medical Society.
17.	Placer County Medical Society.
18.	Riverside County Medical Society.
19.	Sacramento Society for Medical Improvement.
20.	San Benito County Medical Society.
21.	San Bernardino County Medical Society.
22.	San Diego County Medical Society.
23.	San Francisco County Medical Society.
24.	San Joaquin County Medical Society.
25.	San Luis Obispo County Medical Society.
26.	San Mateo County Medical Society.
27.	Santa Barbara County Medical Society.
28.	Santa Clara County Medical Society.
29.	Santa Cruz County Medical Society.
30.	Shasta County Medical Society.
31.	Siskiyou County Medical Society.
32.	Solano County Medical Society.
33.	Sonoma County Medical Society.
34.	Stanislaus County Medical Society.
35.	Tehama County Medical Society.
36.	Tulare County Medical Society.
37.	Ventura County Medical Society.
38.	Yolo-Colusa-Glenn County Medical Society.
39.	Yuba-Sutter County Medical Society.
40.	Inyo-Mono County Medical Society.

INDEX

	Page
Active members	3
Associate members	23
Honorary members	23
Retired members	23
New members since January 1, 1940	23
Deceased members (year 1939-1940)	24

COUNTY SOCIETY MEMBERSHIP TOTALS

(Year 1939)

	Page
Alameda County	546
Butte County	31
Contra Costa County	54
Fresno County	135
Humboldt County	33
Imperial County	27
Inyo-Mono County	10
Kern County	61
Kings County	18
Lassen-Plumas-Modoc County	17
Los Angeles County	2522
Marin County	44
Mendocino-Lake County	30
Merced County	37
Monterey County	69
Napa County	35
Orange County	120
Placer - Eldorado - Nevada - Sierra County	39
Riverside County	73
Sacramento County	144
San Benito County	7
San Bernardino County	151
San Diego County	280
San Francisco County	974
San Joaquin County	113
San Luis Obispo County	30
San Mateo County	78
Santa Barbara County	112
Santa Clara County	193
Santa Cruz County	39
Shasta County	17
Siskiyou County	18
Solano County	32
Sonoma County	57
Stanislaus County	48
Tehama County	10
Tulare County	45
Ventura County	47
Yolo-Colusa-Glenn County	35
Yuba-Sutter County	18

Active members	6349
Associate members	4
Retired members	84
Honorary members	1
Total all members	6438

Sixty-seven members died during the year 1939.

In 1940, up to March 1, thirteen members died.

Note.—The California Medical Association by-laws provide for an annual directory. Because every member receives the annual directory of the Board of Medical Examiners of the State of California, and in order to avoid the great cost of duplication of such a directory, the California Medical Association Council has decided to print in the official journal a simple roster of members, giving for each member the city or place of residence, with a key number to indicate the county medical society in which membership is held.

For additional information concerning school of graduation, etc., the State Medical Board directory or the central office of the California Medical Association should be consulted.

Errors in the list here printed should be promptly reported to the central office of the California Medical Association, Four Fifty Sutter, San Francisco.

I. ACTIVE MEMBERS

— A —

NAME	CITY	COUNTY SOCIETY NO.
Aaron, R.,	*Los Angeles*	10
Abbott, C. G.,	*Glendale*	10
Abbott, C. L.,	*Oakland*	1
Abbott, C. N.,	*Ontario*	21
Abbott, D. L.,	*Bakersfield*	7
Abbott, F. F.,	*Ontario*	21
Abbott, G. K.,	*Sanitarium*	13
Abbott, K. H.,	*Ontario*	21
Abbott, L. C.,	*San Francisco*	23
Abbott, U. S.,	*Richmond*	3
Abdun-Nur, A. S.,	*Los Angeles*	10
Abowitz, J.,	*Los Angeles*	10
Abraham, H.,	*Los Angeles*	10
Abraham, S. V.,	*Los Angeles*	10
Abramson, A. J.,	*San Francisco*	23
Abramson, M. J.,	*Los Angeles*	10
Abrons, Harry,	*Berkeley*	1
Achenbach, L. W.,	*Ventura*	37
Adams, B. A.,	*San Diego*	1
Adams, B. O.,	*Riverside*	18
Adams, B. W.,	*Oakland*	1
Adams, C. W.,	*San Francisco*	23
Adams, E. L.,	*Lodi*	19
Adams, G. F.,	*San Francisco*	23
Adams, J. P.,	*Oakland*	1
Adams, L. E.,	*Escondido*	22
Adams, L. P.,	*Oakland*	1
Adams, W. C.,	*Oakland*	1
Adams, W. L., Jr.,	*Fresno*	4
Addis, T.,	*San Francisco*	23
Adelstein, L. J.,	*Los Angeles*	10
Agmar, A. R.,	*San Francisco*	23
Ahlem, J. E.,	*Livermore*	1
Ahrens, C. L.,	*Artesia*	10
Ainley, F. C.,	*Los Angeles*	10
Aird, J. L.,	*Manhattan Beach*	10
Aitkin, H. C.,	*Berkeley*	1
Akesson, H. N.,	*Oakland*	1
Alanson, M. R.,	*San Francisco*	23
Albers, T. E.,	*Santa Rosa*	33
Albert, W.,	*Los Angeles*	10
Alberty, W. M.,	*East San Diego*	22
Albi, P.,	*San Francisco*	23
Alcazar, I.,	*Long Beach*	10
Alcon, D. N.,	*Los Angeles*	10
Alden, E.,	*Los Angeles*	10
Alden, J.,	*San Francisco*	23
Alden, W. C.,	*Pasadena*	10
Alderson, H. E.,	*San Francisco*	23
Alderson, V. G.,	*Oakland*	1
Aldrich, A. M.,	*San Diego*	22
Aldrich, W. S.,	*Los Angeles*	10
Alesen, L. A.,	*Los Angeles*	10
Alexander, A. A.,	*Oakland*	1
Alexander, E.,	*Philadelphia, Pa*	34
Alexander, H. H., Jr.,	*Los Angeles*	10
Alexander, J. H.,	*Chico*	2
Algee, M. J.,	*Compton*	10
Allan, J. T. M.,	*Los Angeles*	10
Allegrini, A. E.,	*Santa Cruz*	29
Allen, A.,	*San Pedro*	10
Allen, A. B.,	*Los Angeles*	10
Allen, A. E.,	*Durham*	2
Allen, C. L.,	*Los Angeles*	10
Allen, C. S.,	*Los Angeles*	10
Allen, D. M.,	*Oakland*	1
Allen, E. G.,	*Patterson*	34
Allen, H. H.,	*Los Angeles*	10
Allen, H. W.,	*San Francisco*	23
Allen, J. R.,	*Los Angeles*	10
Allen, M. R.,	*Fairfax*	11
Allen, O. K.,	*San Francisco*	23
Allen, P. K.,	*San Diego*	22
Allen, R. E.,	*Reedley*	4
Allen, R. E.,	*San Francisco*	23
Allen, R. W.,	*Huntington Park*	10
Allen, W. B.,	*Oakland*	1
Aller, D. I.,	*Fresno*	4
Allington, H. V.,	*Oakland*	1
Allison, B. S.,	*Long Beach*	10
Allison, R. L.,	*Riverside*	18
Allum, A. W.,	*Glendale*	10
Almada, A. A.,	*Sacramento*	19
Alne, A. E.,	*Fullerton*	16
Alpert, D. S.,	*Los Angeles*	10
Alsberge, M. A.,	*Glendale*	10
Alsberge, E. W.,	*Glendale*	10
Alsberge, R. C.,	*Santa Cruz*	29
Alson, S. J.,	*Turlock*	34
Alter, S. M.,	*Los Angeles*	10
Althausen, T. L.,	*San Francisco*	23
Althouse, H. C.,	*Los Angeles*	10
Alward, H. C.,	*Los Angeles*	10
Amaral, E. A.,	*San Jose*	28
Ambrose, C. S.,	*Visalia*	36
Ames, R. H.,	*Redwood City*	26
Ammann, F. X., Jr.,	*Los Angeles*	10
Anders, J. C.,	*San Diego*	22
Anderson, A. C.,	*Petaluma*	33
Anderson, A. E.,	*Fresno*	4
Anderson, A. V.,	*Pasadena*	10
Anderson, B. N.,	*Burbank*	10
Anderson, C. M.,	*Hermosa Beach*	10
Anderson, C. R.,	*Los Angeles*	10
Anderson, C. W.,	*Bishop*	10
Anderson, E. A.,	*San Joaquin*	24
Anderson, E. F.,	*San Francisco*	22

NAME	CITY	COUNTY SOCIETY NO.
Anderson, E. L.,	*Los Angeles*	10
Anderson, F. K.,	*Los Angeles*	10
Anderson, F. N.,	*Los Angeles*	10
Anderson, F. R.,	*Campbell*	28
†Anderson, G. H.,	*St. Louis, Mo.*	23
Anderson, H., Jr.,	*Los Angeles*	10
Anderson, H. C.,	*Pomona*	10
Anderson, H. E.,	*Culver City*	10
Anderson, J. F.,	*Los Angeles*	10
Anderson, J. G.,	*Petaluma*	33
Anderson, M. X.,	*Los Angeles*	10
Anderson, N. P.,	*Los Angeles*	10
Anderson, O.,	*Santa Monica*	10
Anderson, S. B.,	*Burbank*	10
Anderson, S. C.,	*Westwood*	10
Anderson, W. M.,	*Lompoc*	27
Anderson, W. N.,	*Los Angeles*	10
Anderton, H. S.,	*San Diego*	22
Andrews, A. V.,	*Livingston*	13
Andrews, C. B.,	*Sonoma*	33
Andrews, H.,	*Los Angeles*	10
Andrews, H. F.,	*San Diego*	22
Andrews, Herbert J.,	*W. Hollywood*	10
Andrews, Henry J.,	*Los Angeles*	10
Andrews, J. N.,	*Los Angcles*	10
Andrews, V. L.,	*Los Angeles*	10
Andrews, W. A.,	*Yucaipa*	21
Andrus, L. M.,	*King City*	14
Ankele, C. W.,	*Sacramento*	19
Annis, A. J.,	*Los Angeles*	10
Anthony, S. E.,	*Independence*	40
Anton, A. N.,	*Los Angeles*	10
Anton, F. L.,	*Los Angeles*	10
Appeldorn, H. H.,	*Oakland*	1
Apple, W. W.,	*El Centro*	6
Arbuthnot, R. E.,	*Glendale*	10
Archibald, H. C.,	*Salinas*	14
Arehart, A. A.,	*Monterey*	14
Ariana, A.,	*Los Angeles*	10
Arkush, A. S.,	*Santa Monica*	10
Armen, G. H.,	*Los Angeles*	10
Armistead, R. B.,	*Ventura*	37
Armstrong, A. C.,	*San Francisco*	23
Armstrong, E. L.,	*Oakland*	1
Armstrong, E. L.,	*Los Angeles*	10
Armstrong, M. I.,	*Berkeley*	1
Arndal, O.,	*Glendale*	10
Arnold, C. H.,	*Palo Alto*	28
Arnold, F. L.,	*Long Beach*	10
Arnold, G. H.,	*Moorpark*	36
Arnold, H. J.,	*San Jose*	28
Arnold, H. R.,	*San Francisco*	23
Arnold, W. F.,	*Long Beach*	10
Arnot, P. H.,	*San Francisco*	23
Arnout, J. C.,	*Los Angeles*	10
Arnov, B.,	*Los Angeles*	10
Aronstein, E.,	*Fresno*	4
Arthur, J. M.,	*Fresno*	4
Arthurs, E.,	*San Francisco*	22
Ash, R. L.,	*San Francisco*	23
Ashcroft, F. E.,	*Chula Vista*	20
Ashley, K. C.,	*Huntington Park*	10
Ashley, N. N.,	*Oakland*	1
Ashley, R. E.,	*San Francisco*	23
Askey, E. V.,	*Los Angeles*	10
Askey, J. M.,	*Los Angeles*	10
Atkinson, A. A.,	*Sacramento*	19
Atkinson, C. E.,	*Banning*	18
Atkinson, D. W.,	*San Francisco*	23
Atkinson, R. C.,	*San Francisco*	23
Atkinson, R. E.,	*San Bernardino*	21
Atsatt, R. F.,	*Santa Barbara*	27
Atteberry, C. V.,	*Eureka*	10
Attwood, C. J.,	*Oakland*	1
Atwood, A. C.,	*Atascadero*	25
Audrain, L. C.,	*Los Angeles*	10
Auerbach, O.,	*Los Angeles*	10
Augspurger, E. D.,	*Lodi*	24
Auld, W. T.,	*Stockton*	24
Austin, L. C.,	*Los Angeles*	10
Austin, R. E.,	*Coronado*	22
Austin, T. C.,	*Pasadena*	10
Avery, J. W.,	*Hollywood*	10
Avery, R. W.,	*Los Angeles*	10
Avery, W. J.,	*Fresno*	4
Awtrey, H.,	*Fresno*	4
Axline, J. T.,	*North Hollywood*	10
Ayer, E. W.,	*Oakland*	1
Ayers, T. F.,	*San Francisco*	23
Ayres, S., Jr.,	*Los Angeles*	10
Azevedo, J. A.,	*Hayward*	1
Azevedo, J. L., Jr.,	*Modesto*	34
Azevedo, M. L.,	*Sacramento*	19

— B —

NAME	CITY	COUNTY SOCIETY NO.
Babcock, C. E.,	*Los Angeles*	10
Babcock, D. W.,	*Placerville*	19
Babcock, E. S., Jr.,	*Sacramento*	19
Babcock, J. W.,	*Placerville*	19
Babcock, L. G.,	*Vernon*	10
Babcock, R. A.	*Willits*	12
Babienco, A. T.,	*San Diego*	22
Babington, S. H.,	*Berkeley*	1
Baccus, C. F.,	*Hollywood*	10
Bachelder, B. B.,	*Sebastopol*	33
Bacher, J. A.,	*San Francisco*	23
Bachhuber, C. A.,	*Los Angeles*	10
Bachmann, G. W.,	*Santa Monica*	10
Bachrach, R. J.,	*Salinas*	14
Bacigalupi, A. A. J.,	*San Francisco*	23
Bacon, L. C.,	*Los Angeles*	10
Bacon, S. K.,	*Hollywood*	10
Badami, A. G.,	*San Jose*	28
Baer, H.,	*Elsinore*	18
Baetz, W. G.,	*Huntington Park*	10
Bahrenburg, G. E.,	*Bakersfield*	7
Bailey, C. A.,	*Los Angeles*	10
Bailey, C. O.,	*Los Angeles*	10
Bailey, F. J.,	*Red Bluff*	35
Bailey, T. E.,	*San Francisco*	23
Bailey, W.,	*Los Angeles*	10
Bailey, W. E.,	*Los Angeles*	10
Baiocchi, A. J.,	*San Jose*	28
Baird, C.,	*San Bernardino*	21
Baird, C. G.,	*Santa Maria*	27
Baird, H. R.,	*Sacramento*	19
Baird, M. N.,	*Redondo Beach*	10
Bak, E. W.,	*Los Angeles*	10
Baker, C. D.,	*Los Angeles*	10
Baker, F.,	*San Francisco*	23
Baker, G. L.,	*San Francisco*	23
Baker, H. V.,	*Napa*	15
Baker, J. J.,	*West Los Angeles*	10
Baker, M. Q.,	*Los Angeles*	10
Baker, R. W.,	*Sunland*	10
Baker, S. R.,	*Los Angeles*	10
Baker, W.,	*Los Angeles*	10
Baker, W. P.,	*Santa Ana*	16
Bakewell, B.,	*Santa Barbara*	27
Bakke, G. A.,	*Oakland*	1
Baldwin, L. G.,	*Pasadena*	10
Baldwin, M. C.,	*Riverside*	18
Balkins, A. J.,	*Los Angeles*	10
Ball, D. R.,	*Santa Ana*	16
Ball, E. J.,	*Los Angeles*	10
Ball, F. I.,	*Los Angeles*	10
Ball, H. A.,	*San Diego*	22
Ball, J. D.,	*Santa Ana*	16
Ballard, C. H.,	*Santa Monica*	10
Ballard, S. E.,	*Long Beach*	10
Baltimore, L.,	*Los Angeles*	10
Balyeat, F. S.,	*Los Angeles*	10
Bambauer, L. S.,	*Bishop*	40
Bames, H. O.,	*Los Angeles*	10
Bancroft, I. R.,	*Los Angeles*	10
Bancroft, M. F.,	*San Diego*	22
Bandelier, R. H.,	*Los Angeles*	10
Banks, A. E.,	*San Diego*	22
Banks, E. F.,	*Auburn*	17
Banks, G. F.,	*San Diego*	22
Barbanell, R. R.,	*Los Angeles*	10
Barber, E. M.,	*Oakland*	1
Barber, P. S.,	*Porterville*	36
Barbour, N. P.,	*Stockton*	24
Barcklow, G. T.,	*Mendocino City*	12
Barclay, H. A.,	*San Diego*	22
Bardill, J. W.,	*Ventura*	37
Barkan, H.,	*San Francisco*	23
Barkan, O.,	*San Francisco*	23
Barker, H. E.,	*Ventura*	37
Barker, J. L.,	*Brawley*	6
Barlow, T. H.,	*Long Beach*	10
Barnard, H. Dewey,	*Pacoima*	10
Barnard, H. Draeggert,	*Los Angeles*	10
Barnard, L. B.,	*Oakland*	1
Barnes, J. W.,	*Stockton*	24
Barnes, L. B.,	*Newcastle*	17
Barnes, P. D.,	*Loomis*	17
Barnes, R. W.,	*Los Angeles*	10
Barnes, S. D.,	*Los Angeles*	10
Barnes, W. H.,	*Chico*	2
Barnett, C. W.,	*San Francisco*	23
Barnett, E. D.,	*Santa Rosa*	33
Barnett, G. D.,	*San Francisco*	28
Barnhart, W.,	*Los Angeles*	10
Baron, P. P.,	*Alameda*	1
Barr, A. L.,	*San Diego*	22
Barr, J. A.,	*Oakland*	1
Barr, J. R.,	*Tule Lake*	31
Barr, W. T.,	*Fresno*	4
Barrett, G. M.,	*San Francisco*	23
Barrette, L. C.,	*Sacramento*	19
Barrette, P. C.,	*San Jose*	28
Barron, A.,	*Stockton*	24
Barron, H. C., Jr.,	*Escondido*	22
Barrow, J. V.,	*Los Angeles*	10
Barrow, W. H.,	*San Diego*	22
Barry, G. L.,	*San Jose*	28
Bartholomew, J. Y.,	*San Francisco*	23
Bartholomew, T. E.,	*Calexico*	6
Bartle, I. B.,	*San Luis Obispo*	25
Bartlett, C. L.,	*Pasadena*	10
Bartlett, E. I.,	*San Francisco*	23
Barton, E. W.,	*Alhambra*	10
Barton, E. W., Jr.,	*Alhambra*	10
Bascom, F. S.,	*Oakland*	1
Bass, J. A.,	*Coronado*	22
Bates, C. E. H.,	*San Francisco*	23
Batson, W. C.,	*Greenville*	9
Baughman, W. H.,	*Oakland*	1
Baumgartner, C. J.,	*Los Angeles*	10
Baus, G. J.,	*Glendale*	10
Bautista, M. D.,	*Stockton*	24
Baxter, C. P.,	*San Diego*	22
Baxter, F. S.,	*Oakland*	1
Baxter, P. N.,	*Oakland*	1
Bay, M. W.,	*Los Angeles*	10
Bay, S. G.,	*West Los Angeles*	10
Bayley, W. A.,	*Los Angeles*	10
Baylis, J. N.,	*San Bernardino*	21
Beach, E. W.,	*Sacramento*	19
Beall, M. E.,	*Patton*	21
Bear, N. K.,	*Riverside*	18
Beare, W. K.,	*San Francisco*	23
Beard, E. A.,	*Inglewood*	10
†Beardslee, A.,	*San Francisco*	23
Beardsley, J. R.,	*New York*	22
Beasley, H. E.,	*Glendale*	10
Beattie, J. I.,	*San Jose*	28
Beattie, W. A.,	*Sacramento*	19
Beatty, J. D.,	*Los Angeles*	10
Beauchamp, H. H.,	*Sacramento*	19
Beaudoux, H. A.,	*Los Gatos*	28
Beaver, H. J.,	*Palo Alto*	28
Beaver, M. G.,	*Redlands*	21
Beck, G. H.,	*Glendale*	10
Beck, H. H.,	*Corning*	35
Beck, H. R.,	*Los Angeles*	10
Beck, J. K.,	*San Francisco*	23
Becka, S. J.,	*Los Angeles*	10
Becker, G. H.,	*San Francisco*	23
Becker, H. F.,	*Los Angeles*	10
Becker, W. A.,	*Los Angeles*	10
Beckett, W. A.,	*Los Angeles*	10
Beckh, W.,	*San Francisco*	23
Beckstrand, G.,	*Long Beach*	10
Bedri, M. R.,	*Los Angeles*	10
Beebe, J. L.,	*Anaheim*	16
Beede, A. H.,	*Walnut Creek*	3
Beekler, A. M.,	*Santa Maria*	27
Beem, M. D.,	*West Los Angeles*	10
Beeman, J. W.,	*Torrance*	10
Beerman, H. M.,	*Los Angeles*	10
Beerman, W. F.,	*San Francisco*	23
Beeson, H. O.,	*San Bernardino*	21
Behm, M. C.,	*San Francisco*	23
Behne, K. F.,	*Los Angeles*	10
Behneman, H. M. F.,	*San Francisco*	23
Behrendt, R. A.,	*Los Angeles*	10
Behrens, C. B.,	*Los Angeles*	10
Behrens, H. C.,	*Whittier*	10
Beigelman, M.,	*Los Angeles*	10
Beil, M. C.,	*Upper Lake*	12
Belford, W. W.,	*San Diego*	22
Bell, D. P.,	*Oakland*	1
Bell, H. G.,	*San Francisco*	23
Bell, H. W.,	*Bakersfield*	7
Bell, R. M.,	*Santa Maria*	27
Bell, T. F.,	*Oakland*	1
Bell, W. L.,	*Oakland*	1
Belous, L. P.,	*Los Angeles*	10
Belove, B.,	*Los Angeles*	10
Belt, A. E.,	*Hollywood*	10
Belt, R. L.,	*Montrose*	10
Beltz, D.,	*Lodi*	24
Belyea, J. H.,	*Los Molinos*	35
Benbrook, S. P.,	*Los Angeles*	10
Bender, W. L.,	*San Francisco*	23
Bendlage, G. A.,	*Long Beach*	10
Benioff, M. A.,	*San Francisco*	23
Benner, E. A.,	*San Mateo*	26
Bennett, C. B.,	*Berkeley*	1
Bennett, C. L.,	*Los Angeles*	10
Bennett, C. R.,	*Camarillo*	37
Bennett, D. W.,	*San Francisco*	23
Bennett, E. S.,	*Olive View*	10
Bennett, L. C.,	*Los Angeles*	10
Bennett, M. C.,	*Berkeley*	1
Bennett, M. G. E.,	*El Monte*	10
Bennett, W. W.,	*Los Angeles*	10
Bennetts, F. A.,	*Los Angeles*	10
Benninger, C., Jr.,	*Oroville*	2
Benninghoven, C. D.,	*San Mateo*	26
Benson, C. B.,	*Modesto*	34
Benson, E. H., Jr.,	*Berkeley*	1
Benteen, F. H.,	*Grass Valley*	17
Benton, J. J.,	*Oakland*	1
Benveniste, R. E.,	*Los Angeles*	10
Bepler, A. C.,	*San Francisco*	23
Berauer, J. M.,	*Los Angeles*	10
Berejkoff, K. I.,	*San Francisco*	23
Berg, A.,	*San Francisco*	23
Berg, G. O.,	*Hollywood*	10
Berge, F. E.,	*Los Angeles*	10
Berger, A. A.,	*San Francisco*	23
Berger, G.,	*Los Angeles*	10
Bergman, G. C.,	*Los Angeles*	16
Bergman, R. T.,	*Los Angeles*	10
Bergmann, J. E.,	*Santa Monica*	10
Bergstrom, F. K.,	*Los Angeles*	10
Berke, S. D.,	*Indio*	18
Berkes, H. A.,	*Hollywood*	10
Berkley, H. K.,	*Los Angeles*	10
Berkove, A. B.,	*Oakland*	1
Berkove, S. E.,	*Oakland*	1
Berliner, B.,	*San Francisco*	23
Berman, P.,	*Pasadena*	10
Bernardini, C. V.,	*San Diego*	22
Berne, C. J.,	*Los Angeles*	10
Bernstein, A.,	*San Francisco*	23

NAME	CITY	COUNTY SOCIETY NO.
Bernstein, H. C.	*Los Angeles*	10
Bernstein, M. M.	*Los Angeles*	10
Bernstein, T. I.	*Los Angeles*	10
Bertero, J.	*Santa Maria*	27
Best, E. J.	*San Francisco*	23
Bettercourt, M. F.	*Watsonville*	29
Bettin, M. E.	*Los Angeles*	10
Bettman, J. W.	*San Francisco*	23
Betts, I. H.	*Visalia*	36
Bewley, M. H.	*Los Angeles*	10
Bice, C. W.	*Oakland*	1
Bicknell, H. E.	*Long Beach*	10
Bieler, H. G.	*Pasadena*	10
Biggers, J. A.	*Los Angeles*	10
Bigler, A. B.	*Chowchilla*	13
Bigotti, R. T.	*San Jose*	28
Bilker, D.	*San Jose*	28
Bill, P. R.	*San Francisco*	23
Billig, H. E., Jr.	*Los Angeles*	10
Billingsley, U. C.	*Hayward*	1
Bilon, L. V.	*Los Angeles*	10
Bine, R.	*San Francisco*	23
Bingaman, E. W.	*Salinas*	14
Bingaman, W. H.	*Salinas*	14
Bingham, E. M.	*San Luis Obispo*	25
Binkley, R. W.	*Selma*	4
Binkley, T.	*Sacramento*	19
Bird, A. A.	*San Leandro*	1
Birkenstock, C. F.	*San Diego*	22
Birnbaum, W. D.	*San Francisco*	23
Bishop, C. R.	*Long Beach*	10
Bishop, K. S.	*Berkeley*	1
Bishop, T. E.	*San Diego*	22
Bissell, A. D.	*Santa Barbara*	27
Bissell, D. M.	*Salinas*	14
Bittner, C. L.	*Sacramento*	19
Bittner, L. H.	*Glendale*	10
Bittner, S. P.	*Glendale*	10
Bivins, T. E.	*San Francisco*	26
Black, B. W.	*Oakland*	1
Black, E. C.	*San Diego*	22
Black, H.	*Palo Alto*	28
Black, W. C.	*San Diego*	22
Blackfield, H. M.	*San Francisco*	23
Blackman, W. H.	*Indio*	18
Blackmun, E. L.	*Stockton*	24
Blackmun, E. L., Jr.	*Stockton*	24
Blackmun, R. L.	*Los Angeles*	10
Blackshaw, J. B.	*Sonoma*	33
Blahnik, K. B.	*Pasadena*	10
Blair, E.	*Healdsburg*	33
Blaine, E. S.	*Los Angeles*	10
Blaisdell, F. E., Jr.	*Watsonville*	29
Blaisdell, P. C.	*Pasadena*	10
Blak, E. V.	*San Francisco*	23
Blake, C. R.	*Richmond*	3
Blake, K. W.	*Los Angeles*	10
Blanchard, L. B.	*San Jose*	28
Blanchard, T. L.	*San Jose*	28
Blank, B.	*Los Angeles*	10
Blatherwick, A. A.	*Los Angeles*	10
Blatherwick, G. W.	*Los Angeles*	10
Blecker, R. F.	*Fresno*	4
Bledsoe, R. W. E.	*Los Angeles*	10
Blemer, J. W.	*Diablo*	3
Blevins, W. J.	*Woodland*	38
Blevins, W. J., Jr.	*Woodland*	38
Blinn, J. F.	*Stockton*	24
Bliss, G. L.	*Long Beach*	10
Bloch, J. L.	*San Pedro*	10
Block, C. A.	*San Francisco*	23
Blodgett, H. H.	*Beverly Hills*	10
Blondin, E. A.	*San Diego*	22
Blong, P. H.	*Alhambra*	10
Blood, J. N.	*Redwood City*	26
Bloomfield, A. L.	*San Francisco*	23
Blosmo, O. J.	*Los Angeles*	10
Blossom, H. S.	*Patton*	21
Blum, J.	*Berkeley*	1
Blum, S.	*San Francisco*	23
Blumenthal, E. L.	*Oakland*	1
Boardman, W. W.	*San Francisco*	23
Bobbitt, A. N.	*Pasadena*	10
Bobbitt, J. D.	*San Diego*	22
Bock, C.	*Los Angeles*	10
Boder, E.	*Los Angeles*	10
Bodlander, J. W.	*Los Angeles*	10
Bodman, E. W.	*Pasadena*	10
Bodner, H.	*Hollywood*	10
Boe, M. R.	*Alameda*	1
Boeck, W. C.	*Los Angeles*	10
Boehm, C. A.	*San Francisco*	23
Boehm, M.	*Napa*	15
Boehmer, A. C.	*Lodi*	24
Boericke, C. C.	*Berkeley*	1
Boess, E. C.	*Riverside*	18
Boetticher, E. O.	*Los Angeles*	10
Boge, H. G. C.	*Oakland*	1
Bogen, E.	*Olive View*	10
Bogle, S. S.	*Santa Rosa*	33
Boland, E. W.	*Los Angeles*	10
Bolander, L. P.	*Van Nuys*	10
Bolender, M. C.	*Walnut Creek*	3
Boles, A.	*Oakland*	1
Bolin, Z. E.	*San Francisco*	23
Bolinger, H. J.	*Lodi*	24
Bolkovatz, J. F.	*Fresno*	4
Boller, S.	*Los Angeles*	10

NAME	CITY	COUNTY SOCIETY NO.
Bolognino, O. J.	*San Francisco*	23
Bolstad, S. C.	*Cleveland, Ohio*	10
Bolze, E. H.	*San Francisco*	23
Bonar, P. A.	*San Francisco*	23
Bond, A. L.	*Lindsay*	36
Bond, F. M.	*San Diego*	22
Bond, R. E.	*San Diego*	22
Bonesteel, H. T. S.	*Los Angeles*	10
Bonfiglio, J.	*Hollywood*	10
Bonfiglio, V.	*Los Angeles*	10
Bonn, H. K.	*Los Angeles*	10
Bonoff, K. M.	*Los Angeles*	10
Bonthius, A.	*Pasadena*	10
Bonura, F.	*Los Angeles*	10
Bonynge, C. W.	*Los Angeles*	10
Boomer, J. M.	*Richmond*	3
Boone, W. R.	*Berkeley*	1
Boonshaft, L.	*Los Angeles*	10
Booth, M. M.	*St. Helena*	15
Booth, W. T.	*Coronado*	22
Borden, F. W.	*San Jose*	28
Borley, R. D.	*Half Moon Bay*	26
Borley, W. E.	*San Francisco*	23
Bormann, G. B.	*Hollywood*	10
Borson, H. J.	*San Francisco*	23
Boscoe, A. R.	*Sacramento*	19
Boscoe, C. T.	*Oakland*	1
Boskowitz, G. H.	*San Francisco*	23
Bost, C.	*San Francisco*	23
Bost, F. C.	*San Francisco*	23
Bosworth, H. W.	*Los Angeles*	10
Bothe, R. T.	*Springfield, Ill.*	22
Botsford, M. E.	*San Francisco*	23
Bourbon, O. P.	*Los Angeles*	10
Bowen, A.	*Los Angeles*	10
Bowen, C. B.	*Oakland*	1
Bower, A. G.	*Hollywood*	10
Bower, C. F.	*Long Beach*	10
Bowers, W. S.	*Los Angeles*	10
Bowles, A. M.	*Santa Rosa*	33
Bowles, F. H.	*Oakland*	1
Bowman, P.	*West Los Angeles*	10
Bowman, P. J.	*Fort Bragg*	12
Bowman, R. J.	*Beverly Hills*	10
Boyce, L.	*Los Angeles*	10
Boyce, W. A.	*Los Angeles*	10
Boyd, E. F.	*Los Angeles*	10
Boyd, E. G.	*Los Angeles*	10
Boyd, H. W.	*Pittsburgh, Pa.*	10
Boyd, W. H.	*Long Beach*	10
Boyer, H. R.	*Glendale*	10
Boyer, J. I.	*Long Beach*	10
Boyer, K. H.	*Los Angeles*	10
Boyers, L. M.	*Berkeley*	1
Boyes, J. H.	*Los Angeles*	10
Boyle, S. F.	*San Francisco*	23
Bradbury, W. C.	*Los Angeles*	10
Bradford, F. E.	*Los Angeles*	10
Bradley, M. C.	*Compton*	10
Brady, A. L.	*San Rafael*	11
Brady, J. F.	*Alameda*	1
Brainard, F. J.	*Los Angeles*	10
Braithwaite, W. W.	*Beverly Hills*	10
Bramhall, R. N.	*Sacramento*	19
Bramkamp, A. L.	*Banning*	18
Bramkamp, R. G.	*Talmage*	12
Bramwell, H. L.	*Napa*	15
Bramwell, L.	*Fullerton*	16
Branch, C. H. H.	*Los Angeles*	10
Branch, W. E.	*Los Angeles*	10
Brandel, H. M.	*Los Angeles*	10
Brandenburg, K. C.	*Long Beach*	10
Brandes, L.	*Los Angeles*	10
Brandt, F. H.	*Los Angeles*	10
Brandt, G. C.	*Los Angeles*	10
Brannon, M.	*Merced*	13
Bransford, M. B.	*Vallejo*	32
Brastad, J. P.	*Anaheim*	16
Bravo, F.	*Los Angeles*	10
Bray, E. W.	*Turlock*	13
Bray, J. L.	*Los Angeles*	10
Brazelton, H.	*Oakland*	1
Breck, L. W.	*Rochester, Minn.*	11
Breitman, H. B.	*Los Angeles*	10
Bremerman, L. W.	*Los Angeles*	10
Brenneman, R. E.	*Glendale*	10
Breslin, F. J.	*Los Angeles*	10
Bretthauer, C. G.	*Los Angeles*	10
Breuer, C. H.	*San Jose*	28
Breuer, R. G.	*San Jose*	28
Brewer, A. F.	*Fairfield*	32
Brewer, F. B.	*Livermore*	1
Breyer, J. H.	*Pasadena*	10
Bricca, C. R.	*San Francisco*	23
Bricca, E. C.	*San Francisco*	23
Bricca, R. P.	*San Francisco*	23
Briden, V. S.	*Merced*	14
Bridgman, J. G.	*San Mateo*	26
Bridgman, O.	*San Francisco*	23
Bridgman, W. R.	*Hanford*	8
Briggs, C. H.	*Pasadena*	10
Briggs, G. A.	*Sacramento*	19
Briggs, LeR. H.	*San Francisco*	23
Briggs, W. M.	*Monrovia*	10
Briggs, W. R.	*Sacramento*	19
Brigham, E.	*Dinuba*	36
Brigham, F. O.	*Los Angeles*	10

NAME	CITY	COUNTY SOCIETY NO.
Brignoll, W. H.	*St. Helena*	15
Brill, J.	*Los Angeles*	10
Brindamour, J.-L. E.	*San Francisco*	23
Briner, C. C.	*Auburn*	17
Briner, M. S.	*Auburn*	17
Brines, R. J.	*Santa Barbara*	27
Brink, H. E.	*Lower Lake*	12
Brinkman, W. F.	*Long Beach*	10
Broaddus, C. A.	*Stockton*	24
Brock, L. H.	*San Francisco*	23
Brockow, J. L.	*Los Angeles*	10
Brockway, A.	*Los Angeles*	10
Brodovsky, D.	*San Jose*	28
Brody, Y.	*San Francisco*	23
Broemser, M. A.	*San Jose*	28
Bronfeld, N.	*Los Angeles*	10
Brooks, C. S.	*El Centro*	6
Brooks, E. R.	*Atascadero*	1
Brooks, H. T.	*Alhambra*	10
Brooks, LeR.	*San Francisco*	23
Bross, R. B.	*Venice*	10
Broughton, G. A.	*Ventura*	37
Brown, A. F.	*Los Angeles*	10
Brown, A. L.	*San Francisco*	23
Brown, B.	*Sacramento*	19
Brown, B. C.	*Los Angeles*	10
Brown, B. H.	*San Ysidro*	22
Brown, B. P.	*Los Angeles*	10
Brown, C.	*San Francisco*	23
Brown, C.	*Santa Barbara*	27
Brown, C. M.	*Los Angeles*	10
Brown, C. Watkins	*San Diego*	22
Brown, C. Williams	*San Diego*	22
Brown, D. C.	*Santa Ana*	16
Brown, D. F.	*Redwood City*	26
Brown, E. H.	*Los Angeles*	10
Brown, E. O.	*Sacramento*	19
Brown, F. A.	*Auberry*	4
Brown, F. E.	*Los Angeles*	10
Brown, G. B.	*Oakland*	1
Brown, G. D.	*Pomona*	10
Brown, G. W.	*Los Angeles*	10
Brown, H. A.	*San Francisco*	23
Brown, H. C.	*San Jose*	28
Brown, H. L.	*Los Angeles*	10
Brown, I. DeY.	*Inglewood*	10
Brown, J. L.	*San Francisco*	23
Brown, J. M.	*Los Angeles*	10
Brown, J. M.	*Eureka*	5
Brown, J. R.	*Los Angeles*	10
Brown, J. W.	*San Francisco*	23
Brown, L. E.	*Corona*	18
Brown, M. H.	*Los Angeles*	10
Brown, N. J., Jr.	*Bakersfield*	7
Brown, P. K.	*San Francisco*	23
Brown, R. E.	*San Juan Bautista*	20
Brown, T. H.	*Orland*	38
Brown, W. B.	*North Hollywood*	10
Brown, W. E.	*Los Angeles*	10
Brown, W. H.	*Palo Alto*	28
Browne, F. E.	*Los Angeles*	10
Browne, G. C.	*Oakland*	1
Brownfield, W. H.	*Los Angeles*	10
Browning, C. F.	*Los Angeles*	10
Brownlie, J. W.	*Vallejo*	32
Brownsberger, C. N.	*Glendale*	10
Brownsberger, S. B.	*Los Angeles*	10
Bruck, E. L.	*San Francisco*	23
Bruckman, F. S.	*San Francisco*	23
Bruckman, H.	*Ventura*	37
Bruechert, S. S.	*Hondo*	10
Bruff, W. C.	*Whittier*	10
Bruin, M. R.	*Los Angeles*	10
Brull, A.	*Los Angeles*	10
Bruman, A. K.	*San Francisco*	23
Brumbaugh, D. H.	*Redlands*	21
Brumwell, D.	*King City*	14
Brunemeier, E. H.	*Placentia*	16
Brunie, L. J.	*Pasadena*	10
Brunie, Y. S.	*Pasadena*	10
Bruning, E. F.	*Balboa*	16
Brunn, H.	*San Francisco*	23
Brusco, H. D.	*San Francisco*	23
Brush, N. H.	*Santa Barbara*	27
Brust, P. R.	*San Diego*	22
Bryan, L.	*San Francisco*	23
Bryant, A. L., Jr.	*Huntington Park*	10
Bryant, B. L.	*Los Angeles*	10
Bryant, D. C.	*Claremont*	10
Bryant, H. E.	*Los Angeles*	10
Buck, L. S.	*Los Angeles*	10
Buck, L. W.	*Ross*	23
Buckell, A. E. T.	*Oakland*	1
Buckingham, J. R.	*Los Angeles*	10
Buckley, T. I.	*Oakland*	1
Buckmann, H. D.	*Martinez*	3
Bucknam, R. W. E.	*Hollywood*	10
Budaeff, I. T.	*Daly City*	26
Budd, G. J.	*Vallejo*	32
Budd, J. W., Jr.	*Los Angeles*	10
Budge, E. S.	*Los Angeles*	10
Buell, A. W.	*Long Beach*	10
Buerger, L.	*Los Angeles*	10
Bull, E. C.	*San Francisco*	23
Bullard, C. T.	*King City*	14
Bulley, E. W.	*Gustine*	13
Bullis, J. A. E.	*Los Angeles*	10

NAME	CITY	COUNTY SOCIETY NO.
Bullis, R. O.	*Los Angeles*	10
Bullitt, J. B.	*San Jose*	28
Bullock, A. S.	*Alhambra*	10
Bullock, L. T.	*Los Angeles*	10
Bulpitt, H. G.	*Santa Monica*	10
Bulpitt, J. M.	*Santa Ana*	16
Bulpitt, P. A.	*Santa Monica*	10
Bulpitt, Z. E. N.	*Santa Ana*	16
Bulson, C. H.	*Napa*	15
Bumgarner, J. W.	*Richmond*	3
Bumpus, H. C.	*Pasadena*	10
Bumpus, L. D.	*Beverly Hills*	10
Bunch, C. C.	*Los Angeles*	10
Bunnell, S.	*San Francisco*	23
Bunney, G.	*Suisun*	32
Burch, B. O.	*Livermore*	1
Burchfiel, C. M.	*San Jose*	28
Burden, H. S.	*Sacramento*	19
Burge, M. H.	*Los Angeles*	10
Burger, F. A.	*El Centro*	6
Burger, T. O.	*San Diego*	22
Burk, E. E.	*Los Angeles*	10
Burkard, A. F.	*Santa Barbara*	27
Burke, A. M. B.	*Alameda*	1
Burke, D. V.	*Oakland*	1
Burke, E. W.	*Redlands*	21
Burke, G. T.	*Pasadena*	10
Burkelman, A.	*Los Angeles*	10
Burkett, R. C.	*Napa*	15
Burkhard, W. G.	*San Francisco*	23
Burks, F. L. R.	*Fresno*	4
Burlew, J. M.	*Santa Ana*	16
Burlingame, R. W.	*San Francisco*	23
Burnap, S. R.	*Los Angeles*	10
Burnett, C. I.	*Susanville*	9
Burnham, C. J., Jr.	*Berkeley*	1
Burnham, DeW. K.	*San Francisco*	23
Burnham, P. S.	*Los Angeles*	10
Burns, B. B.	*Pasadena*	10
Burns, E. M.	*Huntington Park*	10
Burns, G. C.	*Los Angeles*	10
Burns, J. E.	*Huntington Park*	10
Burns, M. B.	*Pasadena*	10
Burns, T. S.	*San Francisco*	23
Burnside, C.	*Hollywood*	10
Burrall, G. M.	*Los Angeles*	10
Burre, S. P.	*Eureka*	5
Burroughs, P. R.	*Santa Monica*	10
Burrows, L. A.	*Anaheim*	16
Burrows, M. T.	*Pasadena*	10
Bursell, A.	*Mountain View*	28
Burtness, H. I.	*Santa Barbara*	27
Burton, F. A.	*San Diego*	22
Burton, W. T.	*Tulare*	36
Burwell, L. C.	*Los Angeles*	10
Bush, H. C.	*Livermore*	1
Bussey, D. G.	*Avalon*	10
Butka, L. J.	*Alhambra*	10
Butler, E.	*San Francisco*	23
Butler, F. O.	*Eldridge*	33
Butler, J. B. V.	*San Luis Obispo*	25
Butler, K. W.	*Madera*	4
Butler, O. W.	*Los Angeles*	10
Butler, W. D.	*San Luis Obispo*	25
Butt, E. G.	*Redondo Beach*	10
Butt, E. M.	*Los Angeles*	10
Butterfield, A. DeF.	*Loma Linda*	21
Butterfield, E. R.	*Burbank*	10
Byars, A. H.	*San Diego*	22
Byers, W. M.	*Van Nuys*	10
Byington, P. C.	*Modesto*	34
Byron, R. L.	*Los Angeles*	10
Byron, W. P.	*Lemoore*	8
Byrne, R. V.	*Los Angeles*	10

— C —

NAME	CITY	COUNTY SOCIETY NO.
Cadwell, E.	*Fontana*	21
Cady, D. W.	*Pasadena*	10
Cady, F. P.	*Los Angeles*	10
Cahen, C. G.	*Los Angeles*	10
Cain, E. F.	*Anaheim*	16
Cain, W. T.	*Gardena*	10
Calahan, L. J.	*Lower Lake*	12
Calaway, A. A.	*Fresno*	4
Caldwell, G. W.	*Los Angeles*	10
Caldwell, H. M.	*La Canada*	10
Callander, C. L.	*San Francisco*	23
Callaway, J. W.	*La Jolla*	22
Callaway, W. O.	*Burlingame*	26
Calvert, E. H.	*Los Angeles*	22
Calvin, G. F.	*Oakland*	1
Cameron, L. C.	*Santa Ana*	16
Cameron, M. C.	*Los Angeles*	10
Cameron, V. L.	*Los Angeles*	10
Cameron, W. A.	*So. Pasadena*	10
Cammack, B. C.	*Los Angeles*	10
Camp, J. W.	*Whittier*	16
Campbell, C. C., Jr.	*Long Beach*	10
Campbell, C. R.	*San Jose*	28
Campbell, D. McL.	*San Francisco*	23
Campbell, G. E.	*Pasadena*	10
Campbell, G. M.	*Southgate*	10
Campbell, H. G.	*Lindsay*	36
Campbell, H. S.	*Los Angeles*	10
Campbell, J. R. U.	*Dunsmuir*	31
Campbell, J. V.	*Oakland*	1
Campbell, L. D.	*San Jose*	28
Campbell, L. G.	*Pasadena*	10
Campbell, M.	*Los Angeles*	10
Campbell, M. P.	*San Francisco*	23
Campbell, R.	*Los Angeles*	10
Campbell, R. A.	*Los Angeles*	10
Campbell, W. M.	*Sacramento*	19
Campiche, P. S.	*San Francisco*	23
Campion, E.	*San Francisco*	23
Campion, G. S.	*San Francisco*	23
Campisi, S.	*San Jose*	28
Canby, C. B.	*Van Nuys*	10
Canelo, C. K.	*San Jose*	28
Canfield, M. C.	*El Centro*	6
Cannon, F. M.	*San Rafael*	11
Cantarow, J. H.	*Los Angeles*	10
Cantoni, A. J.	*San Diego*	22
Capp, C. S.	*San Francisco*	23
Card, J. F.	*San Francisco*	23
Card, T. A.	*Riverside*	18
Carden, J. J.	*Honolulu, T. H.*	1
Carey, H. L.	*Gridley*	2
Carey, T. S.	*Los Angeles*	10
Carey, W. W.	*Gridley*	2
Carlile, M. N.	*Lakeside*	22
Carlson, C. M.	*Santa Rosa*	33
Carlson, E.	*San Francisco*	23
Carlson, E. F.	*Fort Jones*	31
Carlson, E. O.	*Ontario*	21
Carlson, F. J.	*Oakland*	1
Carmack, J. C.	*San Bernardino*	21
Carmichael, H.	*Sacramento*	19
Carmody, J. P.	*Huntington Park*	10
Carpenter, H. C.	*Berkeley*	1
Carpenter, H. L.	*Richmond*	3
Carr, J. L.	*San Francisco*	23
Carroll, R. L.	*Los Angeles*	10
Carroll, W. A.	*San Francisco*	23
Carson, A. B.	*Oakland*	1
Carson, D. A.	*San Francisco*	23
Carson, G. R.	*San Francisco*	23
Carter, A. E.	*North Hollywood*	10
Carter, F. H.	*San Diego*	22
Carter, M. G.	*Los Angeles*	10
Carter, M. L.	*Carmel*	14
Carter, Ray A.	*Alhambra*	10
Carter, Richard A.	*Long Beach*	10
Carter, R. H.	*Fresno*	4
Carter, R. V.	*Tarzana*	10
Carter, W. E.	*San Francisco*	23
Carter, W. N.	*Los Angeles*	10
Cartmell, T. M.	*Los Angeles*	10
Cartwright, E. W.	*Pasadena*	22
Caruso, T. D.	*Los Angeles*	10
Carver, W. F., Jr.	*Hollywood*	10
Cary, J. A.	*Morgan Hill*	28
Cary, R. J.	*Long Beach*	10
Case, C. E.	*Santa Maria*	27
Case, E. H.	*Oakland*	23
Case, L. W.	*Pomona*	10
Casey, E. A.	*Grass Valley*	17
Casey, H. A.	*Oakland*	1
Casey, T. J.	*Oakland*	1
Caskey, C. R.	*Los Angeles*	10
Caspar, P. C.	*Hollywood*	10
Cass, A. B.	*Los Angeles*	10
Cass., D.	*Los Angelcs*	10
Cassady, E. S.	*San Pedro*	10
Cassady, G. E.	*Los Angeles*	10
Cassell, I.	*San Jose*	28
†Cassidy, F. C.	*Livermore*	1
Castanares, S.	*Los Angeles*	10
Castelhun, P.	*San Francisco*	23
Castlen, C. R.	*Glendale*	10
Casto, F. M.	*La Jolla*	22
Cates, H. B.	*Los Angeles*	10
Catton, J.	*San Francisco*	23
Cecil, A. B.	*Los Angeles*	10
Cecil, J. J.	*Patton*	21
Cerf, A. E.	*San Francisco*	23
Chabanoff, E.	*San Francisco*	23
Chaffee, B. S.	*Long Beach*	10
Chaffin, G. L.	*Los Angeles*	10
Chaffin, R. C.	*Los Angeles*	10
Chaiken, L. H.	*New York, N. Y.*	28
Chaimov, A. S.	*San Francisco*	23
Chain, J. N.	*Eureka*	5
Chain, J. S.	*Eureka*	5
Chalfant, G. O.	*San Francisco*	23
Chalmers, J. F.	*La Jolla*	22
Chaloupka, H. R.	*Los Angeles*	10
Chamberlain, B. H.	*Alhambra*	10
Chamberlain, F. L.	*San Francisco*	23
Chamberlin, H. H.	*Glendora*	10
Chambers, S. O.	*Los Angeles*	10
Chamlee, W. F.	*Hanford*	8
Champion, J. A.	*Colton*	21
Chandler, L. R.	*San Francisco*	23
Chaney, L. A.	*Los Angeles*	10
Channell, W. L.	*Oakland*	1
Chapman, G. E.	*San Francisco*	23
Chapman, H. J.	*Tujunga*	10
Chapman, H. S.	*Stockton*	24
Chapman, J. F.	*Pasadena*	10
Chapman, J. L.	*Los Angeles*	10
Chapman, L. S.	*Los Angeles*	10
Chapman, R.	*Los Angeles*	10
Chapman, W. H.	*Blythe*	18
Chappell, A. E.	*Vallejo*	32
Chappell, H. W.	*Los Angeles*	10
Charles, H. L.	*Alhambra*	10
Charlesworth, I. E.	*Imola*	15
Charlton, A. T.	*Whittier*	10
Charlton, C. F.	*Pasadena*	10
Charmak, D. D.	*San Francisco*	23
Charnock, D. A.	*Los Angeles*	10
Chase, A. E.	*Santa Ana*	16
Chase, A. S.	*Los Angeles*	10
Chase, E. M.	*Soledad*	14
Chase, F. H.	*Los Angeles*	10
Chavez, M.	*Los Angeles*	10
Cheney, G.	*San Francisco*	23
Cheney, L. D.	*Los Angeles*	10
Cheney, M. C.	*Berkeley*	1
Cheney, W. F.	*San Francisco*	23
Cherney, L. S.	*San Francisco*	23
Cherry, C. B.	*Los Angeles*	36
Cherry, C. F.	*Los Angeles*	10
Cherry, I. S.	*Pasadena*	10
Cherry, W. S.	*Rialto*	21
Chesbro, E. J.	*Gilroy*	28
Chesbro, W. O.	*Gilroy*	28
Chessman, F. N.	*Los Angeles*	10
Chew, W. B.	*Oakland*	1
Chiapella, J. O.	*Chico*	2
Chier, R. D.	*Los Angeles*	10
Childers, L. A.	*San Jose*	28
Childress, M. H.	*Ione*	19
Childrey, J. H.	*Atherton*	26
Chilton, F. N.	*San Jose*	28
Ching, P. S.	*Fresno*	4
Ching, S.	*Victorville*	21
Chipman, E. D.	*San Francisco*	23
Chipman, W. D.	*Los Angeles*	10
Chittenden, R. F.	*North Hollywood*	15
Chock, C. A.	*Los Angeles*	10
Chouret, E. E.	*Riverbank*	34
Christensen, A. C.	*Glendale*	10
Christensen, E. L.	*Los Angeles*	10
Christensen, G. E.	*Los Angeles*	10
Christensen, W.	*Los Angeles*	10
Christensen, W. M.	*Eagle Rock*	10
Christeson, E. L.	*Los Angeles*	10
Christian, J. T.	*Sacramento*	19
Christian, S. G.	*Sacramento*	19
Christie, R. C.	*Long Beach*	10
Christierson, S. von	*San Francisco*	23
Christman, P. W.	*Sacramento*	19
Christopherson, E. H.	*San Diego*	22
Church, C. H.	*Berkeley*	1
Church, I. O.	*Oakland*	1
Churchill, A. G.	*Coronado*	22
Churchill, J. F.	*San Diego*	22
Cieri, S.	*Oakland*	1
Cilley, H. A.	*San Jose*	28
Citron, J. W.	*Oakland*	1
Clark, A. G.	*San Francisco*	23
Clark, A. M.	*Woodland*	38
Clark, C. W.	*San Rafael*	11
Clark, D. G.	*Santa Paula*	37
Clark, D. M.	*Santa Barbara*	27
Clark, E. B.	*Los Altos*	28
Clark, F. A.	*Riverside*	18
Clark, G. C.	*Fullerton*	16
Clark, G. E.	*Santa Monica*	10
Clark, G. S.	*Los Angeles*	10
Clark, H. E.	*Monterey*	14
Clark, H. S.	*Riverside*	18
Clark, I. J.	*Vista*	22
Clark, J. A.	*Gilroy*	28
Clark, J. E.	*Oakland*	1
Clark, J. W.	*Santa Rosa*	33
Clark, L. J.	*Hemet*	18
Clark, R. L.	*Sacramento*	19
Clark, T. J.	*Oakland*	1
Clark, V. G.	*San Diego*	22
Clark, W. A.	*Pasadena*	10
Clark, W. F.	*Los Angeles*	10
Clark, W. R. P.	*San Francisco*	23
Clark, W. S.	*Ventura*	37
Clarke, A. F.	*Oakland*	1
Clarke, F. B.	*Long Beach*	10
Clarke, R. M.	*Los Angeles*	10
Clarke, W. A.	*Holtville*	6
Clarke, W. T.	*Los Angeles*	10
Clayton, J. H.	*Los Angeles*	10
Cleary, E. W.	*Burlingame*	26
Cleary, G. G.	*San Francisco*	26
Cleave, D. C.	*Belvedere*	11
Clecak, N. J.	*Oakland*	1
Cleeves, M.	*La Crescenta*	10
Clegg, J. G.	*Los Angeles*	10
Cleland, H. O.	*Ukiah*	12
Clemmer, C. V.	*San Marino*	10
Clemons, E. J.	*Los Angeles*	10
Cline, J. W.	*San Francisco*	23
Clock, C. J.	*Redlands*	21
Close, F. M.	*San Francisco*	23
Close, K. M.	*Los Angeles*	10
Clough, F. E.	*San Bernardino*	21
Clough, V. R.	*Long Beach*	10
Coate, C. R.	*Whittier*	10
Coate, J. D.	*Oakland*	1
Coates, G. L., Jr.	*Martinez*	3
Cobb, D. M., Jr.	*Los Angeles*	10
Cobb, V. M.	*Stewart, Nevada*	10

NAME	CITY	COUNTY SOCIETY NO.
Cobbs, P. P.	*Los Angeles*	10
Coblentz, L. B.	*San Francisco*	23
Coblentz, Z. B.	*San Francisco*	23
Cochran, G. H.	*Los Angeles*	10
Cochran, G. V.	*Oakland*	1
Cochran, R. C.	*Yorba Linda*	16
Cocks, C. E.	*Oakland*	1
Cody, B. A.	*San Francisco*	23
Coeur-Barron, F. H.	*Los Angeles*	10
Coffey, E. C.	*Orland*	38
Coffey, G. C.	*Ventura*	37
Coffey, S. E.	*Orland*	38
Coffey, W. B.	*San Francisco*	23
Coffin, H. W.	*Los Angeles*	10
Coggin, C. B.	*Los Angeles*	10
Coghlan, C. C.	*Los Angeles*	10
Cohen, M.	*San Francisco*	23
Cohen, P.	*Santa Maria*	27
Cohn, A. L.	*San Francisco*	23
Cohn, H. J.	*San Francisco*	23
Cohn, J.	*Los Angelcs*	10
Cohn, M. L.	*San Francisco*	23
Cohn, R.	*San Francisco*	23
Colby, E. F.	*Bakersfield*	7
Colby, E. G.	*San Diego*	22
Cole, E. R.	*Sacramento*	19
Cole, F.	*Los Angeles*	10
Cole, M. I.	*Los Angeles*	10
Cole, W.	*Long Beach*	10
Coleman, B. E.	*Los Angeles*	10
Coleman, D. D.	*Alhambra*	10
Coleman, E. H.	*Fresno*	4
Coleman, F. D.	*Los Angeles*	10
Coller, G. J.	*Los Angeles*	10
Collins, C. D.	*Fresno*	4
Collins, D. C.	*Beverly Hills*	10
Collins, J. L.	*Turlock*	34
Collins, J. M.	*San Francisco*	23
Collins, M. C.	*Turlock*	34
Collins, R. F.	*No. Hollywood*	10
Collis, W. H. L.	*Stockton*	24
Collischonn, P.	*San Francisco*	23
Colloff, B.	*San Francisco*	23
‡Colver, B. N.	*Glendale*	10
Comfort, H. W.	*Fortuna*	5
Commons, E. L.	*Los Angeles*	10
Compton, C. S.	*Bakersfield*	7
Comstock, B. W.	*Los Angeles*	10
Comstock, D. D.	*Los Angeles*	10
Comstock, T. R.	*Los Angeles*	10
Condit, J. C.	*Oakland*	1
Condit, J. D.	*Pasadena*	10
Conforth, E. L.	*Los Angeles*	16
Congdon, W. R.	*Santa Cruz*	29
Conger, C. B.	*San Jose*	28
Conklin, C. M.	*Glendale*	10
Conlan, F. J. S.	*San Francisco*	23
Conlan, P. T.	*Beverly Hills*	10
Conley, W. T.	*Los Angeles*	10
Conn, C. E.	*Hollywood*	10
Connell, DeB. W.	*Berkeley*	1
Connell, J. A.	*Riverside*	18
Conner, A. W.	*San Jose*	28
Connor, C. L.	*San Francisco*	23
Conroy, B. J.	*Fairfax*	11
Conroy, T. F.	*Palo Alto*	28
Conser, W. H.	*Santa Maria*	27
Conzelmann, F. J.	*Stockton*	24
Cooder, H. R.	*Los Angeles*	10
Coodley, O.	*Los Angeles*	10
Cook, C. S.	*Los Angeles*	10
Cook, C. W.	*Los Angeles*	10
Cook, E. J.	*Los Angeles*	10
Cook, E. P.	*San Jose*	28
Cook, J. D.	*Olive View*	10
Cook, O. S.	*Sacramento*	19
Cook, W. C.	*Los Angeles*	10
Cook, W. P.	*Los Angeles*	10
Cooke, A. B.	*Los Angeles*	10
Cooke, W. C.	*San Diego*	22
Cooley, C. L.	*San Francisco*	23
Coon, G. W.	*Riverside*	18
Cooper, A. J.	*San Diego*	22
Cooper, B.	*Arcata*	5
Cooper, C. E.	*San Francisco*	23
Cooper, C. L.	*Los Angeles*	10
Cooper, C. M.	*San Francisco*	23
Cooper, F. G.	*Huntington Park*	10
Cooper, G. P.	*Angels Camp*	24
Cooper, H. J.	*Fresno*	4
Cooper, J. A.	*Modesto*	34
Cooper, T. E.	*Davis*	38
Cooper, W.	*Palo Alto*	28
Cooper, Z. P.	*Los Angeles*	10
Cope, J. H., Jr.	*Merced*	13
Copeland, E. K.	*Woodland*	38
Copp, E. F. F.	*La Jolla*	22
Corbin, D. E.	*San Diego*	22
Cordes, F. C.	*San Francisco*	23
Cordua, O. B.	*San Diego*	22
Corlette, M. B.	*Pasadena*	10
Corneille, J. G.	*Oakland*	1
Cornell, C. E.	*Los Angeles*	10
Cornell, H. D.	*San Diego*	22
Cornett, W. F.	*Pasadena*	10
Cornwall, T. W.	*San Francisco*	23
Corr, W. P.	*Riverside*	18
Cortright, C. B.	*Berkeley*	1
Cosgrove, C. P.	*Los Angeles*	10
Cosgrove, J. B.	*Los Angeles*	10
Coshow, G. H.	*Carpinteria*	27
Costa, F. J.	*San Pedro*	10
Costolow, W. E.	*Los Angeles*	10
Cottle, C. C.	*Los Angeles*	10
Cottrell, E. L.	*San Jose*	28
Cottrell, J. C.	*Long Beach*	10
Couey, E. J.	*Fresno*	4
Coughlin, J. H.	*San Bernardino*	21
Coughlin, W. F.	*Carmel*	14
Coulter, J. D.	*Portola*	9
Counter, C. E.	*Long Beach*	10
Counter, H. M.	*Buena Park*	16
Couperous, J. J.	*Rio Vista*	32
Courville, C. B.	*Los Angeles*	10
Covault, W. I.	*Costa Mesa*	16
Cover, W. L.	*San Bernardino*	21
Cowan, A. B.	*Fresno*	4
Cowan, C. B.	*San Francisco*	23
Cowgill, C. H.	*Huntington Park*	10
Cowin, C. C.	*Hollywood*	10
Cowles, D. C.	*Fullerton*	16
Cox, A. J., Jr.	*San Francisco*	23
Cox, B. E.	*Coalinga*	4
Cox, E. R.	*Los Angeles*	10
Cox, G. W.	*San Francisco*	23
Cox, H. T.	*Los Angeles*	10
Cox, J. E.	*Coalinga*	4
Cox, T. J.	*San Francisco*	23
Cox, W. J.	*San Francisco*	23
Coyle, J. D., Jr.	*Sacramento*	19
Cozen, L.	*Los Angeles*	10
Crabtree, E. G.	*San Diego*	22
Crabtree, E. H.	*San Diego*	22
Craft, E. D.	*Los Angeles*	10
Cragin, R. B.	*San Jose*	28
Crahan, M. E.	*Los Angeles*	10
Craig, C. A.	*Lakeport*	12
Craig, L. G.	*Pasadena*	10
Craig, J. B.	*Uplands*	21
Craig, R. G.	*San Francisco*	23
Craig, S. A.	*Ontario*	21
Craik, C. W.	*Venice*	10
Crane, C. C.	*San Francisco*	23
Crane, E. H.	*Inglewood*	10
Crane, H. W.	*Berkeley*	1
Crane, J. A.	*Berkeley*	1
Crane, J. J.	*Los Angeles*	10
Crane, N. F.	*Los Angeles*	10
Crane, W. R.	*Los Angeles*	10
Crane, W. W.	*Oakland*	1
Crase, H. R.	*Los Angeles*	10
Craven, L. L.	*Glendale*	10
Craviotto, J. V.	*Stockton*	24
Crawford, J. W.	*San Francisco*	23
Crawford, W. W.	*San Diego*	22
Crawshaw, J. A.	*Hanford*	8
Crease, F. J.	*Bakersfield*	7
Crease, H. G.	*Bakersfield*	7
Cress, W. W.	*Sacramento*	19
Crenshaw, G. L.	*Ahwahnee*	13
Crever, J. W.	*Susanville*	9
Crew, D. A.	*San Luis Obispo*	25
Criley, C. H.	*Los Angeles*	10
Crismon, K. A.	*Los Angeles*	10
Crisp, N. J.	*Benicia*	32
Crispin, E. L.	*Los Angeles*	10
Crockett, H. C.	*Hayward*	1
Crockett, H. G.	*Los Angeles*	10
Croft, L. E.	*Santa Monica*	10
Cronan, L. A.	*Davis*	38
Cronemiller, R. E.	*Exeter*	36
Cronenwett, P. H.	*Alameda*	1
Cronin, D. J.	*San Francisco*	23
Crook, H. W.	*Bishop*	40
Crooks, S. A.	*Loma Linda*	21
Crosby, D.	*Oakland*	1
Crosby, I. F.	*Pasadena*	10
Crossan, J. W.	*Los Angeles*	10
Crossen, A. S.	*Sacramento*	19
Crow, L. B.	*San Francisco*	23
Crowe, H. E.	*Los Angeles*	10
Crowl, V. C.	*Huntington Park*	10
Crowley, E.	*Santa Maria*	27
Crowley, F. L.	*Patton*	21
Crozier, H. C.	*Los Angeles*	10
Cruden, A. W.	*Saticoy*	37
Cruikshank, G. H.	*San Diego*	22
Crum, H. C.	*Alameda*	1
Crum, R. A.	*Oakland*	1
Crumrine, H. C.	*West Los Angcles*	10
Crusan, R. E.	*Monrovia*	10
Cryst, J. H.	*Los Angeles*	10
Cullen, B. R.	*Long Beach*	10
Cummings, H. R.	*Los Angeles*	10
Cummings, J. C.	*Glendale*	10
Cummings, J. E.	*Los Angelcs*	10
Cummings, M. A.	*Chico*	2
Cummings, R. A.	*Los Angelcs*	10
Cummings, R. S.	*Los Angeles*	10
Cuneo, J. C.	*San Jose*	28
Cuneo, P. J.	*Bakersfield*	7
Cunnane, P. J.	*Los Angelcs*	10
Cunnane, T. B.	*Los Angeles*	10
Cunningham, R. A.	*Pasadena*	10
Cunningham, R. L.	*Los Angeles*	10
Cunningham, R. L.	*Berkeley*	1
Cunningham, T. M.	*La Mesa*	22
Cunningham, T. T.	*Huntington P'k*	10
Cunningham, W. E.	*Richmond*	3
Curdts, C. E.	*Oakland*	1
Currey, H. M.	*Santa Ana*	16
Currie, A. H.	*Los Angeles*	10
Currlin, A. R.	*Milpitas*	28
Curtis, C. G.	*Brea*	16
Cushman, G. F.	*San Francisco*	23
Custer, C. P.	*Patterson*	34
Custer, L. R.	*San Francisco*	23
Cutshaw, C. M.	*Brawley*	6
Cutter, J. B.	*Burney*	29
Cutter, R. D.	*Palo Alto*	28
Cutter, R. K.	*Berkeley*	1
Cutting, J. A.	*Agnew*	28

— D —

NAME	CITY	COUNTY SOCIETY NO.
DaCosta, A. A.	*San Diego*	22
Daggett, G. G.	*Madera*	4
Dahleen, H. E.	*San Jose*	28
Dahlgren, R. W.	*Fresno*	4
Dail, C. W.	*Loma Linda*	21
Dailey, W. J.	*Oakland*	1
Daily, K.	*Richmond*	3
Dakin, W. B.	*Los Angeles*	10
Dale, M. B.	*Pasadena*	10
Dallal, J. M.	*San Mateo*	26
Dallas, D. A.	*San Francisco*	23
Dalton, J. W.	*Santa Barbara*	27
Dalton, M. A.	*Santa Ana*	16
Daly, L. E.	*Needles*	21
Dameron, J. D.	*Stockton*	24
Daniel, W. H.	*Los Angeles*	10
Daniele, J. A.	*San Francisco*	23
Daniels, A. C.	*San Rafael*	11
Daniels, E. H.	*Long Beach*	10
Dannenberg, B. A.	*Escondido*	22
Danno, S. P.	*Los Angeles*	10
Darling, H. H.	*San Francisco*	23
Dart, A. E.	*Oakland*	1
Dashiell, W. A.	*Beverly Hills*	10
Dassett, J. W.	*Whittier*	10
Dau, N. J.	*Fresno*	4
Davenport, J. D.	*Los Angeles*	10
Davies, B. P.	*Palo Alto*	28
Davies, H. L.	*Redondo Beach*	10
Davidson, B. R.	*Brawley*	6
David, R. A.	*Los Angeles*	10
David y Malig, J. M.	*Los Angeles*	10
Davis, A. D.	*San Francisco*	23
Davis, A. S.	*Oakland*	1
Davis, B. L.	*Palo Alto*	28
Davis, D. B.	*Los Angeles*	10
Davis, E. A.	*Berkeley*	23
Davis, F. J.	*Susanville*	9
Davis, F. J., Jr.	*Susanville*	9
Davis, H. C.	*San Francisco*	23
Davis, H. H.	*El Segundo*	10
Davis, H. J.	*Sacramento*	19
Davis, H. L.	*Huntington Park*	10
Davis, H. W.	*San Francisco*	23
Davis, J. B.	*Long Beach*	10
Davis, J. D.	*Los Angeles*	10
Davis, J. P.	*Santa Ana*	16
Davis, K. S.	*Los Angeles*	10
Davis, S. K.	*Santa Ana*	16
Davis, S. S.	*Oakland*	1
Davison, C. L.	*Los Angcles*	10
Davison, L. C.	*Santa Ana*	16
Davison, S. T.	*San Francisco*	23
Davitt, G. G.	*Los Angeles*	10
Davlin, L. P.	*Gonzales*	14
Dawson, E. C.	*Niles*	1
Dawson, G. I.	*Napa*	15
Day, E. C.	*Valley Center*	16
Day, P. W.	*Represa*	19
Dayton, G. O.	*Los Angeles*	10
Deakers, R. P.	*Los Angeles*	10
Deamer, W. C.	*San Francisco*	23
Dean, J. R.	*Los Angeles*	10
Deane, L. C.	*San Francisco*	23
Dearing, B. F.	*San Francisco*	23
Dearborn, R. R.	*Madera*	3
Debenham, M. W.	*San Francisco*	23
DeBusk, F. G.	*Visalia*	36
de Campos, P. do A. R.	*Hanford*	8
de Carle, D. W.	*San Francisco*	23
Decker, C. W.	*Los Angeles*	10
Decker, R. M.	*Pasadena*	10
DeEds, E. A.	*San Francisco*	23
Deering, W. E.	*Hollywood*	10
Deissler, K. J.	*San Francisco*	1
Delamere, G. S.	*Marysville*	39
DeLancey, C. A.	*San Rafael*	11
DeLappe, F. R.	*Modesto*	34
Delbridge, K. W.	*Pasadena*	10
della Sala, R.	*Oakland*	1
De Long, E. W.	*Hollywood*	10
Delphey, W. E.	*Pasadena*	10
Delprat, G. D., Jr.	*San Francisco*	23
Delprat, J. L. P.	*San Francisco*	23
Dempsey, R. B.	*Vallejo*	32
Den Dulk, G.	*Ripon*	24
Dennis, H. O.	*Beverly Hills*	10

NAME	CITY	COUNTY SOCIETY NO.
Denton, W. L.	*Trona*	21
DePuy, C. A.	*Oakland*	1
Derieux, G. H.	*Santa Barbara*	27
Derrick, J. S.	*Los Angeles*	10
Desch, W. D.	*Oakland*	1
Desimone, L. O.	*Los Angeles*	10
DeSmet, D. H.	*Bakersfield*	7
Desmond, M. A.	*Santa Monica*	10
Desparois, G. B.	*Los Angeles*	10
Desrosier, G. W.	*Colusa*	38
Desser, A. L.	*Los Angeles*	10
Detling, F. E.	*Los Angeles*	10
De Vaul, C. H.	*Oakland*	1
De Vighne, H. C.	*Santa Barbara*	27
Devin, S. B.	*Los Angeles*	10
Dewey, E. B.	*Pasadena*	10
Dewey, E. T.	*San Francisco*	23
Dewey, H. G.	*Yosemite*	13
Dexter, M. A.	*La Jolla*	22
Dick, P. J.	*Berkeley*	1
Dickerson, D. G.	*Los Angeles*	10
Dickey, C. A.	*San Francisco*	23
Dickey, C. D., Jr.	*Los Angeles*	10
Dickey, L. B.	*San Francisco*	23
Dickie, W. M.	*Berkeley*	1
Dickinson, A. E.	*Los Gatos*	28
Dickinson, C. C.	*McCloud*	31
Dickson, A. J.	*Glendale*	10
Didier, F. W.	*Wheatland*	39
Diederich, O. P.	*Fresno*	4
Diefenbach, W. E.	*La Jolla*	22
Diepenbrock, A. B.	*San Francisco*	23
Diesner, H. G.	*Sunnyvale*	27
Dietderich, C. E.	*Crockett*	3
Dieterle, K. L.	*Los Angeles*	10
Dietz, H. L.	*Oakland*	1
Dignan, H. H.	*San Francisco*	23
Dillon, J. R.	*San Francisco*	23
Dillon, V. M.	*San Francisco*	23
Diven, G. R.	*Los Angeles*	10
Dixon, C. D.	*Venice*	10
Dixon, C. E.	*Los Angeles*	10
Dixon, H. B.	*San Francisco*	23
Dixon, H. L.	*Walnut Park*	10
Doane, B. L.	*Pasadena*	10
Doane, C. P.	*Fresno*	4
Doane, F. L.	*Red Bluff*	35
Doane, P. S.	*Pasadena*	10
Dobson, L. G.	*San Francisco*	23
Dock, G.	*Pasadena*	10
Dock, W.	*San Francisco*	23
Dockweiler, R. R.	*Los Angeles*	10
Dodd, A. M.	*Los Angeles*	10
Dodge, D. R.	*Pasadena*	10
Dodge, W.	*Los Angeles*	10
Doehring, C. F.	*Pasadena*	10
Dolan, P. E.	*Livermore*	1
Dole, K. L.	*Redlands*	21
Dolfini, W. W.	*Eureka*	5
Dolley, F. S.	*Los Angeles*	10
Donald, W. G.	*Berkeley*	1
Donaldson, A. N.	*Santa Ana*	16
‡Donelan, James P.	*Los Angeles*	10
Donham, R. C.	*Los Angeles*	10
Donoher, W. D.	*Los Angeles*	10
Donohoe, E. C.	*Glendale*	10
Donovan, M.	*San Francisco*	23
Dooley, J. B.	*Compton*	10
Doran, A. V.	*Vallejo*	32
Dorius, G. R.	*Oakland*	1
Dormody, H. F.	*Monterey*	14
Dormody, H. L.	*Monterey*	14
Doroshow, G. D.	*Los Angeles*	10
Dorr, W. R.	*Arlington*	18
Dostal, R. J.	*Santa Monica*	10
Dougall, J. P.	*Los Angeles*	10
Dougan, S.	*San Jose*	28
Dougherty, A. M.	*San Diego*	22
Dougherty, J. A.	*Oakland*	1
Dougherty, P. S.	*Los Angeles*	10
Doughty, J. F.	*Tracy*	24
Douglass, G. H.	*Los Angeles*	10
Douglass, P.	*San Francisco*	23
Dow, J. N.	*Los Angeles*	10
Dowd, R. E.	*San Bernardino*	21
Dowling, S. W.	*Santa Cruz*	29
Downing, F. H.	*Fresno*	4
Downing, S. R.	*Oakland*	1
Downs, L.	*Hollywood*	10
Downs, V. S.	*Los Angeles*	10
Doyle, G. F.	*San Francisco*	23
Doyle, J. B.	*Los Angeles*	10
Doyle, J. C.	*Beverly Hills*	10
Doyle, J. J. L.	*Chico*	2
Doyle, O. B.	*Fresno*	4
Dozier, D. F.	*Sacramento*	19
Dozier, E.	*Redding*	30
Dozier, E. G.	*San Fernando*	10
Dozier, L.	*Stockton*	24
Dozier, T. J.	*Antioch*	3
Drace, C. G.	*Ojai*	37
Dragoo, S. V.	*Avenal*	8
Drake, D. D.	*San Francisco*	23
Drake, J. C.	*Kerman*	4
Drane, W. H.	*Los Angeles*	10
Draper, D. B.	*San Jose*	28
Drees, L. A.	*San Francisco*	23
Drennan, P. G.	*Oakland*	1
Dresel, R. L.	*San Jose*	23
Driscoll, J. A.	*San Francisco*	23
Druckman, J. S.	*Los Angeles*	10
Drummond, T. A.	*Randsburg*	21
Dryden, F. M.	*Pasadena*	10
Dryer, D. S.	*Los Angeles*	10
Dryfoos, H. L.	*San Francisco*	23
Dubin, N. A.	*Lincoln*	17
Dudley, H. W.	*San Rafael*	11
Dueker, H. W.	*Lone Pine*	36
Dufficy, G. W.	*Sacramento*	19
Duffy, J. J.	*Los Angeles*	10
Duggan, H.	*San Francisco*	23
Duggan, R. J.	*San Francisco*	23
Duggan, W. T.	*San Francisco*	23
Dukes, C. A.	*Oakland*	1
Dunbar, W. V.	*San Pedro*	10
Duncan, J. A.	*Marysville*	39
Duncan, J. J.	*Los Angeles*	10
Duncan, M. V.	*Lompoc*	27
Duncan, R. A.	*Placentia*	16
Duncan, R. D.	*Los Angeles*	10
Duncan, W. C.	*Los Angeles*	10
Dunievitz, M.	*Auburn*	17
Dunklee, G. K.	*San Luis Obispo*	25
Dunlavy, K. J.	*Healdsburg*	33
Dunlevy, G. R.	*Los Angeles*	10
Dunlop, J.	*Pasadena*	10
Dunn, R. D.	*Palo Alto*	28
Dunn, R. H.	*San Francisco*	23
Dunne, N. P.	*Oakland*	1
DuPree, F. F.	*Los Angeles*	10
Dupuich, L. R.	*Oakland*	1
Durgin, R. M.	*Berkeley*	1
Durr, S. A.	*San Diego*	22
Dutton, A. C.	*San Francisco*	23
Dutton, M. L.	*San Francisco*	23
Duvall, E. M.	*Long Beach*	10
Dye, W. G.	*Los Angeles*	10
Dygert, G. W.	*Oakland*	1
Dyke, L. H.	*Oakland*	1
Dykes, H. R.	*Taft*	7
Dysart, B. R.	*Pasadena*	10

— E —

NAME	CITY	COUNTY SOCIETY NO.
Eager, B. F.	*San Diego*	22
Eakin, M. A.	*Fresno*	4
Earel, F.	*Santa Ana*	16
Earl, H. D.	*San Pedro*	10
Earle, L. M.	*Los Angeles*	10
Early, C. E.	*Los Angeles*	10
Earwood, E. R.	*Los Angeles*	10
Eastman, B. R.	*Pasadena*	10
Eastman, W. R.	*La Jolla*	22
Easton, D. E. F.	*San Francisco*	23
Eaton, A. C.	*San Francisco*	23
Eaton, C. D.	*Oakland*	1
Eaton, H. D.	*Los Angeles*	10
Eaton, J. L.	*Berkeley*	1
Eaton, W. H.	*Bakersfield*	27
Eaves, J.	*Oakland*	1
Ebert, C. E.	*Los Angeles*	10
Eberhardt, G.	*Gonzales*	14
Ebers, T. M.	*Los Angeles*	10
Ebright, G. E.	*San Francisco*	23
Eccleston, J. O.	*Stockton*	24
Eckerle, W. J.	*Wilmington*	10
Eckhardt, W.	*Los Angeles*	10
Eder, H. L.	*Santa Barbara*	27
Eder, L. F.	*Santa Barbara*	27
Edgerton, A. E.	*San Francisco*	23
Edler, W.	*Pasadena*	10
Edmeades, W. S.	*Martinez*	3
Edmonds, F. W.	*Oakland*	1
Edmondson, H. A.	*Pasadena*	10
Edmunds, P. K.	*Corcoran*	8
Edward, J. T.	*Pasadena*	10
Edwards, F. A.	*Los Angeles*	10
Edwards, H. W.	*Los Angeles*	10
Edwards, J. C.	*Berkeley*	1
Edwards, M. E.	*San Francisco*	23
Edwards, W. M.	*San Rafael*	11
Egan, A. R.	*San Diego*	22
Egleston, E. F.	*San Francisco*	23
Ehlers, E. C.	*Loma Linda*	21
Ehlers, H.	*Fowler*	4
Ehlers, H.	*Los Angeles*	10
Ehrke, A. A.	*Compton*	10
Eichwald, M.	*Oakland*	1
Eidenmuller, W. C., Jr.	*San Francisco*	23
Eikenberry, K.	*Los Angeles*	10
Einhorn, B.	*Los Angeles*	10
Eisen, E. G.	*Los Angeles*	10
Eiskamp, E. H.	*Watsonville*	29
Eklund, O. E.	*San Francisco*	23
Ekroth, W. J.	*Los Angeles*	10
Elder, H. M.	*San Francisco*	23
Elder, J. W.	*Compton*	10
Eldredge, H. S.	*San Pedro*	21
Eldredge, R. B.	*Santa Monica*	10
Eldridge, S.	*Crockett*	3
Elerding, G. W.	*Los Angeles*	10
Eliaser, M., Jr.	*San Francisco*	23
Eliason, P. W.	*San Mateo*	26
Elkins, D. L.	*Long Beach*	10
Ellefson, O. D.	*Hughson*	34
Ellik, M.	*Long Beach*	10
Elliot, A. H., Jr.	*Santa Barbara*	27
Elliott, A. C.	*Anaheim*	16
Elliott, A. L.	*Berkeley*	1
Elliott, H. M.	*Los Angeles*	10
Ellis, G.	*Berkeley*	1
Ellis, H. O.	*Chico*	2
Ellis, L. T.	*Los Angeles*	10
Ellis, L. W.	*San Marino*	10
Ellsworth, A. B.	*Long Beach*	10
Ellwood, P. M.	*Oakland*	1
Eloesser, L.	*San Francisco*	23
Elsbach, K.	*San Francisco*	23
Emerson, C. V.	*Los Angeles*	10
Emerson, M. L.	*Oakland*	1
Emery, C. E.	*San Francisco*	23
Emery, C. K.	*Los Angeles*	10
Emge, L. A.	*San Francisco*	23
Emmons, C. L.	*Ontario*	21
Emmons, L. L.	*Ontario*	21
Empey, L. W.	*Roseville*	17
Empie, W. M.	*San Pedro*	10
Ende, F. M.	*Hollywood*	10
Endres, W. J.	*Los Angeles*	10
Eneboe, J. B.	*San Diego*	22
Eng, S. Y.	*Los Angeles*	10
Engel, E. E.	*San Bernardino*	21
Engle, H. M.	*San Francisco*	23
Englehorn, T. D.	*King City*	14
English, C. F.	*Stockton*	24
English, G. G.	*Hollywood*	10
Enloe, N. T.	*Chico*	2
Enos, J. B.	*Oakland*	1
Enos, M. M.	*Oakland*	1
Epsteen, A.	*San Francisco*	23
Epstein, E. H.	*Oakland*	1
Epstein, H. C.	*Los Angeles*	10
Epstein, N. N.	*San Francisco*	23
Erkenbeck, J. W.	*San Diego*	22
Erlanger, V. J.	*San Diego*	22
Ernsberger, G. H.	*Covina*	10
Escamilla, R. F.	*San Francisco*	23
Escher, E. W.	*San Francisco*	23
Eshman, L. A.	*Los Angeles*	10
Eshoo, D.	*South Pasadena*	10
Esker, G. C., Jr.	*Los Angeles*	10
Esnard, R. P.	*Los Angeles*	10
Esslinger, P. H.	*San Juan Capistrano*	16
Etter, O. R.	*Oakland*	1
Eusden, R. B.	*Long Beach*	10
Evans, C. B. S.	*West Los Angeles*	10
Evans, H. R.	*Kernville*	7
Evans, J. H.	*Highland*	21
Evans, L. M.	*Pasadena*	10
Evans, N. G.	*South Pasadena*	10
Evans, R. D.	*Los Angeles*	10
Eveleth, R. H.	*Roseville*	17
Everingham, S.	*Oakland*	1
Everman, C. C.	*Point Reyes Station*	11
Evers, F. G.	*San Francisco*	23
Every, H. M.	*Santa Rosa*	32
Ewens, F.	*Beverly Hills*	10
Ewer, E. G.	*Oakland*	1
Ewer, E. N.	*Oakland*	1
Ewer, J. N.	*Oakland*	1
Ewing, F. E.	*Oakland*	1
Ewing, J. P.	*Los Angeles*	10
Exelby, P. B.	*Los Angeles*	10
Eymundson, K. S.	*San Francisco*	23

— F —

NAME	CITY	COUNTY SOCIETY NO.
Faber, H. K.	*San Francisco*	23
Fabian, J. P.	*Chico*	2
Facey, F. D.	*San Fernando*	10
Fagan, R. H.	*Los Angeles*	10
Fagan, S. F.	*Los Angeles*	10
Fagerstrom, D. P.	*San Jose*	28
Fahlen, C. C.	*San Francisco*	23
Fairbairn, G. F.	*Belmont*	26
Fairchild, C. H.	*Woodland*	38
Fairchild, F. R.	*Woodland*	38
Fakchany, G. E.	*Los Angeles*	10
Falconer, E. H.	*San Francisco*	23
Falconer, F. H.	*Los Angeles*	10
Falconer, R. A.	*No. Hollywood*	10
Falk, C. C.	*Eureka*	5
Falk, C. C., Jr.	*Eureka*	5
Falk, C. L.	*Eureka*	5
Falk, E. V.	*Modesto*	34
Falk, H.	*Visalia*	36
Falk, R. M.	*Fall River Mills*	30
Fallas, R. E.	*Los Angeles*	10
Fanning, J. L.	*Sacramento*	19
Fanson, E.	*Pasadena*	10
Farced, A.	*Los Angeles*	10
Faris, H. S.	*Tucson, Ariz*	18
Farley, C. W.	*Los Angeles*	10
Farman, G. F.	*Los Angeles*	10
Farmer, J. L.	*San Diego*	22
Farnham, R. M.	*Glendale*	10
Farnsworth, T. K.	*Long Beach*	10
Farr, W. H.	*Salinas*	14
Farrage, J.	*Corona*	18
Farrage, J.	*Santa Ana*	16
Farrell, J. W.	*Los Angeles*	10

NAME	CITY	COUNTY SOCIETY NO.
Farrell, L. W.	*Sacramento*	19
Farrington, E. D.	*El Monte*	10
Farrow, E. J.	*San Diego*	22
Fate, J. C.	*Inglewood*	10
Fate, L. W.	*Hawthorne*	10
Fate, M. W.	*Los Angeles*	10
Fate, W. A.	*Los Angeles*	10
Fath, A.	*Merced*	13
Faulkner, E.	*Stockton*	24
Faulkner, J. L.	*Red Bluff*	35
Faulkner, W. B., Jr.	*San Francisco*	23
Fay, J.	*San Francisco*	23
Fearn, J. R.	*Oakland*	1
Fearon, W. M.	*Los Angeles*	10
Feeley, M. A.	*San Francisco*	23
Fegen, S.	*Los Angeles*	10
Fehrensen, G.	*Inglewood*	10
Feinberg, H.	*San Francisco*	23
Feingold, B. F.	*Los Angeles*	10
Felberbaum, W.	*Santa Paula*	37
Feldheym, J. S.	*San Francisco*	23
Feldman, C.	*Maywood*	10
Feldman, J. F.	*Los Angeles*	10
Feldman, S. E.	*San Francisco*	23
Felger, L.	*Los Angeles*	10
Fellows, F. D.	*San Francisco*	23
Felsenthal, L.	*Los Angeles*	10
Fender, F. A.	*San Francisco*	23
Fenton, W. W.	*San Bernardino*	21
Ferguson, R. A.	*Los Angeles*	10
Fernald, J. M.	*Los Angeles*	10
Fernandez, M. L.	*Pinole*	3
Fernandez, R.	*La Habra*	16
Fernish, C. A.	*Santa Clara*	28
Ferrier, P. A.	*Pasadena*	10
Fershtand, J. B.	*San Francisco*	23
Fetter, E. M.	*San Diego*	22
Fibush, A.	*San Francisco*	23
Fiegel, F. X.	*San Bernardino*	21
Field, A. M.	*Patterson*	34
Fielder, R. L.	*Los Angeles*	10
Fielding, G. A.	*Los Angeles*	10
Fields, M.	*Los Angeles*	10
Fieseler, W. R.	*Los Angeles*	10
Filipello, E. A.	*San Jose*	28
Fillmore, J. R.	*Strathmore*	36
Finan, A. P.	*Suisun*	32
Finch, A. A.	*Pasadena*	10
Finch, W. C.	*Los Angeles*	10
Findlay, F. M.	*San Diego*	22
Findlay, H. V.	*Santa Barbara*	27
Findley, H. P.	*El Centro*	5
Fine, I. A.	*Los Angeles*	10
Fine, M.	*San Francisco*	23
Fink, D. H.	*Los Angeles*	10
Fink, M. L.	*Los Angeles*	10
Finke, H. W.	*Crescent City*	5
Finkelberg, I. L.	*San Bernardino*	21
Finnerty, E. J.	*Sonoma*	33
Finsand, V.	*San Francisco*	23
Firestone, F.	*San Francisco*	23
Firor, M. P.	*Los Angeles*	10
Fischer, S. S.	*Oakland*	1
Fish, E. S.	*Beverly Hills*	10
Fish, L. W.	*Los Angeles*	10
Fishbaugh, E. C.	*Los Angeles*	10
Fishbon, H. M.	*San Francisco*	23
Fisher, A. L.	*San Francisco*	23
Fisher, C.	*Los Angeles*	10
Fisher, F. D.	*Oakland*	1
Fisher, G. L.	*Long Beach*	10
Fisher, R. E.	*Pomona*	10
Fisher, R. H.	*Oakland*	1
Fisher, V. L.	*Long Beach*	10
Fisher, W. L.	*Pomona*	10
Fist, H. S.	*Los Angeles*	10
Fitzgerald, J. J.	*Richmond*	3
Fitzgerald, J. T.	*San Francisco*	23
Fitzgerald, W. W.	*Stockton*	24
Fitzgibbon, C. C.	*Merced*	13
Fitzgibbon, J. P.	*Los Angeles*	10
Fitzhugh, W. M., Jr.	*San Francisco*	23
Flamson, R. J.	*Los Angeles*	10
Flanders, H. B.	*Port Chicago*	3
Flatley, M.	*Springfield*	17
Fleisher, A. J.	*Berkeley*	1
Fleissner, C. M.	*Santa Rosa*	33
Fleming, G. L.	*Boulder Creek*	29
Fleming, H. W.	*San Francisco*	23
Fleming, L. P.	*Sanger*	4
Fleming, S.	*Eureka*	5
Flesher, R. E.	*Gardena*	10
Fletcher, C. D.	*San Francisco*	23
Fletcher, E. G.	*Oakland*	1
Fletcher, H. A.	*San Francisco*	23
Fletcher, R.	*San Francisco*	23
Flewelling, L. M.	*Glendale*	10
Flieg, H.	*Los Angeles*	10
Flitcroft, L. M. I.	*Sacramento*	19
Flood, R. G.	*San Francisco*	23
Floreth, O. P.	*Dixon*	32
Flower, K. C.	*Santa Monica*	10
Fluhmann, C. F.	*San Francisco*	23
Flyer, H.	*Los Angeles*	10
Flynn, V. P.	*Pasadena*	10
Fogel, E. T.	*Los Angeles*	10
Fogerty, C. A.	*San Francisco*	23
Fogg, E. S.	*Wasco*	7
Folkenberg, A. W.	*Los Angeles*	10
Folkins, F. H.	*Redlands*	21
Folte, A. G.	*San Francisco*	23
Foord, A. G.	*Pasadena*	10
Foote, C. G.	*San Diego*	22
Foote, F. S.	*San Francisco*	23
Forbes, H. J.	*Pasadena*	10
Forcher, H.	*Calexico*	6
Ford, H. G.	*Richmond*	3
Ford, R. A.	*Los Angeles*	10
Ford, T. F.	*Ontario*	21
Foree, L.	*Oakland*	1
Fornoff, H. S.	*Oakland*	1
Forsythe, J. S.	*San Bernardino*	21
Fortier, R. M.	*Berkeley*	14
Fortson, G. R.	*Susanville*	9
Foshay, A. W.	*Oakland*	1
Foster, A. H.	*Brawley*	6
Foster, C. A.	*South Pasadena*	14
Foster, F.	*San Francisco*	23
Foster, G. A.	*Grass Valley*	17
Foster, H. E.	*Berkeley*	1
Foster, P. A.	*Los Angeles*	10
Foster, P. D.	*Los Angeles*	10
Fouch, F. L.	*San Francisco*	23
Foulks, C. A.	*Long Beach*	10
Fountain, E. R.	*Merced*	13
Fountain, W. E.	*Merced*	13
Fowler, C. B.	*Oakland*	1
Fowler, D. C.	*Mill Valley*	11
Fowler, G. W. J.	*Santa Clara*	28
Fowler, H. L.	*Los Angeles*	10
Fox, C. M.	*San Diego*	22
Fox, D. S.	*Berkeley*	1
Fox, L. H.	*Bakersfield*	7
Fox, L. P.	*San Jose*	28
Fox, N. C.	*San Bruno*	26
Fox, S. L.	*Los Angeles*	10
Fox, W. F.	*El Centro*	6
Frame, P. W.	*Elk Grove*	19
Francis, C. H.	*Los Angeles*	10
Francis, K. V.	*San Mateo*	26
Francis, R. K.	*Inglewood*	10
Francis, R. M.	*Inglewood*	10
Francis, R. T.	*Santa Ana*	16
Francis, V. C.	*Long Beach*	10
Francis, W. V. C.	*Los Angeles*	10
Francoz, M. A.	*San Francisco*	23
Frandy, M. F.	*Oakland*	1
Frank, J. A.	*Pismo Beach*	25
Frank, W. P.	*Los Angeles*	10
Franklin, D. M.	*Los Angeles*	10
Franklin, F.	*Ontario*	21
Franklin, M. W.	*Alameda*	1
Franklin, W. S.	*Santa Barbara*	27
Fraser, A. V.	*Los Angeles*	10
Fraser, H. E.	*San Francisco*	23
Fraser, L. H.	*Richmond*	3
Fraser, M. L.	*Los Angeles*	10
Frawley, J. M.	*Fresno*	4
Frazier, W. L.	*Sheepranch*	24
Frederickson, H.	*Eldridge*	33
Freedlander, B. L.	*San Francisco*	23
Frees, B. M.	*Los Angeles*	10
Fregeau, A. N.	*San Francisco*	23
Freidell, H. F.	*Santa Barbara*	27
French, C. E.	*San Francisco*	23
French, E. A.	*Philadelphia, Pa.*	25
French, J. R.	*Los Angeles*	10
French, L. R.	*San Francisco*	23
Freudenthal, L.	*Gridley*	2
Frey, B. A.	*Los Angeles*	10
Frey, R. G.	*Red Bluff*	35
Frey, W. C.	*San Francisco*	23
Freyermuth, O. G.	*San Francisco*	23
Freytag, C. F.	*Los Angeles*	10
Freytag, C. L.	*Oakland*	1
Frick, D. J.	*Los Angeles*	10
Fricke, A. A.	*Los Angeles*	10
Friedberger, W.	*Stockton*	24
Friedlander, R. D.	*San Francisco*	23
Friedman, A.	*San Francisco*	26
Friedman, L.	*Los Angeles*	10
Friedmann, M.	*Los Angeles*	10
Friesen, H. J.	*Glendale*	10
Frisch, A.	*Los Angeles*	10
Fritschen, W.	*San Francisco*	23
Frizzell, R. R.	*Pasadena*	10
Froehlich, D. E.	*Oakland*	1
Frohman, B. S.	*Beverly Hills*	10
Frost, E.	*Stockton*	24
Frost, G. A.	*Oroville*	2
Frost, K. P.	*Los Angeles*	10
Frudenfeld, J. C.	*Inglewood*	10
Frug, J.	*Berkeley*	1
Fry, L. C.	*San Diego*	22
Fry, O. P.	*Stockton*	24
Fuerstner, P. G.	*San Francisco*	23
Fujikawa, Y. F.	*Terminal Island*	10
Fulkerson, C. R.	*Oakdale*	34
Fullenlove, T. M.	*San Francisco*	37
Fuller, M. B.	*San Diego*	22
Fulmer, C. C.	*San Francisco*	23
Fung, L.	*Sacramento*	19
Furbush, C. G.	*Oakland*	1
Furlong, R. M.	*San Francisco*	11
Futch, C. E.	*Los Angeles*	10
	— G —	
Gaede, A. W.	*Shafter*	7
Gaede, M. S.	*Reedley*	4
Gaffney, G. F.	*San Francisco*	23
Gafford, J. A.	*Huntington Park*	10
Gage, A. E.	*Los Angeles*	10
Gage, A. T.	*Redlands*	21
Gageby, L. H.	*Los Angeles*	10
Gagnon, A. L.	*San Diego*	22
Gailmard, C. R.	*Los Angeles*	10
Galbraith, A.	*Oakland*	1
Galbraith, H. F.	*Ventura*	37
Gale, W. V.	*Los Angeles*	10
Gallagher, H. F.	*Los Angeles*	10
Gallagher, V. J.	*Los Angeles*	10
Gallant, A. E.	*Los Angeles*	10
Gallant, P. A.	*Huntington Park*	10
Gallegos, P. B.	*Stockton*	24
Galligan, C. A.	*Monterey*	14
Gallup, C. A.	*Los Angeles*	10
Galt, C. M.	*Manteca*	24
Gambell, F. H.	*Willows*	38
Gamette, D. L.	*Los Angeles*	10
Gamette, E. G.	*Fresno*	30
Gans, C. C.	*Redwood City*	26
Gant, H. R.	*Modesto*	34
Garcia, L. C.	*San Francisco*	23
Gardenier, C.	*San Francisco*	23
Gardiner, J. P.	*Los Angeles*	10
Gardner, C. S.	*Oakland*	1
Gardner, F. M.	*San Bernardino*	21
Gardner, F. W.	*Loma Linda*	21
Gardner, H. E.	*Vallejo*	32
Gardner, H. L.	*San Francisco*	23
Gardner, J. E.	*Ukiah*	12
Gardner, K. D.	*San Francisco*	23
Gardner, W. E.	*Riverside*	18
Gardner, W. M.	*Los Angeles*	10
Garfinkle, F. E.	*San Francisco*	23
Garland, L. H.	*San Francisco*	23
Garner, G. W.	*Taft*	7
Garnett, A. S.	*San Bernardino*	21
Garrett, F. H.	*Camarillo*	37
Garrett, G. F.	*Los Angeles*	10
Garrison, B. E.	*Riverside*	18
Garrison, E. J.	*Blythe*	18
Garrison, J. F.	*Inglewood*	10
Garrison, O. H.	*Oakland*	1
Garrison, W. P.	*Long Beach*	10
Garstang, D. B.	*Los Angeles*	10
Garth, W. L.	*San Diego*	22
Garvin, C. L.	*Livingston*	13
Gaspard, F. J.	*Los Angeles*	10
Gassman, F.	*Los Angeles*	10
Gassman, F. C.	*San Francisco*	23
Gasteiger, E. S.	*Los Angeles*	10
Gates, C. Y.	*San Francisco*	23
Gates, F. K.	*El Monte*	10
Gates, M. G.	*Santa Monica*	10
Gates, R.	*Minot, N. D.*	27
Gattuccio, B.	*San Jose*	28
Gaulden, C. L.	*Los Angeles*	10
Gauthier, A. E.	*San Francisco*	23
Gay, E. J.	*Stockton*	24
Gay, LeR. K.	*San Francisco*	23
Gaynor, E. P.	*San Francisco*	23
Geddes, M. A.	*Santa Ana*	16
Geen, R. S.	*Hollister*	20
Gehrels, E.	*San Francisco*	23
Gehrels, F.	*San Mateo*	26
Geiger, A. B.	*San Diego*	22
Geiger, J. C.	*San Francisco*	23
Geisler, W. H.	*San Jose*	28
Geistweit, W. H., Jr.	*San Diego*	22
Geith, C. R.	*Riverside*	18
Gelston, C. F.	*San Francisco*	23
Gendel, S.	*Los Angeles*	10
Gentry, H. G.	*Redlands*	21
George, A. R.	*San Bernardino*	21
George, J. DeW.	*Los Angeles*	10
George, J. M.	*San Francisco*	23
George, L. H.	*Loma Linda*	21
George, W. A.	*Loma Linda*	21
Gerbode, F. L. A.	*San Francisco*	23
Gericke, O. L.	*Talmage*	12
Gerisch, H. H.	*Los Angeles*	10
Gerlach, F. C.	*San Jose*	28
Gerlough, R. J.	*Menlo Park*	26
Germann, A. C.	*Los Angeles*	10
Gernand, H. C.	*Los Angeles*	10
Gerrard, C. C.	*Redding*	30
Gerstle, M. L., Jr.	*New York, N. Y.*	23
Gerty, A. V.	*North Hollywood*	10
Gerow, E. C.	*Lafayette*	3
Geschke, A. E.	*Singapore, S. S.*	14
Geshelin, H. I.	*Los Angeles*	10
Getze, G. W.	*Carlsbad*	22
Gewertz, L. L.	*Los Angeles*	10
Geyman, M. J.	*Santa Barbara*	27
Ghillotti, A. E.	*Modesto*	34
Ghormley, V. G.	*Fresno*	4
Ghrist, D. M.	*Glendale*	10
Ghrist, O. E.	*Glendale*	10
Giannini, A. H.	*Los Angeles*	23
Gibbons, H., III.	*San Francisco*	23
Gibbons, H. W.	*Sacramento*	19
Gibbons, J. M.	*Barstow*	21

NAME	CITY	COUNTY SOCIETY NO.
Gibbons, M. R.	*San Francisco*	23
Gibbons, M. R., Jr.	*San Francisco*	23
Gibbs, W. M.	*Glendale*	10
Giberson, A. F.	*Watsonville*	29
Gibson, A. L.	*Los Angeles*	10
Gibson, T. E.	*San Francisco*	23
Gibson, W. R.	*Los Angeles*	10
Gidley, D. S.	*Ontario*	21
Gidoll, S. H.	*San Francisco*	23
Gilbert, B. H.	*San Jose*	28
Gilbert, E. W.	*Los Angeles*	10
Gilbert, J. S.	*Los Angeles*	10
Gilbert, N.	*Van Nuys*	10
Gilbert, Q. O.	*Oakland*	1
Gilbert, R.	*San Francisco*	23
Gilbert, W. H.	*West Los Angeles*	10
Gilbert, W. P.	*San Francisco*	23
Gilcreest, E. L.	*San Francisco*	23
Giles, F. E.	*Los Angeles*	10
Gilfillan, C. W.	*Hollywood*	10
Gilfillan, H. M.	*San Francisco*	23
Gilkey, W. D.	*Long Beach*	10
Gillespie, P. B.	*Santa Ana*	16
Gilliatt, W. H.	*Coalinga*	4
Gilliland, M. L.	*Los Angeles*	10
Gilliland, R. C.	*Huntington Park*	10
Gillis, J. D.	*Los Angeles*	10
Gillis, J. P.	*Los Angeles*	10
Gilman, A. A.	*San Francisco*	23
Gilman, P. K.	*San Francisco*	23
Gilman, P. K., Jr.	*Watsonville*	29
Gingold, B.	*Los Angeles*	10
Ginsberg, J.	*Los Angeles*	10
Ginsburg, H. M.	*Fresno*	4
Ginsburg, J.	*Los Angeles*	10
Ginsburg, S. S.	*Visalia*	36
Giordano, M.	*San Francisco*	23
Giovinco, J. B.	*San Francisco*	23
Girard, F. R.	*San Francisco*	23
Girdlestone, C. W.	*Riverside*	18
Gius, E. A.	*San Francisco*	23
Glascock, F. L.	*Los Angeles*	10
Glaser, M. A.	*Los Angeles*	10
Glaser, W.	*San Bruno*	26
Glasgow, G. E.	*Los Angeles*	10
Glass, S. J.	*Los Angeles*	10
Glassman, S. C.	*Los Angeles*	10
Gleason, A. L.	*Oakland*	1
Gleeten, S. D.	*Monrovia*	10
Glenn, J. S.	*Exeter*	36
Glenn, LaV. P.	*Folsom*	19
Glenn, R. A.	*Oakland*	1
Glenn, T. H.	*Los Angeles*	10
Glidden, R. Y., Jr.	*Los Angeles*	10
Gliebe, P. A.	*San Francisco*	23
Gloor, E. E.	*Watsonville*	29
Glover, M. E.	*San Francisco*	23
Glukfeld, J. P.	*San Francisco*	23
Glyer, R. T.	*Mountain View*	28
Gobar, F. H.	*Fullerton*	16
Gocher, T. E. P.	*San Rafael*	11
Gocke, J. A.	*Los Angeles*	10
Godard, C. H.	*Los Angeles*	10
Goddard, W. P.	*Mill Valley*	11
Godett, M. R.	*Los Angeles*	10
Godshall, L. D.	*Los Angeles*	10
Godwin, D. E.	*Long Beach*	10
Goeckerman, W. H.	*Los Angeles*	10
Gogol, L. J.	*Los Angeles*	10
Goin, L. S.	*Los Angeles*	10
Gold, R. L.	*San Francisco*	23
Goldberg, A. T.	*Fresno*	4
Goldberg, M. B.	*San Francisco*	23
Goldberg, P. H.	*Los Angeles*	10
Goldberg, S. S.	*Los Angeles*	10
Golden, H. M.	*Los Angeles*	10
Golden, J. H.	*San Francisco*	23
Goldenberg, J. L.	*Los Angeles*	10
Goldman, A.	*San Francisco*	23
Goldman, T. H.	*Los Angeles*	10
† Goldman, V. S.	*San Francisco*	23
Goldsmith, J. E.	*Los Angeles*	10
Goldstein, J.	*Los Angeles*	10
Goldstein, L. B.	*San Francisco*	23
Goldstein, M. M.	*Fresno*	4
Goldwasser, M.	*Los Angeles*	10
Golitzin, A.	*Hollywood*	10
Gomes, J. J.	*Oakland*	1
Goodall, O. P.	*Bakersfield*	7
Goodcell, R. A.	*Los Angeles*	10
Goodhill, V.	*Los Angeles*	10
Goodman, M.	*Stockton*	24
Goodman, M. J.	*Eureka*	5
Goodman, S. Z.	*Los Angeles*	10
Goodwin, O. E.	*San Francisco*	23
Gooel, E. F.	*Beverly Hills*	10
Goorwitch, J.	*Olive View*	10
Gorb, R.	*San Francisco*	23
Gordon, A. J.	*Los Angeles*	10
Gordon, G. O.	*Long Beach*	10
Gordon, G. S.	*Los Angeles*	10
Gordon, K. W.	*Los Angeles*	10
Gordon, M. R.	*San Francisco*	23
Gorrell, J. S.	*Los Angeles*	10
Gospe, S. M.	*San Francisco*	23
Gossard, J. E.	*Sierra Madre*	10
Gotanda, W. I.	*Stockton*	24
Gotfredson, H. L.	*So. Pasadena*	10
Gottbrath, N. J.	*Agnew*	28
Gottlieb, A. J.	*Los Angeles*	10
Gottschalk, A.	*San Francisco*	23
Gough, A. S.	*El Segundo*	10
Gouguet, L. J.	*Sacramento*	19
Gould, A. A.	*Los Angeles*	10
Gould, N. B.	*Modesto*	34
Gourley, I.	*Livermore*	1
Gourse, A.	*Sacramento*	19
Gowan, C. H.	*Glendale*	10
Grady, M. A.	*San Francisco*	23
Graeser, H. B.	*Holtville*	6
Graeser, H. S.	*Woodland*	38
Graeser, J. B.	*Oakland*	1
Graham, H. B.	*San Francisco*	23
Graham, H. K.	*San Diego*	22
Graham, J. P.	*Los Angeles*	10
Graham, R. E.	*Oakland*	1
Graham, R. S.	*Sacramento*	19
Granger, A. S.	*Los Angeles*	10
Grant, B. E., Jr.	*Hollywood*	10
Grant, J. F.	*Long Beach*	10
Grant, L. C.	*Inglewood*	10
† Grant, R. F.	*San Francisco*	23
Grant, W. T.	*Los Angeles*	10
Grantham, D. M.	*Oakland*	1
Gratiot, J. H.	*Monterey*	14
Gratiot, W. M.	*Monterey*	14
Grau, E. C.	*Niles*	1
Graun, R. E.	*Los Gatos*	28
Graves, C. A.	*Beverly Hills*	10
Graves, J. H.	*San Francisco*	23
Graves, J. M.	*San Francisco*	23
Graves, R. V.	*Fullerton*	16
Gray, E.	*Los Angeles*	10
Gray, E. E.	*Marysville*	39
Gray, E. H.	*Woodland*	38
Gray, G. A.	*San Jose*	28
Gray, G. H.	*Oakland*	1
Gray, H.	*San Francisco*	23
Gray, J. P.	*Berkeley*	1
Gray, J. R.	*Carmel*	14
Gray, L.	*Half Moon Bay*	26
Gray, P. A., Jr.	*Santa Barbara*	27
Gray, R. M.	*Palm Springs*	18
Gray, R. N.	*Hartford, Conn.*	23
Graybill, M. B.	*Escondido*	22
Grayman, H. M.	*San Francisco*	13
Greeley, C. E.	*Inglewood*	10
Greeley, P. O.	*Inglewood*	10
Green, A. S.	*San Francisco*	23
Green, B., Jr.	*Riverside*	18
Green, H. R.	*Palo Alto*	28
Green, J.	*Los Angeles*	10
Green, J. W.	*Vallejo*	32
Green, M. I.	*San Francisco*	23
Green, M. M.	*Stockton*	24
Greenbaum, G. B.	*Los Angeles*	10
Greenbaum, L. H.	*Los Angeles*	10
Greene, H. H.	*Baldwin Park*	10
Greene, W. W.	*San Francisco*	23
Greengo, C. G.	*Los Angeles*	10
Greenman, R. A.	*Westwood*	24
Greenschpoon, R. R.	*Los Angeles*	10
Greenway, H. H.	*Los Angeles*	10
Greenwood, C. F.	*Oakland*	1
Greenwood, E. N.	*San Francisco*	23
Greer, E. D.	*Oakland*	1
Gregg, F. C.	*Calexico*	6
Gregg, H. J.	*Calexico*	6
Gregory, C. A.	*Martinez*	3
Gregory, F. S.	*Redwood City*	26
Gregory, H. L.	*Stockton*	24
Gregory, J. E.	*Pasadena*	10
Gregory, W. A.	*Oakland*	1
Grey, C. A.	*Burbank*	10
Griess, R. O.	*Salinas*	14
Griffin, A. M.	*Oakland*	1
Griffin, W. L.	*Los Angeles*	10
Griffith, A. H.	*Oakland*	1
Griffith, P. W.	*Los Angeles*	10
Griggs, D. E.	*Los Angeles*	10
Griggs, J. F.	*Claremont*	10
Grimmer, E. M.	*Irvington*	1
Griner, E. C.	*Stockton*	24
Grishaw, W. H.	*Los Angeles*	10
Groat, M. J.	*Los Angeles*	10
Groff, S. H.	*Los Angeles*	10
Grogan, R. E.	*Los Angeles*	10
Gronhovd, G. O.	*Santa Paula*	37
Groper, M. J.	*San Francisco*	23
Grosse, A. B.	*San Francisco*	23
Grossman, C. M.	*Los Angeles*	10
Groves, R. L.	*San Francisco*	23
Grow, W. L.	*San Diego*	22
Gruber, F. G.	*Santa Monica*	10
Grundy, G. M.	*Newport Beach*	16
Guedel, A. E.	*Los Angeles*	10
Guenther, L. P.	*Los Angeles*	10
Guerra, A. L.	*Alameda*	1
Guggenheim, L. K.	*Los Angeles*	10
Guidinger, W. E.	*San Pedro*	10
Guido, F. R.	*Visalia*	36
Guinan, E. R.	*Richmond*	3
Guinney, F. E.	*Los Angeles*	10
Gumbiner, A. A.	*Los Angeles*	10
Gummess, K. C.	*Los Angeles*	10
Gummlg, E. A.	*Pasadena*	10
Gump, M. E.	*San Diego*	22
Gumpert, M. W.	*Los Angeles*	10
Gunderson, H. J.	*Beverly Hills*	10
Gundrum, F. F.	*Sacramento*	19
Gundrum, L. K.	*Los Angeles*	10
Gundrum, W. H.	*Owensmouth*	10
Gundry, F. J.	*Bakersfield*	7
Gunther, L.	*Los Angeles*	10
Gurdin, M. M.	*Los Angeles*	10
Gustafson, A. W.	*Gustine*	13
Gustafson, R. K.	*Pasadena*	10
Guttman, P. H.	*Sacramento*	19

— H —

NAME	CITY	COUNTY SOCIETY NO.
Haag, E. C.	*San Francisco*	19
Haakinson, W. H.	*San Jose*	6
Haas, S. L.	*San Francisco*	23
Haber, W. J.	*San Francisco*	23
Hadden, D.	*Berkeley*	1
Hadden, D. R.	*Berkeley*	1
Hadden, M. B.	*Oakland*	1
Haddow, N. W. A.	*Los Angeles*	10
Hadley, C. M.	*San Bernardino*	21
Haenszel, A. L.	*San Bernardino*	21
Hagan, B. J.	*San Francisco*	23
Hagen, H.	*San Luis Obispo*	25
Hager, B. H.	*Los Angeles*	10
Hagerty, T. W.	*Camarillo*	37
Hahn, L. W.	*Berkeley*	1
Haig, M. H.	*Los Angeles*	10
Haig, T. R.	*Sacramento*	19
Haight, F. K.	*Oakland*	1
Haight, L. M.	*Stockton*	24
Haim, A.	*San Francisco*	23
Haines, C. L.	*Altadena*	10
Haines, W. H.	*Etna*	31
Haining, R. B.	*Glendale*	10
Halburg, C. T.	*Redlands*	21
Haldeman, K. O.	*San Francisco*	23
Hale, C. W.	*Pomona*	10
Hale, N. G.	*Sacramento*	19
Haley, P. S.	*San Jose*	28
Hall, A. F., Jr.	*Santa Monica*	10
Hall, C.	*Oakland*	1
Hall, C.	*Los Angeles*	10
Hall, C. C.	*Oakland*	1
Hall, E. H.	*Vernon*	10
Hall, E. M.	*Los Angeles*	10
Hall, G. E.	*Beverly Hills*	10
Hall, G. J.	*Sacramento*	19
Hall, G. P.	*San Jose*	28
Hall, G. S.	*Los Angeles*	10
Hall, H. A.	*Redlands*	21
Hall, H. R.	*Santa Ana*	16
Hall, L. H.	*Iowa City, Iowa*	18
Hall, L. L.	*Montebello*	10
Hall, R. C.	*San Diego*	22
Hall, T. G.	*San Francisco*	23
Halley, E. C.	*Sanger*	4
Halloran, C. R.	*Los Angeles*	10
Halsey, W. H.	*San Diego*	22
Halverson, G. R.	*San Jacinto*	18
Halverson, W. L.	*Pasadena*	10
† Ham, G. H.	*Culver City*	10
Haman, J. O.	*San Francisco*	23
Hambleton, H. G.	*Los Angeles*	10
Hambleton, M. P.	*Fontana*	21
Hamer, C.	*Glendale*	10
Hamer, R. T.	*National City*	22
Hamilton, E. M.	*Los Angeles*	10
Hamilton, G. V.	*Santa Barbara*	27
Hamilton, H. P.	*Santa Monica*	10
Hamilton, J. K., Jr.	*Alameda*	1
Hamilton, L. M.	*Oakland*	1
Hamilton, P. L.	*Chico*	2
Hamilton, P. M.	*San Marino*	10
Hamilton, R. L.	*Marysville*	39
Hamilton, V. C.	*Oakland*	1
Hamlin, O. D.	*Oakland*	1
Hamlin, R. E.	*Santa Rosa*	33
Hammack, R. W.	*Los Angeles*	10
Hammons, E. B.	*Los Angeles*	10
Hand, D. W.	*San Francisco*	23
Hand, F. B.	*San Francisco*	23
Hand, H. M.	*San Francisco*	23
Hand, L. J.	*San Francisco*	23
Hand, M.	*San Francisco*	23
Hanford, F. W.	*Los Angeles*	10
Hankins, F. D.	*Riverside*	18
Hankins, J. W.	*Azusa*	10
Hanley, B. J.	*Los Angeles*	10
Hanlon, E. W.	*San Francisco*	23
Hanlon, H. H.	*Los Angeles*	10
Hanna, C. M.	*San Diego*	22
Hannah, W.	*Long Beach*	10
Hannon, L. J.	*Fullerton*	16
Hansen, A. M.	*Los Angeles*	10
Hansen, J. R.	*Santa Monica*	10
Hansen, O. J.	*Redding*	30
Hansen, O. S.	*Los Angeles*	10
Hanson, G. B.	*Long Beach*	10
Hanson, J. H.	*San Carlos*	26
Hanson, O. H.	*San Marino*	10
Hanson, S.	*Stockton*	24
Hanten, J. S.	*San Francisco*	23
Hanze, H. G.	*Solvang*	27
Hanzlik, P. J.	*San Francisco*	26

NAME	CITY	COUNTY SOCIETY NO.
Happ, W. M.	*Beverly Hills*	10
Hara, H. J.	*Los Angeles*	10
Hara, M. F.	*Los Angeles*	10
Harada, M. A.	*Sacramento*	19
Harbaugh, O. S.	*San Diego*	22
Harbaugh, R. W.	*San Francisco*	23
Hardeman, V. V.	*San Francisco*	23
Harder, W. G.	*San Francisco*	23
Harder, W. R.	*Los Gatos*	28
Hardesty, J. T.	*Long Beach*	10
Hardgrave, L. E.	*San Francisco*	23
Hardin, R. S.	*Visalia*	36
Harding, H. W.	*Oakland*	1
Harding, M. C.	*San Diego*	22
Harding, W. F.	*Sacramento*	19
Hardy, B. W.	*Huntington Beach*	16
Hare, H. P.	*Los Angeles*	10
Hargrove, G. K.	*Berkeley*	1
Harker, R. K.	*Oxnard*	37
Harkness, J. T.	*Berkeley*	1
Harmon, E. D.	*San Francisco*	23
Harmon, R. J. P.	*Richmond*	3
Harmon, T. G.	*San Francisco*	23
Harner, C. E.	*Long Beach*	10
Harner, H. R.	*Los Angeles*	10
Harper, H. E.	*Los Angeles*	10
Harral, P.	*San Francisco*	23
Harrington, D. O.	*San Francisco*	23
Harrington, E. R.	*Los Angeles*	10
Harrington, J. T.	*Santa Cruz*	29
Harris, E. L.	*Oakland*	1
Harris, F. I.	*San Francisco*	23
Harris, G. F.	*Encinitas*	22
Harris, G. S.	*Beverly Hills*	10
Harris, H. I.	*Los Angeles*	10
Harris, J. B.	*Sacramento*	19
Harris, J. M.	*Los Angeles*	10
Harris, M. S.	*Los Angeles*	10
Harris, M. W.	*Ross*	11
Harris, R. C.	*Santa Ana*	16
Harris, R. E.	*San Francisco*	23
Harris, W. A.	*Santa Ana*	16
Harrison, E.	*Los Angeles*	10
Harrison, W. H.	*San Francisco*	23
Harsh, G. F.	*San Diego*	22
Hart, A. C.	*Sacramento*	19
Hart, D. E.	*Oakland*	1
Hart, H.	*Santa Barbara*	27
Hart, M. G.	*Oakland*	1
Hart, S. D.	*Los Angeles*	10
Hart, V. W.	*Yreka*	31
Hart, W. E.	*Long Beach*	10
Hart, W. E.	*Oakland*	1
Harter, T. H.	*Pasadena*	10
Hartman, G. W.	*San Francisco*	23
Hartman, H.	*Modesto*	34
Hartman, M. M.	*San Francisco*	23
Hartman, R. B.	*Mill Valley*	11
Hartsough, C. W., Jr.	*Patton*	21
Hartwell, R. W.	*Beaumont*	18
Hartwig, C. H.	*San Francisco*	23
Hartwig, L. G.	*Los Angeles*	10
Hartzell, H. W.	*National City*	22
Haruff, J. J.	*Hollister*	20
Harvey, J. E.	*Pasadena*	10
Harvey, R. J.	*Anaheim*	16
Harwood, C. M.	*Santa Ana*	16
Harwood, D. A.	*Santa Ana*	16
Hashiba, G. K.	*Fresno*	4
Haskell, J. S.	*Los Angeles*	10
Haskell, P. F.	*Artesia*	10
Hastings, H.	*Los Angeles*	10
Hastings, S. W.	*Monterey*	14
Hastreiter, R. F.	*Los Angeles*	10
Hatfield, H. L.	*Pasadena*	10
Hatlelid, F. H.	*San Francisco*	23
Hauser, V. F.	*Alhambra*	10
Havemann, M. S.	*Alameda*	1
Havenhill, A. D.	*Santa Cruz*	29
Hawes, R. E.	*Huntington Beach*	16
Hawk, C. L.	*Los Angeles*	10
Hawkins, D. A.	*Los Angeles*	10
Hawkins, G. A.	*Reedley*	4
Hawkins, G. G.	*Madera*	4
Hawkins, J. L., Jr.	*Olive View*	10
Hawkins, J. O.	*San Rafael*	11
Hawkins, L. P.	*Los Angeles*	10
Hawkinson, L. F.	*Oakland*	1
Haworth, M. W.	*Sacramento*	19
Haworth, W. L.	*Los Angeles*	10
Hayden, C. T.	*San Francisco*	23
Hayden, W. C.	*Tulelake*	31
Hayes, C. M.	*Los Angeles*	10
Hayes, E. W.	*Monrovia*	10
Haygood, A. G.	*Downey*	10
Hayhurst, D. E.	*Ontario*	21
Hayhurst, J. S.	*Redlands*	21
Haymaker, W.	*San Francisco*	23
Haynes, F. W.	*Los Angeles*	10
Hayton, C. H.	*Los Angeles*	10
Hazel, J. K.	*San Francisco*	23
Hazeltine, M. E.	*San Rafael*	11
Heald, E. S.	*Berkeley*	1
Healey, E. F.	*San Francisco*	23
Heard, W. R.	*Pasadena*	10
Hearn, T. M.	*North Hollywood*	10
Heath, R. S.	*Los Angeles*	10
Hebert, A. W.	*San Francisco*	23
Hedberg, C. C.	*San Francisco*	23
Heddens, V. O.	*Pasadena*	10
Hedges, L. A.	*Richmond*	3
Heegler, F. D.	*Napa*	15
Heffelfinger, M. A.	*Los Angeles*	10
Heidenreich, H. H.	*Los Angeles*	10
Heidenreich, W. M.	*Arcadia*	10
Heiges, L. E.	*Lompoc*	27
Hein, G. E.	*San Francisco*	23
Heinatz, M. A.	*Oakland*	1
Heinz, V. H.	*Lake Arrowhead*	10
Heissig, I.	*Pasadena*	10
Helsley, G. F.	*San Francisco*	23
Helstrom, G. L.	*Fontana*	21
Hench, J. M.	*Stockton*	24
Henderson, A. M.	*Sacramento*	19
Henderson, A. M., Jr.	*Sacramento*	19
Henderson, C. W.	*Santa Barbara*	27
Henderson, E. E.	*San Jose*	28
Henderson, E. W.	*Alameda*	1
Henderson, H. E.	*Santa Barbara*	27
Henderson, J. G.	*San Francisco*	23
Henderson, J. L.	*Pasadena*	10
Henderson, R. G.	*Long Beach*	10
Henderson, W. R.	*Long Beach*	10
Hendricks, F. R.	*Ventura*	37
Hendricks, M. D.	*Wasco*	7
Hendrickson, H. S.	*Los Angeles*	10
Hennessy, H. R.	*Yuba City*	39
Henning, B. H.	*San Francisco*	23
Henninger, L. L. R.	*Pasadena*	10
Henrich, A. G.	*Los Angeles*	10
Henrichsen, A. L.	*Van Nuys*	10
Henriksen, E.	*Los Angeles*	10
Henry, A. W.	*San Leandro*	1
Henry, H.	*Vallejo*	32
Henry, J. R.	*Oakland*	1
Henry, L. L.	*Pasadena*	10
Henry, M. G.	*Los Angeles*	10
Hensel, G. C.	*Hot Springs, N. M*	23
Hensler, H. N.	*San Anselmo*	11
Hepp, V. E.	*Colusa*	38
Hepplewhite, J. G.	*Chico*	2
Heppner, G. J.	*San Francisco*	23
Heppner, M. J.	*San Francisco*	23
Herbert, W. R.	*San Diego*	22
Herman, B. S.	*San Francisco*	23
Herman, H. E.	*Corona*	18
Hermann, C. A.	*Chino*	21
Heron, I. C.	*San Francisco*	23
Herrick, A. B., Jr.	*Santa Rosa*	33
Herrick, F. L.	*Livermore*	1
Herring, J. B.	*San Francisco*	23
Herrington, E. L.	*San Francisco*	23
Herron, E. L.	*San Francisco*	23
Herscher, H. L.	*Los Angeles*	10
Hersh, J.	*Los Angeles*	10
Hersh, S. T.	*Oakland*	1
Hershberger, L.	*Los Angeles*	10
Hershey, C. J.	*Los Angeles*	10
Hershman, F.	*Los Angeles*	10
Hertzog, F. C.	*Long Beach*	10
Herz, O.	*San Francisco*	23
Herzikoff, S. S.	*Los Angeles*	10
Herzog, G. K.	*San Francisco*	23
Herzog, G. K., Jr.	*San Francisco*	23
Hessel, V. E.	*Los Angeles*	10
Hessing, E. E.	*Oakland*	1
Heuler, L.	*Fellows*	7
Heuschele, W. H.	*San Jose*	28
Hewitt, D.	*Long Beach*	10
Hewitt, G. W.	*Los Angeles*	10
Heylmun, H. H.	*Long Beach*	10
Hiatt, R. S.	*Modesto*	34
Hiatt, T. M.	*Los Angeles*	10
Hibben, J. S.	*Pasadena*	10
Hickey, N. G.	*Walnut Park*	10
Hicks, A. M.	*San Francisco*	23
Hicks, E. S.	*San Francisco*	23
Hidy, K. W.	*Manteca*	24
Higbee, D. R.	*San Diego*	22
Higgins, I. W.	*Marysville*	39
Higgins, J. W.	*Los Angeles*	10
Higgs, D. W. P.	*Chula Vista*	22
Hilde, S. N.	*Riverside*	18
Hilgesen, J.	*Berkeley*	1
Hill, A. L.	*Los Angeles*	10
Hill, E. W.	*San Andreas*	24
Hill, H. A.	*San Francisco*	23
Hill, H. G.	*Redlands*	21
Hill, H. P.	*San Francisco*	23
Hill, J. C.	*Palm Springs*	18
Hill, L. McK.	*Inglewood*	10
Hill, L. R.	*Long Beach*	10
Hill, M. R.	*Los Angeles*	10
Hill, R. B.	*Los Angeles*	10
Hill, R. C.	*Exeter*	36
Hill, T. P.	*Lakeport*	12
Hill, W. B.	*Long Beach*	10
Hiller, A. W.	*Long Beach*	10
Hilliard, C. G.	*Redlands*	21
Hills, C. B.	*Berkeley*	1
Hillyard, L. V.	*Los Angeles*	10
Hillyer, E. C.	*Long Beach*	10
Hillyer, L.	*Los Banos*	13
Hilton, J. J.	*Los Angeles*	10
Hilty, H. L.	*Los Angeles*	10
Hines, D. C.	*Indianapolis, Ind*	28
Hines, L. W.	*Santa Rosa*	33
Hinman, A. T.	*San Francisco*	23
Hinman, F.	*San Francisco*	23
Hipp, R. R.	*Santa Barbara*	27
Hippach, R. M.	*Los Angeles*	10
Hirsch, D. L.	*Grass Valley*	17
Hirschfeld, M. H.	*San Francisco*	23
Hirshfeld, S.	*Los Angeles*	10
Hitchcock, H. H.	*Oakland*	1
Hittleman, J.	*Los Angeles*	10
Hixson, W. C., Jr.	*Beverly Hills*	10
Hoag, C. L.	*San Francisco*	23
Hoag, H. J.	*San Jose*	28
Hoare, H. J.	*Los Angeles*	10
Hodel, G. H.	*Los Angeles*	10
Hodgdon, F. W., Jr.	*Pasadena*	10
Hodges, F. T.	*San Francisco*	23
Hodgin, R. I.	*Upland*	21
Hodgins, F. W.	*Oakland*	1
Hodgkin, P.	*El Centro*	6
Hoefer, A. G.	*San Diego*	22
Hoff, C. W.	*San Bernardino*	21
Hoffman, A. M.	*Los Angeles*	10
Hoffman, E. F.	*Los Angeles*	10
Hoffman, H. V.	*San Francisco*	23
Hoffman, L. H.	*San Francisco*	23
Hoffman, P. B.	*Marysville*	39
Hoffman, P. E.	*San Francisco*	23
Hoffman, R. L.	*San Diego*	22
Hoffman, R. O.	*San Diego*	22
Hogg, R. L.	*Saratoga*	28
Hogue, W. J.	*Huntington Park*	10
Hohanshelt, A. S.	*Olive View*	10
Hohl, E. M.	*Los Angeles*	10
Hohnstein, F. I.	*Napa*	1
Hoilien, M. J.	*Eureka*	5
Hoke, P. I.	*Los Angeles*	10
Holbrook, E. F.	*San Francisco*	23
Holcomb, W. F.	*Oakland*	1
Holder, H. G.	*San Diego*	22
Holeman, G. S.	*Centerville*	1
Holko, J. E.	*San Francisco*	23
Holladay, F. S.	*Los Angeles*	10
Hollander, F. G.	*San Diego*	22
Hollenbeck, A. E.	*Eagle Rock*	10
Holleran, G. C.	*Brawley*	6
Holleran, W. M.	*Los Angeles*	10
Holley, W. W.	*Inglewood*	10
Holliger, C. D.	*Stockton*	24
Hollingsworth, J. B.	*Oakland*	1
Hollingsworth, L. D.	*Los Angeles*	10
Hollingsworth, M. W.	*Santa Ana*	16
Hollingsworth, P.	*San Francisco*	1
Hollombe, B. S.	*Los Angeles*	10
Holm, B. S.	*Quincy*	9
Holm, E.	*Eureka*	5
Holman, E. F.	*San Francisco*	23
Holman, W. F.	*Los Angeles*	10
Holmer, V. C.	*San Francisco*	23
Holmes, A. J.	*Pasadena*	10
Holmes, F.	*Beverly Hills*	10
Holmes, O. M.	*San Mateo*	26
Holt, C. Z.	*Los Angeles*	10
Holt, R. A., Jr.	*Los Angeles*	10
Holzman, A. J.	*Santa Barbara*	27
Holzman, R. R.	*Los Angeles*	10
Hombach, F. J.	*Santa Barbara*	27
Homer, R. W.	*Ventura*	37
Homme, O. H.	*Los Angeles*	10
Honda, R.	*Moneta*	10
Honigbaum, M.	*San Francisco*	23
Hoobler, H. R.	*Oakland*	1
Hooker, G. W.	*Lockeford*	24
Hooker, M. O.	*Santa Barbara*	27
Hooval, J. H.	*Ontario*	21
Hoover, E. F.	*San Diego*	22
Hoover, J. N.	*Long Beach*	10
Hope, F.	*Oakland*	1
Hope, R. B.	*Los Angeles*	10
Hopkins, H.	*Los Angeles*	10
Hopkins, I. J.	*Mountain View*	28
Hopkins, J. J.	*San Francisco*	23
Hopkins, J. W.	*Glendale*	10
Hopkins, M. A.	*Sacramento*	19
Hopkins, M. F.	*San Jose*	28
Hopkirk, C. C.	*Santa Monica*	10
Horn, F. I.	*Los Angeles*	10
Horner, C. D.	*San Francisco*	23
Horner, H. E.	*Los Angeles*	10
Horner, W. D.	*San Francisco*	23
Horst, W. W.	*Wilmington*	10
Horton, F. L.	*Pomona*	10
Horwitz, H.	*Oakland*	1
Horwitz, M. J.	*Oakland*	1
Hosford, G. N.	*San Francisco*	23
Hoskins, G.	*Long Beach*	10
Hoskins, H. D.	*San Diego*	22
Hosmer, C. M.	*San Diego*	22
Hosmer, M. N.	*San Francisco*	23
Hosmer, R. F.	*Beverly Hills*	10
Houck, G. H.	*Los Angeles*	10
Hough, R. C.	*San Diego*	22
Houloose, J.	*Long Beach*	10
House, H. P.	*Los Angeles*	10
House, L. C.	*El Centro*	6
House, L. R.	*Los Angeles*	10
Houseworth, A. L.	*Los Angeles*	10
Houzvicka, O. A.	*San Diego*	22

NAME	CITY	COUNTY SOCIETY NO.
Howard, B. F.	*Sacramento*	19
Howard, C. E.	*San Diego*	22
Howard, G. R.	*Bell*	10
Howard, H. P.	*Salinas*	14
Howard, L. D., Jr.	*San Francisco*	23
Howard, N. J.	*San Francisco*	23
Howe, R. D.	*Redwood City*	26
Howell, A. J.	*Berkeley*	1
Howitt, H. O.	*San Rafael*	11
Howson, C. R.	*Los Angeles*	10
Hoyt, E. B.	*Spadra*	10
Hoyt, H. S.	*Pacific Grove*	14
Hoyt, W. F.	*Berkeley*	1
Hromadka, J. B.	*Santa Monica*	10
Hubbard, C. D.	*Huntington Park*	10
Hubbert, R. H.	*Arvin*	7
Hubert, C. I.	*South Pasadena*	10
Huenergardt, A. G.	*Los Angeles*	10
Huenergardt, H. A.	*Berkeley*	1
Huff, G. D.	*San Diego*	22
Huff, L. J.	*Los Angeles*	10
Huff, M. P.	*Arcata*	5
Huffman, H. G.	*Santa Ana*	16
Huffman, L. D.	*Los Angeles*	10
Huggins, W. L.	*Los Angeles*	10
Hughes, A. G.	*Costa Mesa*	16
Hughes, J. R.	*Los Angeles*	10
Hughes, R. E.	*Los Angeles*	10
Hughes, S. E.	*Tujunga*	10
Hull, E. H.	*San Bernardino*	21
Hull, J. F.	*Alhambra*	10
Hull, R. L.	*Hollister*	20
Humber, J. D.	*San Francisco*	23
Hummelt, B. W.	*Nevada City*	17
Humphrey, W. H.	*Oakland*	1
Humphreys, P. C.	*Los Angeles*	10
Humphreys, J. M.	*Sanger*	4
Hund, H. O.	*San Rafael*	11
Hunnicutt, C. C.	*Montebello*	10
Hunnicutt, L. G.	*Pasadena*	10
Hunsberger, H. S.	*San Francisco*	23
Hunt, C. E.	*Piedmont*	1
Hunt, G. W.	*Los Angeles*	10
Hunt, I. M.	*Pasadena*	10
Hunt, R. A.	*Riverdale*	4
Hunt, V. C.	*Los Angeles*	10
Hunt, W. A.	*Fresno*	4
Hunt, W. R.	*Santa Barbara*	27
Hunter, P. M.	*Pasadena*	10
Hunter, T. V.	*Hollywood*	10
Hunter, Warren E.	*Los Angeles*	10
Hunter, William E.	*Los Angeles*	10
Huntington, B. R.	*Los Angeles*	10
Huntington, H. A.	*Los Angeles*	10
Huntley, A. C.	*Point Arena*	12
Hurd, A. H.	*Pasadena*	10
Hurwitt, S. J.	*San Francisco*	23
Hurwitz, S.	*San Francisco*	23
Hurwitz, S. H.	*San Francisco*	23
Husband, R. D.	*Modesto*	34
Hustead, E. L.	*Los Angeles*	10
Huston, J. M.	*Burlingame*	26
Hutchings, R. K.	*San Francisco*	23
Hutchinson, W. W.	*Los Angeles*	10
Hutchison, C. W.	*Los Angeles*	10
Hyatt, H. W.	*Eldridge*	33
Hyde, R. D.	*Beverly Hills*	10
Hyland, C. M.	*Los Angeles*	10

— I —

NAME	CITY	COUNTY SOCIETY NO.
Ianne, C. L.	*San Jose*	28
Ickstadt, A., Jr.	*Coronado*	22
Iki, G. S.	*Sacramento*	19
Ilfeld, F. W.	*Los Angeles*	10
Illick, C. R.	*Santa Paula*	37
Ilsley, M. L.	*Claremont*	10
Imerman, C. P.	*Hollywood*	10
Imerman, S. W.	*Hollywood*	10
Imler, H. G.	*Los Angeles*	10
Ing, C. S.	*Stockton*	24
Ingalls, A. T.	*Los Angeles*	10
Ingber, I. S.	*San Francisco*	23
Ingels, A. E.	*San Francisco*	23
Ingham, S. D.	*Los Angeles*	10
Inghram, H. D.	*San Bernardino*	21
Ingram, C. H.	*Fresno*	4
Inman, J. H.	*Bakersfield*	7
Inman, M. M.	*Los Angeles*	10
Inman, T. G.	*San Francisco*	23
Innis, E. C.	*Newhall*	10
Ireton, W. S.	*Tulare*	36
Iriki, W. K.	*Oakland*	1
Irish, C. W.	*Los Angeles*	10
Irvin, C. E.	*Anaheim*	16
Irvine, A. R.	*Los Angeles*	10
Irvine, G. S.	*Oakland*	1
Irvine, R. S.	*San Francisco*	23
Irvine, S. R.	*Los Angeles*	10
Irwin, J. C.	*Los Angeles*	10
Isaac, J. P.	*Glendale*	10
Ishikawa, T.	*San Jose*	28
Isnardi, M.	*San Francisco*	23
Isoard, M. C.	*Sacramento*	19
Ito, P. K.	*Los Angeles*	10
Ivey, E. D.	*Oakland*	1
Iwasa, K.	*Salinas*	14

— J —

NAME	CITY	COUNTY SOCIETY NO.
Jackemy, E. J.	*Oakland*	1
Jackson, E. A.	*Atwater*	13
Jackson, E. R.	*El Cerrito*	1
Jackson, J. E.	*Los Angeles*	10
Jackson, J. L.	*Pasadena*	10
Jackson, L. H.	*W. Los Angeles*	10
Jacob, H. H.	*Long Beach*	10
Jacobs, A. M.	*San Francisco*	23
Jacobs, F. E.	*San Diego*	22
Jacobs, J.	*Los Angeles*	10
Jacobs, L. C.	*San Francisco*	23
Jacobs, M. L.	*Los Angeles*	10
Jacobs, S. N.	*San Francisco*	23
Jacobsen, J. F.	*San Francisco*	23
Jacobson, H. A.	*Fresno*	4
Jacobson, H. P.	*Los Angeles*	10
Jacobson, J. C.	*Santa Cruz*	29
Jacobson, P. N.	*Oakland*	1
Jacobus, L. R.	*Berkeley*	1
Jacoby, L. A.	*Oroville*	2
Jaekle, R. F.	*San Francisco*	23
Jamentz, S. K.	*Los Angeles*	10
James, C. A.	*Fresno*	4
James, C. M.	*Beverly Hills*	10
James, C. S.	*Los Angeles*	10
James, J. B.	*El Monte*	10
James, L.	*Fresno*	4
James, M.	*San Francisco*	23
James, R. J.	*Los Angeles*	10
James, V. M.	*Hollywood*	10
Jameson, P. V.	*Huntington Park*	10
Jankay, L.	*New Brunswick, N. J.*	27
Janzen, J.	*Loma Linda*	21
Jeancon, E. C.	*Los Angeles*	10
Jeans, V. E.	*Fresno*	4
Jeffry, D. E.	*Oakland*	1
Jeffs, M. D. W.	*Los Angeles*	10
Jelinek, J. J.	*Los Angeles*	10
Jellen, J.	*Los Angeles*	10
Jelte, S. A.	*Oakland*	1
Jenkins, B. E.	*Oakland*	1
Jenkins, H. L.	*Arcata*	5
Jenkins, K. B.	*Oakland*	1
Jenkins, R. B.	*Los Angeles*	10
Jenney, E. R.	*Los Angeles*	10
Jenney, W. C.	*Vacaville*	32
Jennison, J. E.	*San Diego*	22
Jensen, J. P.	*Sonora*	34
Jensen, O. B.	*Livermore*	1
Jepson, W. R.	*Menlo Park*	26
Jesberg, S.	*Los Angeles*	10
Jetton, J. A.	*Fallbrook*	22
Jewel, R. T.	*Los Angeles*	10
Jewett, R. A.	*Los Angeles*	10
Jimerson, J. R.	*Long Beach*	10
Jing, F. Q.	*Fresno*	4
Joergenson, E. J.	*Los Angeles*	10
Johanson, V. E.	*San Francisco*	23
Johnsen, K.	*Agnew*	28
Johnson, C. E.	*Long Beach*	10
Johnson, C. F.	*Oakland*	1
Johnson, C. G.	*Long Beach*	10
Johnson, C. M.	*San Francisco*	23
Johnson, C. R.	*Whittier*	10
Johnson, E. D. L.	*Alhambra*	10
Johnson, E. E.	*Palo Alto*	28
Johnson, F. T.	*Monrovia*	10
Johnson, G. H.	*Los Angeles*	10
Johnson, G. M.	*Los Angeles*	10
Johnson, G. S.	*San Francisco*	23
Johnson, H. H.	*San Francisco*	23
Johnson, H. M.	*Pasadena*	10
Johnson, H. R.	*Sacramento*	19
Johnson, H. S.	*Long Beach*	10
Johnson, H. S.	*Los Angeles*	10
Johnson, J. B.	*Los Angeles*	10
Johnson, J. D.	*Taft*	7
Johnson, J. K.	*Culver City*	10
Johnson, L. C.	*Salinas*	14
Johnson, M.	*Los Angeles*	10
Johnson, M. L.	*Oakland*	1
Johnson, N. P.	*Stockton*	24
Johnson, O. D.	*Los Angeles*	10
Johnson, O. F.	*Sacramento*	19
Johnson, P.	*San Francisco*	23
Johnson, R.	*Compton*	10
Johnson, R. H.	*Los Angeles*	10
Johnson, R. I.	*Westminster*	16
Johnson, R. L.	*Corona*	18
Johnson, R. P.	*Oakland*	1
Johnson, R. W.	*Los Angeles*	10
Johnson, R. W.	*San Fernando*	10
Johnson, S. P.	*Los Angeles*	10
Johnson, T.	*Porterville*	36
Johnson, W. C.	*Pomona*	10
Johnson, W. C.	*Salinas*	14
Johnson, W. T.	*Alhambra*	10
Johnston, E. J.	*South Pasadena*	10
Johnston, F. R.	*Oakland*	1
Johnston, H. A.	*Anaheim*	16
Johnston, J.	*Los Angeles*	10
‡Johnston, S. T.	*Battle Creek, Mich.*	22
Johnston, W. H.	*Santa Barbara*	27
Johnstone, G. A.	*Los Angeles*	10
Johnstone, E. M.	*Pasadena*	10
Johnstone, K. B.	*Imola*	15
Johnstone, R. T.	*Los Angeles*	10
Johnstone, W. A.	*Hanford*	8
Joldersma, R. D.	*Berkeley*	1
Jones, A. A.	*Long Beach*	10
Jones, C. P.	*Grass Valley*	17
Jones, C. R.	*San Diego*	22
Jones, E. M.	*Los Angeles*	10
Jones, E. W.	*Pasadena*	10
Jones, E. W.	*Los Angeles*	10
Jones, F. B.	*Vallejo*	32
Jones, G. F.	*San Francisco*	23
Jones, G. W.	*Los Angeles*	10
Jones, H. T.	*Los Angeles*	10
Jones, H. W.	*Bakersfield*	7
Jones, I. H.	*Los Angeles*	10
Jones, I. W.	*Los Angeles*	10
Jones, J. C.	*Los Angeles*	10
Jones, J. P.	*Los Angeles*	10
Jones, J. R.	*Sacramento*	19
Jones, J. W.	*San Francisco*	23
Jones, K. P.	*Waikoa, Maui, T. H.*	10
Jones, L.	*Alhambra*	10
Jones, L. E.	*Roseville*	17
Jones, L. L.	*Glendale*	10
Jones, N.	*Los Angeles*	10
Jones, N.	*Sacramento*	19
Jones, O. C.	*Santa Maria*	27
Jones, O. W.	*San Anselmo*	11
Jones, O. W., Jr.	*San Francisco*	23
Jones, R. A.	*San Francisco*	23
Jones, R. B.	*San Francisco*	23
Jones, Robert M.	*Bakersfield*	7
Jones, R. Maxwell	*Ventura*	37
Jones, R. W.	*Yreka*	31
Jones, S. C.	*San Francisco*	23
Jones, T. C.	*San Jose*	28
Jones, W. H.	*Long Beach*	10
Jones, W. H. G.	*Los Gatos*	28
Jordan, P. A.	*San Jose*	28
Jorgensen, M. B.	*San Jose*	28
Jorgensen, S. N.	*San Francisco*	23
Jorgenson, N.	*Fresno*	4
Josephs, I. L.	*Los Angeles*	10
Josephs, L.	*Los Angeles*	10
Josephson, J. B.	*San Jose*	28
Joyce, T. F.	*Spadra*	10
Judd, G. E.	*Los Angeles*	10
Judefind, T. F.	*Loma Linda*	21
Judge, W. D.	*Los Angeles*	10
Judson, H. A.	*Brentwood Heights*	10
Juenemann, G. F.	*Los Angeles*	10
Jump, K.	*San Mateo*	26

— K —

NAME	CITY	COUNTY SOCIETY NO.
Kadesky, D.	*San Francisco*	23
Kaelber, A. P.	*San Francisco*	23
Kaffesieder, L. I.	*Los Angeles*	10
Kaftan, L. L.	*Los Angeles*	10
Kahler, A. R.	*Sacramento*	19
Kahn, H.	*Redding*	27
Kahn, J.	*Los Angeles*	10
Kahn, M. G.	*Los Angeles*	10
Kalichman, G. S.	*Santa Monica*	10
Kanagawa, H. H.	*Stockton*	24
Kanai, M.	*Fresno*	4
Kane, L. M.	*Los Angeles*	10
Kanner, H. M.	*Sacramento*	19
Kansora, C. P.	*San Francisco*	23
Kaplan, H. E.	*Hollywood*	24
Kaplan, M.	*Los Angeles*	10
Kapp, M. W.	*San Jose*	28
Karfiol, G. J.	*San Francisco*	23
Karleen, P. E.	*Soquel*	29
Karo, H. L.	*Grass Valley*	17
Karr, M.	*San Mateo*	24
Karras, R. W.	*Dwight, Ill.*	10
Karshner, R. G.	*Los Angeles*	10
Katz, B.	*Los Angeles*	10
Kaufman, B.	*San Francisco*	23
Kaufman, R. L.	*Riverside*	18
Kavanagh, M. F.	*San Francisco*	23
Kavinoky, N. R.	*Los Angeles*	10
Kay, G. L.	*Redding*	30
Kay, J. H.	*Oakland*	1
Kay, M. M.	*Shafter*	7
Kay, R.	*Los Angeles*	10
Kay, W. E., Jr.	*San Francisco*	23
Kaysen, R.	*San Diego*	22
Kearney, F. K.	*Hayward*	1
Kearney, W. B.	*San Francisco*	23
Keating, V. J.	*Los Angeles*	10
Keeler, N. S.	*Oakland*	1
Keenan, A. S.	*San Francisco*	23
Keenan, P. J.	*San Francisco*	23
Keeney, M. J.	*Los Angeles*	10
Kegel, A. H.	*Los Angeles*	10
Keiper, G. F.	*Beverly Hills*	10
Keipp, J. V.	*Long Beach*	10
Keith, C. F.	*Williams*	38
Kelker, G. D.	*San Luis Obispo*	25
Kell, F. B.	*San Bernardino*	21
Keller, F.	*Los Angeles*	10
Keller, S. H.	*Riverside*	18
Kelley, E. H.	*San Diego*	22
Kelley, H. W.	*Oakland*	1
Kelley, J. W.	*Los Angeles*	10
Kelleyan, Y. K.	*Los Angeles*	10

NAME	CITY	COUNTY SOCIETY NO.
Kellogg, E. C.	*Los Angeles*	10
Kellogg, F.	*Long Beach*	10
Kellogg, J. O.	*San Diego*	22
Kellogg, K. E.	*Loma Linda*	21
Kellogg, P.	*Sacramento*	19
Kelly, A. L.	*Oceanside*	22
Kelly, H. M.	*Riverside*	18
Kelly, T. H.	*San Francisco*	23
Kelsey, H. S., Jr.	*Santa Monica*	10
Kelsey, T. W.	*Sacramento*	19
Kelso, G. C.	*Pittsburg*	3
Kelso, R. W.	*Long Beach*	10
Keltz, C.	*Los Angeles*	10
Kemp, D. H.	*San Francisco*	23
Kemper, C. A. S.	*Escondido*	22
Kennedy, C. R.	*Paso Robles*	25
Kennedy, K. E.	*Oakland*	1
Kennedy, R. A.	*Los Angeles*	10
Kennedy, W. J.	*Oakland*	1
Kennell, L. A.	*San Diego*	22
Kenney, E. W.	*Oakland*	1
Kennicott, R. H.	*Los Angeles*	10
Kerchner, R. R.	*Montebello*	10
Kerlan, M.	*Beverly Hills*	10
Kerner, J. W.	*Los Angeles*	10
Kerns, C. L.	*Pittsburg*	3
Kerr, W. J.	*San Francisco*	23
Kersten, E. H. W.	*Anaheim*	16
Kersten, H. M.	*Los Angeles*	10
Keser, M. D.	*Richmond*	3
Kesling, E. F.	*Los Angeles*	10
Kessler, E. E.	*Los Angeles*	10
Key, W. A.	*San Mateo*	26
Keye, J. D.	*Beverly Hills*	10
Keyes, H. R.	*Los Angeles*	10
Kibby, S. V.	*Los Angeles*	10
Kidder, F. W. K.	*Los Angeles*	10
Kiger, W. H.	*Los Angeles*	10
Kilbourne, E. D.	*Los Gatos*	28
Kilbourne, E. D., Jr.	*Saratoga*	28
Kilcher, C. W.	*Sacramento*	19
Kilduff, R.	*Oroville*	2
Kile, R. F.	*San Francisco*	23
Kilfoy, E. J.	*Los Angeles*	10
Kilgariff, K.	*San Francisco*	28
Kilgore, A. R.	*San Francisco*	23
Kilgore, E. S.	*San Francisco*	23
Kilgore, G. L.	*San Diego*	22
Kimball, T. S.	*Glendale*	10
Kimberlin, L. O.	*San Francisco*	23
Kimura, M. M.	*Terminal Island*	10
Kinard, K. W.	*La Jolla*	22
Kindall, C. E.	*Los Angeles*	10
Kindall, L. E.	*Oakland*	1
Kindopp, D. M.	*Auburn*	17
King, D. E.	*San Francisco*	23
King, E. H.	*Tujunga*	10
King, J. A.	*Ojai*	37
King, J. C. E.	*San Diego*	22
King, N. C.	*Los Angeles*	10
King, R. W.	*Los Angeles*	10
King, R. W.	*San Jose*	28
King, S. D.	*Los Angeles*	10
King, W.	*Chico*	2
Kinkade, J. M.	*Inglewood*	10
Kinney, J. G.	*Santa Monica*	10
Kinney, L. C.	*San Diego*	22
Kinney, M. A. J.	*Los Angeles*	10
Kinney, P. B.	*Pasadena*	10
Kinslow, F. A.	*San Francisco*	23
Kinzer, E. E.	*South Pasadena*	10
Kirby, J. M.	*Bakersfield*	7
Kirchner, A. A.	*Los Angeles*	10
Kirchner, H. J.	*Los Angeles*	10
Kirchoff, J. J.	*Los Angeles*	10
Kirk, A. W.	*San Francisco*	23
Kirk, J. H.	*Palo Alto*	28
Kirk, M. E.	*Oakland*	1
Kirkle, O. L.	*Napa*	15
Kirkpatrick, J. E.	*Shasta Dam*	30
Kirkpatrick, J. H.	*Los Angeles*	10
Kirsch, R. L.	*Pasadena*	10
Kirsten, E. L.	*Los Angeles*	10
Kirwin, J. J.	*Ukiah*	12
Kiskadden, W. S.	*Los Angeles*	10
Kistinger, W. F.	*Santa Ana*	16
Kistler, J. E.	*San Francisco*	23
Kistler, R. H.	*San Francisco*	23
Kitagawa, K. J.	*San Francisco*	23
Kittle, D. B.	*Napa*	15
Kittridge, E. McN.	*Los Angeles*	10
Kjaerbye, C. P. H.	*Fresno*	4
Klabunde, E. H.	*San Francisco*	23
Klausner, J. T.	*Los Angeles*	10
Kleeman, G. E., Jr.	*Oakland*	1
Klein, I.	*Los Angeles*	10
Klick, J. J.	*Sacramento*	19
Kliman, F. E.	*Los Angeles*	10
Kling, D. H.	*Los Angeles*	10
Klotz, N. C.	*San Francisco*	23
Kluss, E. R.	*Santa Barbara*	27
Klussman, H. O. G. T.	*San Francisco*	23
Knapp, E. V.	*San Anselmo*	11
Kneeshaw, R. S.	*San Jose*	28
Knight, F. W.	*Corcoran*	8
Knight, L. C.	*San Francisco*	23
Knopf, B. W.	*Tracy*	1
Knorp, W. F.	*Burlingame*	26
Knorr, L. R.	*Concord*	3
Knott, N. L.	*Coalinga*	4
Knox, C. R.	*El Cajon*	22
Knox, L. M.	*Berkeley*	1
Knox, S. C.	*Los Angeles*	10
Koch, P. L.	*Sacramento*	19
Koch, R. A.	*San Francisco*	23
Kocher, R. A.	*Carmel*	14
Koda, K.	*Watsonville*	29
Koebig, W. C. S.	*Los Angeles*	10
Koefod, H. O.	*Santa Barbara*	27
Koehler, A. E.	*Santa Barbara*	27
Koenecke, H. J.	*Salinas*	14
Koepke, F. H.	*Watsonville*	29
Koff, R. J.	*Los Angeles*	10
Koford, H.	*Oakland*	1
Kohlenberger, C. F. W.	*Fullerton*	16
Kohlhase, L. H.	*Los Angeles*	10
Kohls, C. L.	*San Francisco*	23
Kohn, F.	*Tulare*	36
Kolb, H. J.	*Oakland*	1
Kolda, F. O.	*Alhambra*	10
Kolisch, J. M.	*Los Angeles*	10
Konantz, O. F.	*Hollywood*	10
Konigmacher, A. H.	*Fresno*	4
Konigsberg, J.	*San Francisco*	23
Konttas, P. V.	*Santa Rosa*	33
Koplin, H.	*Los Angeles*	10
Kopelowitz, J. C.	*Los Angeles*	10
Korshet, M.	*San Francisco*	23
Kortheuer, K. H.	*Calexico*	6
Kositza, L.	*Los Angeles*	10
Kosky, A. A.	*Santa Monica*	10
Kosky, A. W.	*Santa Monica*	10
Koster, E.	*Berkeley*	1
Kraaymes, H. J.	*Oakland*	1
Kracaw, F. C.	*Oakland*	1
Kraft, R. W.	*Altadena*	10
Krahulik, E. J.	*Hollywood*	10
Kramar, L. G.	*Fortuna*	5
Kraushaar, I. N.	*La Habra*	16
Kraushaar, J. C.	*Garden Grove*	16
Krebs, O. F.	*San Francisco*	23
Kreinman, S. G.	*Los Angeles*	10
Kremers, E. D.	*Pasadena*	10
Kremers, M. Y.	*Pasadena*	10
Kress, G. H.	*Los Angeles*	10
Kretzschmar, K. E.	*Los Angeles*	10
Kreutzmann, H. A. R.	*San Francisco*	23
Krevitt, J. M.	*Oildale*	7
Krieger, H. D.	*Beverly Hills*	10
Krieger, S.	*Los Angeles*	10
Kristensen, W. A.	*Los Angeles*	10
Kroener, W. F.	*Whittier*	10
Kroger, W. P.	*Los Angeles*	10
Krohn, L.	*Los Angeles*	10
Kroll, F. W.	*San Francisco*	23
Krout, B. M.	*Stockton*	24
Krueger, A. P.	*Berkeley*	1
Krugmeier, C. E.	*Los Angeles*	10
Krull, F.	*Sacramento*	19
Kruse, F. H.	*San Francisco*	23
Kruse, F. L.	*San Francisco*	23
Krutchkoff, M.	*Ferndale*	5
Kryder, G. B.	*Glendale*	10
Kuder, W. S.	*Oakland*	1
Kuhlmann, F. W.	*Long Beach*	10
Kuhn, O. E.	*Chatsworth*	24
Kulaev, A. A. M.	*San Francisco*	23
Kulchar, G. V.	*San Francisco*	23
Kully, B. M.	*Los Angeles*	10
Kusel, E. A.	*Oroville*	2
Kutzmann, A. A.	*Los Angeles*	10
Kyddson, T. W.	*Linden*	24
— L —		
Laberge, D. G.	*Artesia*	10
Lacayo, J. R.	*Los Angeles*	10
Lacey, J. M.	*Los Angeles*	10
Lacey, L. E.	*Oakland*	1
Lacey, M. J.	*Albany*	1
Lachman, G. S.	*San Francisco*	23
Lackner, L.	*San Jose*	28
Lacoe, J. R.	*Los Angeles*	10
Lafontaine, E. C.	*San Francisco*	23
Lagen, J. B.	*Burlingame*	26
Lager, E. H.	*Los Angeles*	10
Laing, D. R.	*Pasadena*	10
Laird, T. T.	*Oakdale*	34
Laist, O.	*San Francisco*	23
Lajoie, R. J.	*Los Angeles*	10
Lake, T. O.	*Berkeley*	1
Lakey, W. J.	*Canoga Park*	10
Lamb, E. J.	*Santa Barbara*	27
Lamb, L. M.	*Oakland*	1
Lamb, P. V.	*Angels Camp*	24
Lamb, W. K.	*Berkeley*	1
Lambert, H. W.	*Berkeley*	1
Lambertson, E. R.	*Los Angeles*	10
Lambuth, R. W.	*Santa Barbara*	27
La Mont, W.	*Beverly Hills*	10
Lamson, R. W.	*Los Angeles*	10
Landegger, G. P.	*Los Angeles*	10
Landers, C. H.	*Altadena*	10
Landis, C. C.	*Chico*	2
Landon, G. S.	*San Bernardino*	21
Landrock, G. M.	*Sausalito*	11
Lane, C. R.	*Santa Monica*	10
Lane, C. W.	*Coronado*	22
Lane, E. H.	*Los Angeles*	10
Lane, H. J.	*San Francisco*	23
Lane, J. A.	*Eureka*	5
Lang, J. H.	*Fullerton*	16
Langan, A. J.	*San Pedro*	10
Langdon, E. E.	*Santa Monica*	10
Lange, H. W.	*Bakersfield*	7
Langer, J.	*San Bernardino*	21
Langley, R. W.	*Los Angeles*	10
Langlois, L. J.	*San Diego*	22
Langstroth, L.	*San Francisco*	23
Lano, L. N.	*Santa Barbara*	27
Lanphere, G. H.	*Los Angeles*	10
Lapeyre, J. L.	*Los Angeles*	10
Larkey, J.	*Oakland*	1
Larner, T. E.	*Marysville*	39
Larsen, A. E.	*San Francisco*	23
Larsen, E.	*Los Angeles*	10
Larson, A. E.	*Los Angeles*	10
Larson, A. H.	*Los Angeles*	10
Larson, C. F.	*Sausalito*	11
Larson, E. A.	*Kingsburg*	4
Larson, E. E.	*Los Angeles*	10
Larson, J. A.	*Anaheim*	16
Larsson, E.	*Beverly Hills*	10
Lartigau, A. J.	*San Francisco*	23
Lasin, H.	*Los Angeles*	10
Lastreto, E D.	*San Francisco*	23
Laton, G. P.	*Los Angeles*	10
Laubersheimer, A.	*Los Angeles*	10
Lauder, C. H.	*Los Angeles*	10
Laubersheimer, G. A.	*Los Angeles*	10
Lauer, C. A.	*Long Beach*	10
Laughlin, T. J.	*Hollywood*	10
Laughon, W. I.	*Torrance*	10
Laverty, L. F.	*San Clemente*	16
Lavine, B.	*Los Angeles*	10
Lawler, P. W.	*Victorville*	21
Lawler, T. G.	*San Francisco*	23
Lawler, W. H.	*Salinas*	14
Lawrence, L. B.	*Oakland*	1
Lawrence, J. H.	*San Francisco*	23
Lawrence, N. B.	*Colton*	21
Lawrence, W.	*San Francisco*	23
Lawson, J. D.	*Sacramento*	19
Lawson, T. C.	*Oakland*	1
Lawyer, P. C.	*Inglewood*	10
Layman, M. H.	*San Francisco*	23
Lazar, S.	*San Francisco*	23
Lazard, E. M.	*Los Angeles*	10
Lazelle, H. G.	*La Jolla*	22
Leach, C. W.	*San Francisco*	23
Leach, W. O.	*Glendale*	10
Leachman, R. S.	*Vallejo*	32
Leake, N. A.	*Torrance*	10
Leake, W. H.	*Los Angeles*	10
Leary, J. J., Jr.	*San Francisco*	23
Leavenworth, E. C. S.	*Brentwood*	24
Leavitt, A. S.	*Los Angeles*	10
Leavitt, F. J.	*Los Angeles*	10
Le Baron, R. O.	*Talmage*	12
Ledesma, S. B.	*Salinas*	14
Ledford, R. M.	*San Diego*	22
Ledyard, C. C.	*Los Angeles*	10
Lee, D.	*San Jose*	28
Lee, D. A.	*Stockton*	24
Lee, E. C.	*San Diego*	22
Lee, F. J.	*Santa Monica*	10
Lee, F. W.	*Sacramento*	19
Lee, G.	*Mar Vista*	10
Lee, H.	*San Jose*	28
Lee, L. D.	*Glendale*	10
Lee, L. H.	*Los Angeles*	10
Lee, R. V. A.	*Palo Alto*	28
Leef, E.	*San Francisco*	23
Leet, N. B.	*Oakland*	1
Leet, R. S.	*Oakland*	1
Leete, C. M.	*Pasadena*	10
Leffingwell, F. E.	*Montebello*	10
Lefler, A. B.	*Los Angeles*	10
Leftwich, O. T.	*Oakland*	1
Legge, R. F.	*Oakland*	1
Legge, R. T.	*Berkeley*	1
Leggitt, C. M.	*Compton*	10
Leggitt, R. C.	*Glendale*	10
Leggo, R. C.	*Crockett*	3
Leicester, K. H.	*San Francisco*	23
Leidig, L. R.	*Santa Monica*	10
Leimbach, J. H.	*Isleton*	18
Leiske, S. W.	*Lodi*	24
Leland, E. B.	*Oakland*	1
Leland, H. G.	*Klamath*	5
Leland, S.	*San Francisco*	23
Lemere, H. B.	*Beverly Hills*	10
Lennon, M. B.	*San Francisco*	23
Lennon, T. J.	*San Francisco*	23
Leon, T. D.	*Concord*	3
Leonard, A. T.	*San Francisco*	23
Leonard, C. D.	*San Jose*	28
Leonard, E. M.	*San Francisco*	23
Leonard, J. V.	*San Francisco*	23
Leonard, M. E.	*San Francisco*	23
Leonard, W. E.	*Los Angeles*	10
Lerned, M. B.	*Pasadena*	10

NAME	CITY	COUNTY SOCIETY NO.
Lesem, A. M.,	*San Diego*	22
Lesser, R. P.,	*Oakland*	1
Leuschner, C. E.,	*Los Angeles*	10
Levan, P.,	*Los Angeles*	10
Leveton, A. L.,	*San Francisco*	23
Levi, L. M.,	*Los Angeles*	10
Levin, E.,	*Los Angeles*	10
Levin, E. A.,	*San Francisco*	23
Levin, H. A.,	*Los Angeles*	10
Levin, H. G.,	*Westwood*	9
Levin, W. N.,	*Avenal*	8
Levine, B.,	*Los Angeles*	10
Levine, M. A.,	*Los Angeles*	10
Levine, P.,	*Los Angeles*	10
Levitin, J.,	*Sausalito*	23
Leviton, H. I.,	*Los Angeles*	10
Levy, E. I.,	*San Diego*	23
Levy, J. J.,	*Los Angeles*	4
Levy, M. L.,	*Los Angeles*	10
Lewe, G. H.,	*Los Angeles*	10
Lewis, C. E.,	*Auburn*	17
Lewis, C. H.,	*Santa Monica*	10
Lewis, F. D.,	*Oakland*	1
Lewis, J. D.,	*Santa Barbara*	27
Lewis, K.,	*Beverly Hills*	10
Lewis, L. R.,	*Los Angeles*	10
Lewis, M. L.,	*Petaluma*	33
Lewis, N. H.,	*Hollywood*	10
Lewis, R.,	*Oakland*	1
Lewis, S. A.,	*Hollywood*	10
Lewis, W. M.,	*San Diego*	22
Libby, A. A.,	*Pasadena*	10
Libby, R. G.,	*Berkeley*	1
Lieberman, B. M.,	*Los Angeles*	10
Lien, F. O.,	*Merced*	13
Lighthill, J. A.,	*Shafter*	7
Liles, L. M.,	*Watsonville*	29
Liljencrantz, E.,	*San Francisco*	23
Liliencrantz, G. H.,	*Oakland*	1
Liljedahl, E. N.,	*Los Angeles*	10
Lilley, W. E.,	*Merced*	13
Linde, F. G.,	*San Francisco*	23
Lindemulder, F. G.,	*San Diego*	22
Lindenberg, F.,	*Los Angelcs*	10
Lindholm, R. C.,	*San Diego*	22
Lindner, H. H.,	*San Francisco*	23
Lindquist, C. A.,	*Los Angeles*	10
Lindquist, E. N.,	*Culver City*	10
Lindroth, E.,	*Long Beach*	10
Lindsay, C. V.,	*Encinitas*	22
Lindsay, H. C. L.,	*Hollywood*	10
Lindsey, J. O.,	*Santa Monica*	10
Lindsley, St. C. R.,	*Los Angeles*	10
Lindstrum, J. W.,	*Marysville*	39
Lineer, A. S.,	*Los Angeles*	10
Linhart, L. R.,	*Los Angeles*	10
Linn, J. L.,	*Glendale*	10
Linn, J. R.,	*Biggs*	2
Linne, F. B.,	*Los Angeles*	10
Linsley, C. H.,	*Los Angeles*	10
Linthicum, F. H.,	*Los Angeles*	10
Lion, E. G.,	*San Francisco*	23
Lipe, J. T.,	*La Jolla*	22
Lipkis, A.,	*Los Angeles*	10
Lipman, M. P.,	*Los Angeles*	10
Lipp, M. J.,	*Sacramento*	19
Lippman, M. H.,	*San Francisco*	23
Lipsett, E. M.,	*San Francisco*	23
Lipsett, P. J.,	*Oakland*	1
Lipsitch, L. S.,	*San Francisco*	23
Lipson, B.,	*Los Angeles*	10
Lipson, I. M.,	*Visalia*	36
Lischner, H.,	*Los Angeles*	10
Lisser, H.,	*San Francisco*	23
Lissner, H. H.,	*Los Angeles*	10
Lista, L. J.,	*Mt. Shasta*	31
Liston, E.,	*Palo Alto*	28
Litchfield, H.,	*Los Angeles*	10
Litle, E. W.,	*Los Angeles*	10
Little, R. P.,	*Santa Paula*	37
Lloyd, J. H.,	*Fort Bragg*	12
Lloyd, O. D.,	*Los Angeles*	10
Lloyd-Jones, O.,	*Los Angeles*	10
Lockwood, M. S.,	*National City*	22
Lodge, E. S.,	*Laguna Beach*	16
Loe, H. D.,	*Oakland*	1
Logan, N. H.,	*Oakland*	1
Logsdon, R. O.,	*San Diego*	22
Lohlein, H. E.,	*Reno, Nevada*	33
Lohmann, H. G.,	*Oakland*	1
Lohnberg, E.,	*San Francisco*	23
Lohse, J. L.,	*Oakland*	1
Lokrantz, S. R.,	*Los Angeles*	10
Lomas, J. B.,	*Los Angeles*	10
Lomas, M. I.,	*Los Angeles*	10
Lonergan, L.,	*Loma Linda*	21
Long, F. E.,	*Los Angeles*	10
Long, H. E.,	*Berkeley*	1
Long, J. C.,	*Hemet*	18
Long, S. F.,	*San Francisco*	23
Longnecker, L. P.,	*Eldridge*	33
Loomis, N. M.,	*Yuba City*	39
Loos, H. C.,	*Los Angeles*	10
Looser, R. V.,	*Hollywood*	10
Lopez, C. J.,	*Hollywood*	10
Lopizich, I. J.,	*Los Angeles*	10
Lord, D. C.,	*Paradise*	2
Lordan, J. P.,	*Los Angeles*	10
Lorentz, R., Jr.,	*San Francisco*	23
Lorenz, H. E.,	*Sacramento*	19
Loring, F. W.,	*Glendale*	10
Loughlin, E. L.,	*Los Angeles*	10
Lounsberry, C. R.,	*San Diego*	22
Loutzenheiser, J. J.,	*San Francisco*	23
Love, A. A.,	*Los Angeles*	10
Love, C. A., Jr.,	*San Bernardino*	21
Love, E. C.,	*Calistoga*	15
Lovejoy, E. D.,	*Los Angeles*	10
Lovell, R. A.,	*Alhambra*	10
Lovely, J. P.,	*San Jose*	28
Loven, S. M.,	*Bakersfield*	7
Low, T. C.,	*Los Angeles*	10
Lowe, F. A.,	*San Francisco*	23
Lowe, W. F.,	*Jackson*	19
Lowman, C. L. R.,	*Los Angeles*	10
Loye, G.,	*San Francisco*	12
Lubin, M. L.,	*Redding*	23
Lucas, W.,	*Los Angeles*	10
Lucas, W. P.,	*San Francisco*	23
Lucas, W. S.,	*Richmond*	3
Lucey, D. D.,	*Los Angeles*	10
Lucia, S. P.,	*San Francisco*	23
Luckie, J. B.,	*Pasadena*	10
Ludwig, J. L.,	*Los Angeles*	10
Luechauer, K. D.,	*Fresno*	4
Lum, D. D.,	*Alameda*	4
Lumsden, A. G.,	*Petaluma*	33
Lund, C. E.,	*No. Hollywood*	10
Lund, Le V.,	*Hollywood*	10
Lundegaard, E. E.,	*San Fernando*	17
Lundegaard, E. M.,	*Oakland*	1
Lundquist, D. T.,	*Palo Alto*	28
Lunsford, C. J.,	*Oakland*	1
Lupton, E. L.,	*Los Angeles*	10
Lurie, S. A.,	*Los Angeles*	10
Lusignan, F. W.,	*San Francisco*	23
Lusignan, H. R.,	*Monterey*	14
Luton, G. R.,	*Santa Barbara*	27
Lutz, E. A.,	*Los Angeles*	10
Lyle, A. G.,	*San Francisco*	23
Lyman, E. W.,	*Berkeley*	1
Lyman, G. D.,	*San Francisco*	23
Lynch, F. W.,	*San Francisco*	23
Lynch, J. C., Jr.,	*Stockton*	24
Lynch, J. M.,	*Pasadena*	10
Lynch, W. C.,	*Daly City*	26
Lynch, W. P.,	*Stockton*	24
Lyon, C. G.,	*San Francisco*	23
Lyon, T. P.,	*Gilroy*	28
Lyster, R. W.,	*Los Angeles*	10

— M —

NAME	CITY	COUNTY SOCIETY NO.
Macauley, J.,	*Los Angeles*	10
MacBeth, W. L. C.,	*El Monte*	10
MacColl, D. R.,	*Los Angeles*	10
MacCoy, E. L.,	*Boston, Mass*	37
MacDonald, F. A.,	*Sacramento*	19
MacDonald, R. P.,	*Los Angeles*	10
Macdonald, W. H.,	*Bakersfield*	7
Mace, L. S.,	*San Francisco*	23
Mace, R. D.,	*Salinas*	14
Macfarlane, D. A.,	*Berkeley*	1
Mack, A. E.,	*Glendale*	10
Mack, C. W.,	*Livermore*	1
MacKay, C. H.,	*Los Angeles*	10
MacKay, E. M.,	*La Jolla*	22
Mackay, J. G.,	*Auburn*	17
Mackenzie, W. W.,	*Hollywood*	10
Mackey, J. G.,	*San Fernando*	10
MacKinnon, D. G.,	*Exeter*	36
MacKinnon, D. S.,	*W. Los Angeles*	10
MacLafferty, N. C.,	*Soquel*	29
MacLean, H.,	*Los Angeles*	10
MacLean, H. G.,	*Oakland*	1
MacLean, J.,	*Los Angeles*	10
Maclennan, A. L.,	*Pasadena*	10
MacMillan, D. W.,	*Los Angeles*	10
MacMillan, H. A.,	*Long Beach*	10
Macomber, E. B.,	*Burlingame*	26
Macomber, H. W.,	*Burlingame*	26
Macpherson, D. G.,	*San Francisco*	23
Macpherson, F. L.,	*San Diego*	22
Macpherson, J. D.,	*San Diego*	22
Macpherson, W. E.,	*Los Angeles*	10
Madeley, H. R.,	*Vallejo*	32
Madsen, L. J.,	*Santa Monica*	10
Maeth, J. L.,	*Monrovia*	10
Magan, P. T.,	*Los Angeles*	10
Magan, W. P.,	*Covina*	10
Maghy, C. A.,	*Los Angeles*	10
Magid, H. J.,	*Philadelphia, Pa.*	10
Maginn, E. F.,	*Los Angeles*	10
Magoon, L. B.,	*San Jose*	28
Magrath, W. A. S.,	*Oakland*	1
Maguire, F. H.,	*San Diego*	22
Maguire, J. M.,	*San Diego*	22
Mahan, J. A.,	*Oxnard*	37
Mahan, L. B.,	*San Diego*	22
Mahannah, L. D.,	*Long Beach*	10
Maher, E. J.,	*San Jose*	25
Mahon, E. J.,	*San Francisco*	23
Mahoney, K. M.,	*San Francisco*	23
Mahoney, L. E.,	*Santa Monica*	10
Main, R. C.,	*Santa Barbara*	27
Mainwaring, G. F.,	*Oakland*	1
Maisler, S.,	*San Francisco*	23
Majer, R. G.,	*Los Angeles*	10
Majors, E. A.,	*Oakland*	1
Maker, R. W.,	*Norwalk*	10
Makinson, F. R.,	*Oakland*	1
Malcolmson, O. K.,	*Big Creek*	4
Malis, S.,	*Los Angeles*	10
Malkin, G. M.,	*Huntington Park*	10
Malmgren, G. E.,	*Los Angeles*	10
Malone, W. M.,	*San Francisco*	23
Maloney, H. P.,	*Oakland*	1
Maloney, W. M.,	*Los Angeles*	10
Mandel, C.,	*Beverly Hills*	10
Mandel, U. G.,	*Los Angeles*	10
Maner, G. D.,	*Los Angeles*	10
Manger, J.,	*San Bernardino*	21
Manjos, P.,	*San Francisco*	23
Manley, D. J.,	*Hayward*	1
Mann, A. I.,	*Los Angeles*	10
Mann, C. A.,	*Los Angeles*	10
Mann, H. H.,	*Los Angeles*	10
Mann, V. L.,	*La Habra*	10
Mannerstedt, G. O.,	*Oakland*	1
Manning, A.,	*Berkeley*	10
Manning, J. G.,	*Los Angeles*	10
Manning, T. P.,	*Los Angeles*	10
Manning, W. R.,	*Fillmore*	37
Manny, M. A.,	*Pasadena*	10
Manor, A.,	*Monterey*	14
Mansfeldt, J. H.,	*San Francisco*	23
Manson, G.,	*Fresno*	4
Manson, R. M.,	*Hayward*	1
Mantle, V. M.,	*Los Angeles*	10
Manton, W. W.,	*Pasadena*	10
Manuel, M. M.,	*Pasadena*	10
Mapes, R. W.,	*Beverly Hills*	10
March, H. N.,	*Grass Valley*	17
Marchildon, J. W.,	*Los Angeles*	10
Marchus, D. B.,	*Central Valley*	30
Marco, J.,	*Los Angeles*	10
Marchus, D. B.,	*Central Valley*	30
Marcus, H.,	*San Francisco*	23
Marcus, J. H.,	*Los Angeles*	10
Marcus, S.,	*Los Angeles*	10
Marcus, S. M.,	*Los Angeles*	10
Marians, A.,	*Los Angeles*	10
Mariette, E. L.,	*Glendale*	10
Mark, A. E.,	*Los Angeles*	10
Markel, H. H.,	*San Francisco*	23
Markolf, H. F.,	*Pasadena*	10
Marks, J. H.,	*Los Angeles*	10
Marks, M.,	*Long Beach*	10
Marks, R. F.,	*San Francisco*	23
Marks, S. H.,	*Pittsburg*	3
Markthaler, E. L.,	*Santa Barbara*	27
Marlo, J. A.,	*Los Angeles*	10
Marlow, A. A.,	*La Jolla*	22
Marnell, F. S.,	*Stockton*	24
Maroon, J. L.,	*Santa Ana*	16
Marquis, C. E.,	*Oakland*	1
Marquis, H. H.,	*San Francisco*	23
Marr, J. B.,	*Covina*	10
Marriott, J. L.,	*Alameda*	1
Marsden, C. S.,	*San Diego*	22
Marsden, C. S., Jr.,	*San Diego*	22
Marsden, S. A.,	*Santa Ana*	16
Marsh, C.,	*Sebastopol*	33
Marsh, O. G.,	*San Diego*	22
Marshall, B. M.,	*Eureka*	5
Marshall, H. K.,	*Glendale*	10
Marshall, J. M.,	*San Luis Obispo*	25
Marshall, O. C.,	*Watsonville*	29
Marston, C. B.,	*San Rafael*	11
Marston, H. E.,	*San Rafael*	11
Martin, A. L.,	*Hayward*	1
Martin, A. T.,	*Los Angeles*	10
Martin, G. S.,	*Susanville*	9
Martin, H. E.,	*Los Angeles*	10
Martin, H. H.,	*Riverside*	13
Martin, H. W.,	*Los Angeles*	10
Martin, J. N.,	*Colton*	21
Martin, L. A.,	*Berkeley*	1
Martin, L. E.,	*Los Angeles*	10
Martin, M. L.,	*Los Angeles*	10
Martin, P. T.,	*San Jose*	28
Martin, R. C.,	*San Bernardino*	21
Martin, R. C.,	*San Francisco*	23
Martin, W. C.,	*Tracy*	24
Martins, S. M.,	*Los Angeles*	10
Martyn, G.,	*Los Angeles*	10
Marx, R.,	*Los Angeles*	10
Marxer, W. L.,	*Beverly Hills*	10
Mason, B. B.,	*Laguna Beach*	16
Mason, B. S.,	*San Jose*	28
Mason, C. V.,	*San Leandro*	1
Mason, D. G.,	*San Francisco*	23
Mason, H. E.,	*Redwood City*	26
Mason, H. M.,	*Los Angeles*	10
Mason, J. L.,	*Lone Pine*	40
Mason, M. I.,	*San Jose*	28
Mason, V. R.,	*Los Angeles*	10
Massey, B. D.,	*Pasadena*	10
Masters, E. J.,	*San Francisco*	23
Masterson, J. R.,	*Berkeley*	1
Mathé, C. P.,	*San Francisco*	23
Mather, R. W.,	*Los Angeles*	10
Mathes, M. E.,	*San Francisco*	23
Mathews, B. D.,	*San Francisco*	23

NAME	CITY	COUNTY SOCIETY NO.
Mathews, S. S.,	*Los Angeles*	10
Mathewson, C.,	*Fresno*	4
Mathewson, C., Jr.,	*San Francisco*	23
Mathias, C. M.,	*Tulare*	36
Mathis, E. N.,	*Riverside*	18
Matlock, T. T.,	*Wasco*	7
Matousek, W. J.,	*Glendale*	10
Matson, J. R.,	*San Diego*	22
Mattison, C. W.,	*Los Angeles*	10
Mattison, S. J.,	*Pasadena*	10
Matzger, E.,	*San Francisco*	23
Mauer, E. F.,	*Los Angeles*	10
Maupin, J. L., Jr.,	*Fresno*	4
Mauser, C. L.,	*Oakland*	1
Mawdsley, H. L.,	*San Mateo*	26
Maximov, A. G.,	*Santa Rosa*	33
Maximov, G. N.,	*San Francisco*	23
Maxson, E. S.,	*Alhambra*	10
Maxwell, A. H.,	*Sausalito*	11
Maxwell, D. M.,	*Santa Barbara*	27
Maxwell, H. C.,	*Santa Ana*	16
Maxwell, R. E.,	*Modesto*	34
May, H. C.,	*Los Angeles*	10
May, J. A.,	*San Diego*	22
May, L. B.,	*Bakersfield*	7
Mayer, H. J.,	*Los Angeles*	10
Mayers, M. M.,	*Los Angeles*	10
Mayfield, C.,	*Long Beach*	10
Mayman, E.,	*Modesto*	34
Maynard, M. T-R.,	*San Jose*	28
Mays, A. H.,	*Sausalito*	11
McAllister, H. R.,	*Taft*	7
McAllister, O. O. T.,	*Oakland*	1
McAnally, J. F.,	*Roseville*	17
McArthur, D. D.,	*Los Angeles*	10
McAtee, J. S.,	*Los Angeles*	10
McAulay, M.,	*Monterey*	14
McBride, J. P.,	*Los Angeles*	10
McBride, R. W.,	*Burlingame*	26
McBurney, B. A.,	*Pomona*	10
McBurney, R. D.,	*Los Angeles*	10
McCallister, C. H.,	*Los Angeles*	10
McCann, F. E.,	*Monrovia*	10
McCarthey, A. M.,	*Los Angeles*	10
McCarthy, F. J.,	*San Francisco*	23
McCarthy, H. L.,	*Los Angeles*	10
McCarthy, J. B.,	*Carmel*	14
McCarthy, J. J.,	*Bakersfield*	7
McCartney, O. D.,	*Glendale*	10
McCarty, R. B.,	*Riverside*	18
McCausland, A. M.,	*Los Angeles*	10
McCausland, J. D.,	*Chula Vista*	22
McCausland, W. S.,	*Chula Vista*	22
McChesney, G. J.,	*San Francisco*	23
McCleave, T. C.,	*Berkeley*	1
McCleave, T. C., Jr.,	*Oakland*	1
McClelland, E. S.,	*Los Angeles*	10
McClendon, S. J.,	*San Diego*	22
McClintock, G. L.,	*San Diego*	22
McCloy, N. P.,	*San Francisco*	23
McClure, G.,	*Oakland*	1
McClure, J. C.,	*Lindsay*	36
McClurkin, A. A.,	*Los Angeles*	10
McColl, J. M.,	*San Diego*	22
McColl, W. F.,	*San Diego*	22
McConnell, J. B.,	*Paradise*	2
McConnell, O. G.,	*San Jose*	28
McCool, J. L.,	*San Francisco*	23
McCool, W. F.,	*Los Angeles*	10
McCorkle, H. J.,	*San Francisco*	23
McCoskey, G.,	*Stockton*	24
McCoy, C. A.,	*Los Angeles*	10
McCoy, E. T.,	*Los Angeles*	10
McCoy, H. H.,	*Long Beach*	10
McCracken, J. H.,	*San Pedro*	10
McCradie, R. D.,	*Oakland*	1
McCrea, F. R.,	*Long Beach*	10
McCullough, F. E.,	*Sacramento*	1
McCullough, J. M.,	*Crockett*	3
McCune, S. S.,	*Los Angeles*	10
McCuskey, C. F.,	*Glendale*	10
McDermott, J. C.,	*Los Angeles*	10
McDermott, W. O.,	*West Los Angeles*	10
McDevitt, J. J.,	*Los Angeles*	10
McDonald, A. C.,	*Huntington Park*	10
McDonald, F. X.,	*Los Angeles*	10
McDonald, G. H.,	*Ocean Beach*	22
McDonald, J.,	*San Francisco*	23
McDonald, J. B.,	*Los Angeles*	10
McDonnell, C. H.,	*Sacramento*	19
McDougall, M. W.,	*Long Beach*	10
McDowell, B. E.,	*Merced*	13
McDowell, C. A.,	*Covina*	10
McDowell, D. F.,	*Santa Barbara*	27
McElhinney, P. P. B.,	*Long Beach*	10
McEvers, A. E.,	*Los Angeles*	10
McEwen, W. L.,	*Taft*	7
McFarlane, A. H.,	*Mountain View*	28
McGarvey, H.,	*Atascadero*	25
McGee, R. P.,	*Los Angeles*	10
McGee, W. B.,	*San Diego*	22
McGehee, W. H.,	*Fresno*	4
McGill, P. R.,	*Hollywood*	10
McGinnis, J. J.,	*San Francisco*	23
McGovern, B. E.,	*Olive View*	10
McGovney, R. B.,	*Santa Barbara*	27
McGowan, D. O.,	*Los Angeles*	10
McGranahan, J. H.,	*Long Beach*	10
McGrath, A. K.,	*Sonoma*	15
McGreane, F. X.,	*Calistoga*	15
McGrew, W. R.,	*Oakland*	1
McGuinness, J. E.,	*San Francisco*	23
McGuinness, J. S.,	*San Francisco*	23
McGuire, F. A.,	*Stockton*	24
McGuire, J. B.,	*Mt. Shasta*	31
McGuire, J. J.,	*San Francisco*	23
McGuire, T. E.,	*Burbank*	10
McGurk, R. T.,	*Stockton*	24
McHugh, J. A.,	*Stockton*	24
McHugh, P. H.,	*Stockton*	24
McIntosh, A. M.,	*Berkeley*	1
McInturff, D. N.,	*Eureka*	5
McIvor, R. J.,	*Oakland*	1
McKay, J. J., Jr.,	*San Francisco*	23
McKee, C. B.,	*Sacramento*	19
McKee, E. N.,	*Eagle Rock*	10
McKee, K. S.,	*Bakersfield*	7
McKeever, F. M.,	*Los Angeles*	10
McKellar, J. H.,	*Pasadena*	10
McKelvy, R. W.,	*Los Angeles*	10
McKenna, W. J.,	*Los Angeles*	10
McKenney, A. C., Jr.,	*San Francisco*	23
McKenney, J. A.,	*Oakland*	1
McKenney, P. W.,	*Alturas*	9
McKenzie, C. R.,	*Oakland*	1
McKenzie, R. B.,	*San Francisco*	23
McKibbin, J.,	*Los Angeles*	10
McKinnon, A. A.,	*Placerville*	19
McKinnon, D. D.,	*Los Angeles*	10
McKitrick, J. F.,	*Los Angeles*	10
McKnight, W. B.,	*Portola*	9
McLain, L. C.,	*Bakersfield*	7
McLaughlin, R. C.,	*Los Angeles*	10
McLaughlin, T. H.,	*Hollywood*	10
McLean, D.,	*Sacramento*	19
McLean, L. S.,	*Blythe*	18
McLeish, A. H.,	*Yountville*	15
McLellan, G. H.,	*San Diego*	22
McLeod, F. L.,	*Hollywood*	10
McLeod, J. H.,	*Santa Rosa*	33
McLeod, K. C.,	*Oakland*	1
McManus, F. P.,	*Esparto*	38
McMaster, P. E.,	*Los Angeles*	10
McMillen, C. H., Jr.,	*N. Hollywood*	10
McMullen, C. B.,	*Los Angeles*	10
McNamara, D.,	*Santa Barbara*	27
McNamara, D. H.,	*Santa Barbara*	27
McNamara, T. M.,	*Bakersfield*	7
McNaught, H.,	*San Francisco*	23
McNaught, J. B.,	*San Francisco*	23
McNaught, R. C.,	*San Francisco*	23
McNearney, J. J.,	*Merced*	14
McNeil, D.,	*Sacramento*	19
McNeil, H. G.,	*Los Angeles*	10
McNeil, W. T.,	*Stockton*	24
McNeile, O. M.,	*Los Angeles*	10
McNulty, A. H.,	*San Francisco*	23
McPharlin, J. H.,	*Salinas*	14
McPhee, V. C.,	*San Francisco*	23
McPheeters, E. R.,	*Modesto*	34
McPherson, H. A.,	*Los Angeles*	10
McPherson, M. D.,	*Santa Cruz*	29
McQuade, J.,	*San Francisco*	23
McRae, C. C.,	*San Francisco*	23
McReynolds, R. P.,	*Los Angeles*	10
McReynolds, R. T.,	*Santa Monica*	10
McVicker, H. R.,	*Weed*	31
McWhirter, W. L.,	*Centerville*	1
McWhorter, P.,	*Los Angeles*	10
Mead, C. I.,	*Bakersfield*	7
Meade, F. J.,	*Los Angeles*	10
Meads, A. M.,	*Oakland*	1
Meals, R. W.,	*Los Angeles*	10
Means, P. C.,	*Santa Barbara*	27
Meherin, J. M.,	*San Francisco*	23
Mehlin, G. B.,	*San Diego*	22
Mehrmann, H. B.,	*Oakland*	1
Meininger, W. M.,	*San Francisco*	23
Meland, O. N.,	*Los Angeles*	10
Melkonian, L.,	*Gilroy*	28
Mell, C. N.,	*Oakland*	1
Mellinger, H. V.,	*Los Angeles*	10
Mellinger, W. J.,	*Santa Barbara*	27
Mello, H. G.,	*Alameda*	1
Melnik, M.,	*Los Angeles*	10
Mendelsohn, H. A.,	*Los Angeles*	10
Mendelsohn, L.,	*Saratoga*	28
Mensor, M. C.,	*San Francisco*	23
Mentzer, M. J.,	*San Francisco*	23
Mentzer, S. H.,	*San Francisco*	23
Merchant, A. K.,	*Stockton*	24
Meredith, H. H.,	*Oakland*	1
Merkle, H. J.,	*Los Angeles*	10
Merrill, H. G.,	*San Diego*	22
Merrill, H. P.,	*Los Angeles*	10
Merrill, J. A.,	*Monterey*	14
Merrill, M. H.,	*San Francisco*	23
Merrill, R. E.,	*Burbank*	10
Merrill, W. I.,	*Campbell*	28
Merrithew, E. W.,	*Martinez*	3
Merritt, R. E.,	*San Francisco*	23
Mershon, H. F.,	*Los Angeles*	10
Mesirow, M. E.,	*Santa Maria*	27
Messer, S.,	*Ocean Park*	10
Messinger, R. F.,	*North Hollywood*	10
Mettier, S. R.,	*San Francisco*	23
Metzner, A.,	*Los Angeles*	10
Meuser, A. H.,	*Corning*	35
Meyenberg, W. D.,	*Salinas*	14
Meyer, A. J.,	*Glendale*	10
Meyer, H. A.,	*San Francisco*	23
Meyerfeld, F.,	*Redwood City*	26
Meyers, E. L.,	*Chico*	2
Meyers, E. M.,	*Oakland*	1
Miano, B. D. A.,	*San Bernardino*	21
Michael, L.,	*San Leandro*	1
Michael, M. T.,	*San Francisco*	23
Michael, P. P.,	*Oakland*	1
Michels, L. M.,	*San Francisco*	23
Michelson, L.,	*San Francisco*	23
Michelson, P. D., Jr.,	*San Francisco*	23
Mikels, B. M.,	*Long Beach*	10
Mikels, F. M.,	*Los Angeles*	10
Miles, R. H.,	*Alameda*	1
Miles, S. H.,	*Santa Monica*	10
Milholland, W. G.,	*Fresno*	4
Millar, G. E.,	*Sacramento*	19
Miller, A.,	*San Rafael*	11
Miller, A. G.,	*San Mateo*	26
Miller, A. H.,	*Los Angeles*	10
Miller, A. V.,	*Porterville*	36
Miller, A. W.,	*Riverside*	18
Miller, B. F.,	*Yuba-Sutter*	39
Miller, B. F.,	*Whittier*	10
Miller, C. D.,	*Glendale*	10
Miller, D. G.,	*Los Angeles*	10
Miller, E. P.,	*Riverside*	18
Miller, F. F.,	*San Diego*	22
Miller, G. B.,	*San Francisco*	23
Miller, G. H.,	*Los Angeles*	10
Miller, H.,	*Los Angeles*	10
Miller, H. A.,	*Los Angeles*	10
Miller, H. E.,	*San Francisco*	23
Miller, I. S.,	*Colton*	21
Miller, J. E.,	*Los Angeles*	10
Miller, J. J., Jr.,	*San Francisco*	23
Miller, L. G.,	*Imola*	15
Miller, L. R.,	*Sanitarium*	15
Miller, N.,	*Porterville*	36
Miller, N. D.,	*Los Angeles*	10
Miller, P. D.,	*Dinuba*	36
Miller, R. B.,	*Glendale*	10
Miller, R. F.,	*Los Angeles*	10
Miller, R. R.,	*Pasadena*	10
Miller, R. W.,	*Los Angeles*	10
Miller, S. J.,	*Long Beach*	10
Miller, T.,	*San Diego*	22
Miller, T. E.,	*Pasadena*	10
Miller, T. K.,	*Camarillo*	37
Miller, W. J.,	*Los Angeles*	10
Miller, W. McC.,	*Auburn*	17
Milligan, H.,	*Los Angeles*	10
Milliken, J. H.,	*Oakland*	1
Milliken, R. M.,	*Los Angeles*	10
Milliken, W. P.,	*Oakland*	1
Mills, C. K.,	*Woodland*	38
Mills, L.,	*Los Angeles*	10
Mills, W.,	*Oakland*	1
Mills, W. W.,	*San Mateo*	26
Millzner, R. J.,	*San Francisco*	23
Milo, H. W.,	*Mountain View*	28
Milton, J. T.,	*San Diego*	22
Minna, J. B.,	*San Diego*	22
Misch, H. B.,	*Los Angeles*	10
Missall, A. S.,	*Santa Maria*	27
Missner, F. R.,	*Oakland*	1
Mitchell, C. O.,	*Fresno*	4
Mitchell, C. S.,	*Fresno*	4
Mitchell, G. M.,	*San Francisco*	23
Mitchell, H. H.,	*Oakland*	1
Mitchell, T. T.,	*Brawley*	6
Mitchell, W. E.,	*Berkeley*	1
Mitchell, W. J., Jr.,	*Alhambra*	10
Mize, G. H.,	*San Francisco*	23
Mizel, M. L.,	*San Francisco*	23
Miyauchi, Y.,	*Santa Maria*	27
Mock, D. C.,	*Redlands*	21
Modern, F. S.,	*Los Angeles*	10
Moes, R. J.,	*Los Angeles*	10
Moffat, W. McK.,	*Santa Barbara*	27
Moffitt, E. J.,	*Los Angeles*	10
Moffitt, H. C.,	*San Francisco*	23
Moffitt, J. A.,	*Los Angeles*	10
Mogan, R. F.,	*Los Angeles*	10
Mohun, C. C., Jr.,	*San Francisco*	23
Mohun, M.,	*San Mateo*	26
Molgaard, J.,	*San Francisco*	26
Molitor, N.,	*San Diego*	22
Mollath, A. L.,	*Santa Maria*	27
Molony, C. J.,	*Los Angeles*	10
Molony, W. R.,	*Los Angeles*	10
Molony, W. R., Jr.,	*Los Angeles*	10
Monaco, S. R.,	*Los Angeles*	10
Monson, L. P.,	*San Francisco*	23
Montalvan, J.,	*Oakland*	1
Monteith, R. F.,	*Redwood City*	26
Montgomery, C. H.,	*Beverly Hills*	10
Montgomery, D. W.,	*San Francisco*	23
Montgomery, M. L.,	*San Francisco*	23
Montgomery, R. R.,	*Long Beach*	10
Montgomery, W. O.,	*San Francisco*	23
Monty, A. J.,	*San Jose*	28
Moodie, A. R.,	*Taft*	7
Moody, A. M.,	*San Francisco*	23

NAME	CITY	COUNTY SOCIETY NO.
Moody, E. E.	*Los Angeles*	10
Mooney, H. S.	*Los Angeles*	10
Mooney, T. S.	*San Diego*	22
Moor, F. B.	*Los Angeles*	10
Moore, A. E.	*San Diego*	22
Moore, A. H.	*Los Angeles*	10
Moore, A. W.	*Los Angeles*	10
Moore, C. B.	*San Francisco*	23
Moore, C. E.	*San Jose*	28
Moore, C. L.	*Bakersfield*	7
Moore, E. C.	*Los Angeles*	10
Moore, F. H.	*San Francisco*	23
Moore, G.	*Oakland*	1
Moore, G. W.	*Los Angeles*	10
Moore, H. A.	*Berkeley*	1
Moore, J. B.	*Fresno*	4
Moore, J. K.	*Los Angeles*	10
Moore, J. M.	*San Francisco*	23
Moore, J. W.	*Quincy*	9
Moore, J. W.	*Ventura*	37
Moore, L.	*San Francisco*	23
Moore, L. S.	*San Jose*	28
Moore, M. H.	*Fresno*	4
Moore, N. L.	*Santa Ana*	16
Moore, O. M.	Bell	10
Moore, P. H.	*Hollywood*	10
Moore, R.	*Los Angeles*	10
Moore, R. L.	*Loyalton*	9
Moore, R. L.	*Pasadena*	10
Moore, W. G.	*San Francisco*	23
Moore, W. H.	*Bakersfield*	7
Moose, R. M.	*San Bernardino*	21
Mooser, C. E.	*Oakland*	1
Mooy, J. E.	*Covelo*	12
Mordoff, C. E.	*Oakland*	1
More, D. H.	*Long Beach*	10
Moretti, R.	*Los Banos*	13
Morgan, J. D., Jr.	*Fresno*	4
Morgan, J. W.	*San Francisco*	23
Morgan, N. D.	*San Francisco*	23
Morken, E. H.	*Martinez*	3
Morley, F. J.	*Upper Lake*	12
Morris, B. G.	*Indio*	18
Morris, C. A.	*Bakersfield*	7
Morris, E.	*Auberry*	4
Morris, F. J.	*Los Angeles*	10
Morris, G. H.	*Santa Maria*	27
Morris, G. W.	*San Diego*	22
Morris, J. K., Jr.	*Modesto*	34
Morris, K. G.	*Petaluma*	33
Morris, L. M.	*San Francisco*	23
†Morris, M.	*San Francisco*	23
Morris, R. H.	*San Francisco*	23
Morris, R. L.	*San Francisco*	23
Morris, S. A.	*Marysville*	39
Morrison, A. A.	*Santa Paula*	37
Morrison, G. M.	*San Mateo*	26
Morrison, L. F.	*San Francisco*	23
Morrison, N. D.	*San Mateo*	26
Morrison, N. D., Jr.	*San Mateo*	26
Morrison, R. J.	*Santa Monica*	10
Morrison, W. A.	*Los Angeles*	10
Morrissey, E. J.	*San Francisco*	23
Morrow, A.	*Richmond*	3
Morrow, H.	*San Francisco*	23
Morse, C. O.	*Redwood City*	26
Morse, H. A.	*Oakland*	1
Mortensen, E. S.	*Santa Monica*	10
Mortensen, J. P.	*Los Angeles*	10
‡Mortensen, M. A.	*Santa Monica*	10
Mortensen, W. L.	*Culver City*	10
Mortensen, W. S.	*Santa Monica*	10
Morton, A. W.	*San Francisco*	23
Morton, D. G.	*San Francisco*	23
Morton, L. B.	*Los Angeles*	10
Mosby, G.	*Oakland*	1
Mosher, L. C.	*Nubieber*	30
Mosher, W. F.	*Ventura*	37
Moss, A. J.	*Los Angeles*	10
Motchan, L. A.	*Los Angeles*	10
Mote, C. D.	*San Francisco*	23
Motley, E. G.	*Santa Ana*	16
Mott, E. L.	*Fresno*	4
Mottram, L. D.	*Modesto*	34
Moul, C. T.	*Oakland*	1
Moulton, D. H.	*Chico*	2
Moulton, R. R.	*San Mateo*	26
Mourer, L. A.	*Los Angeles*	10
Movitt, E. R.	*San Francisco*	23
Movitt, S. I.	*Los Angeles*	10
Movius, C. K.	*Los Angeles*	10
Movius, C. McK.	*Los Angeles*	10
Movius, H. J.	*Los Angeles*	10
Moyle, C. A.	*Merced*	13
Mozar, H. N.	*Los Angeles*	10
Muckleston, H. S.	*Los Angeles*	10
Mudd, J. L.	*Merced*	13
Mudd, S. G.	*San Marino*	10
Mueller, R. R.	*Los Angeles*	10
Mugford, I. K.	*Sacramento*	19
Mugler, F. R.	*San Luis Obispo*	25
Muhl, A. M.	*San Diego*	22
Muir, J. C.	*San Jose*	28
Mulder, E. I.	*Compton*	10
Mulfinger, C. L.	*Los Angeles*	10
Mullaly, E. F.	*Vallejo*	32
Mullen, E. W.	*Agnew*	28
Mullen, J. L.	*Sacramento*	19
Mullen, R. M.	*Pasadena*	10
Mullen, T. F.	*San Francisco*	23
Mullenix, R. B.	*San Diego*	22
Mulligan, H. R.	*Hollywood*	10
Mulvehill, W.	*Los Angeles*	10
Munch, P. F.	*Santa Barbara*	27
Mundall, B. P.	*Glendale*	10
Munter, E. J.	*San Francisco*	23
Murakami, K.	*Salinas*	14
Muramoto, J.	*Sacramento*	19
Murphy, H. W.	*Long Beach*	10
Murphy, J. B.	*San Mateo*	26
Murphy, J. E.	*Sacramento*	19
Murphy, J. M.	*Oakland*	1
Murphy, K. M.	*San Francisco*	23
Murphy, M. J.	*Redding*	30
Murphy, P. L.	*Hanford*	8
Murphy, W. H.	*San Mateo*	26
Murray, D. H.	*Napa*	15
Murray, S.	*Los Angeles*	10
Murrieta, A. J.	*Los Angeles*	10
Musante, A. S.	*San Francisco*	23
Musselman, W. H.	*South San Francisco*	26
Musser, L. P.	*Oakland*	1
Myers, A. D.	*Baldwin Park*	10
Myers, G. E.	*Los Angeles*	10
Myers, L.	*San Diego*	22
Myers, O. R.	*Eureka*	5
Myers, T. C.	*Los Angeles*	10
— N —		
Nador, G.	*Los Angeles*	10
Naeckel, H. W.	*Riverside*	18
Naffziger, H. C.	*San Francisco*	23
Naftzger, J. B.	*Los Angeles*	10
Nagel, G. W.	*San Francisco*	23
Nagelman, C. B.	*Santa Barbara*	27
Nakano, Y.	*Philadelphia, Pa*	27
Nass, F. C.	*San Francisco*	23
Nasser, G. E.	*San Francisco*	23
Nast, E. H.	*San Francisco*	23
Nathanson, M. H.	*Los Angeles*	10
Naughton, J. P.	*Los Angeles*	10
Nauheim, H. S.	*Los Angeles*	10
Nay, N.	*San Luis Obispo*	25
Nazarin, G. S.	*San Francisco*	23
Neal, J. R.	*Los Angeles*	10
Need, O. U.	*Madera*	4
Needles, J. W.	*Guadalupe*	27
Nees, O. R.	*Long Beach*	10
Neff, F. E.	*Compton*	10
Neff, W. B.	*San Francisco*	23
Negley, J. C.	*Los Angeles*	10
Neil, J. M.	*Oakland*	1
Nelson, A. E.	*Los Angeles*	10
Nelson, A. N.	*Los Angeles*	10
Nelson, C. E.	*National City*	22
Nelson, C. F.	*Los Angeles*	10
Nelson, C. H.	*Los Angeles*	10
Nelson, C. R.	*Oakland*	1
Nelson, C. V.	*Los Angeles*	10
Nelson, E. A.	*Los Angeles*	10
Nelson, E. S.	*Los Angeles*	10
Nelson, F. H.	*Los Angeles*	10
Nelson, H. C.	*Santa Ana*	16
Nelson, H. M.	*Barstow*	21
Nelson, H. O.	*Guadalupe*	27
Nelson, J. E.	*Lodi*	24
Nelson, L. G.	*Long Beach*	10
Nelson, R. C.	*Beverly Hills*	10
Nelson, R. F.	*Oakland*	1
Nelson, W. N.	*Fillmore*	37
Nerad, A. H.	*Wilmington*	10
Nesburn, H. R.	*Hollywood*	10
Nesche, G. E.	*Oakland*	1
Neslund, H. C.	*Anaheim*	16
Nethercut, R. A.	*San Francisco*	23
Netzley, R. E.	*Pasadena*	10
Neubert, A. D.	*Redlands*	21
Neufeld, A. J.	*Los Angeles*	10
Neufeld, H. D.	*Concord*	3
Neugarten, K.	*San Francisco*	23
Neumann, E. V.	*Hollywood*	10
Neville, J. E.	*Glendale*	10
Nevin, J. L.	*San Bernardino*	21
Nevius, F. P.	*Antioch*	3
Nevius, J. W.	*Los Angeles*	10
Newbarr, F. D.	*Los Angeles*	10
Newbecker, C. G.	*Hanford*	8
Newel, C. D.	*Fresno*	4
Newell, E.	*San Jose*	28
Newell, R. I.	*Oakland*	1
Newell, R. R.	*San Francisco*	23
Newman, A.	*San Francisco*	23
Newman, B. A.	*Los Angeles*	10
Newman, H. W.	*San Francisco*	23
Newman, L.	*San Francisco*	23
Newman, M. H.	*Los Angeles*	10
Newman, W. H.	*San Diego*	22
Newman, W. W.	*San Francisco*	23
Newson, H. E.	*San Francisco*	23
Newton, A. H.	*Yreka*	31
Newton, E. B.	*Oakland*	1
Newton, H. D.	*San Diego*	22
Newton, W. C.	*San Diego*	22
Nicholas, C. Z.	*Santa Barbara*	27
Nichols, J. N.	*Los Angeles*	10
Nichols, R. C.	*Ontario*	21
Nichols, R. E.	*Woodland*	38
Nichols, W. E.	*Pasadena*	10
Nicholson, J.	*Los Angeles*	10
Nicholson, J. McG.	*Bakersfield*	7
Nicholson, R. M.	*Los Angeles*	10
Nicolson, W. W.	*Alameda*	1
Nicola, T.	Alhambra	10
Nicoll, J. R. P.	*Los Angeles*	10
Nider, G. K.	*Fresno*	4
Niebel, H. L.	*Palo Alto*	28
Niebergall, H. A.	*Los Angeles*	10
Nielsen, H. W.	*Fowler*	4
Nielsen, J. M.	*Los Angeles*	10
Nielsen, J. W.	*Oxnard*	37
Nielson, K. A.	*Oakland*	1
Nielson, L. R.	*Fresno*	4
Niemand, F. G.	*San Francisco*	23
Nies, A.	*Orange*	16
Nies, C. A.	*Los Angeles*	10
Nilsson, J. P.	*Long Beach*	10
Nippert, E. F.	*Los Angeles*	10
Nisbet, T. W.	*Pasadena*	10
Nittler, A. N.	*Santa Cruz*	29
Nixon, A. C.	*Hollywood*	10
Nixon, N. K.	*Los Angeles*	10
Noall, E. T.	*Santa Rosa*	33
Noble, B. E.	*Los Angeles*	10
Noble, C. A., Jr.	*San Francisco*	23
Noble, T. E.	*Long Beach*	10
Noetling, P. R.	*Angels Camp*	24
Nolan, O. F.	*San Francisco*	23
Noland, C. A.	*Long Beach*	10
Norberg, R. W.	*Kingsburg*	4
Norman, G. F.	*San Francisco*	23
Norman, J. G.	*San Pedro*	10
Norris, C. E.	*Eureka*	5
Norris, W. J.	*Los Angeles*	10
Northrop, R. S.	*Napa*	15
Northway; W. H.	*Stanford Univ.*	28
Norton, F. L.	*Los Angeles*	10
Norwood, G. E.	*Covina*	10
Novak, J. E.	*Encinitas*	22
Novy, F. G.	*Oakland*	1
Noyes, F. Le G.	*Los Angeles*	10
Null, J. W.	*San Francisco*	23
Null, R. P.	*Long Beach*	10
Nuttall, J. P.	*Santa Monica*	10
Nutting, F. J.	*Santa Monica*	10
Nutting, R. J.	*Oakland*	1
Nuyens, L. C.	*San Francisco*	23
Nuzum, F. R.	*Santa Barbara*	27
Nyda, M. J.	*San Francisco*	23
— O —		
Oakleaf, D. C.	*Healdsburg*	33
Obando, A. T.	*Los Angeles*	10
O'Brien, G.	*Sacramento*	19
†O'Brien, H. J.	*Los Angeles*	10
O'Brien, J. J.	*Los Angeles*	10
O'Brien, J. W.	*Sacramento*	19
O'Connell, T. S.	*San Diego*	22
O'Connor, C. A.	*Santa Rosa*	33
O'Connor, G. B.	*San Francisco*	23
O'Connor, J. P.	*Trona*	21
O'Connor, R. E.	*Los Angeles*	10
O'Connor, R. P.	*Oakland*	1
O'Connor, S. M.	*San Francisco*	23
O'Connor, T. H.	*San Francisco*	23
O'Donnell, F. J.	*Stockton*	24
O'Donnell, J. M.	*Hollister*	20
Oechsli, W. R.	*Olive View*	10
Oftedal, S.	*Glendale*	10
Ogden, J. C.	*Long Beach*	10
Ogden, R. A.	*Bakersfield*	7
O'Grady, W. E.	*San Francisco*	23
Ohannesian, F.	*Sacramento*	19
Ohanneson, J.	*Alameda*	1
O'Hara, F. P.	*San Diego*	22
O'Hara, G. P.	*San Francisco*	23
O'Hara, J. J.	*San Diego*	22
Ohnemuller, C. E.	*Los Angeles*	10
Okami, S.	*Terminal Island*	10
Okonogi, B.	*Fresno*	4
Olberg, F. H.	*Redding*	30
Olch, I. Y.	*Los Angeles*	10
Oldenbourg, L. A.	*Berkeley*	1
Olds, W. H.	*Los Angeles*	10
Olhoffer, C. J.	*Pasadena*	10
Oliva, M. R.	*San Francisco*	26
Oliver, A.	*Imola*	15
Oliver, H. R.	*San Francisco*	23
Oliver, J. V.	*Palm Springs*	18
Oliver, W. A.	*San Francisco*	23
Olmsted, R. C.	*Pasadena*	10
Olney, M. B.	*San Francisco*	23
Olsen, A. Y.	*Los Angeles*	10
Olsen, C. W.	*Los Angeles*	10
Olsen, D. M. R.	*Berkeley*	1
Olsen, E. R.	*San Francisco*	23
Olsen, G. W.	*Fresno*	4
Olsen, J.	*Oakland*	1
Olsen, S.	*San Francisco*	23
Olsen, X.	*San Bernardino*	21
Olson, G. M.	*Los Angeles*	10
Olson, G. W.	*Fullerton*	16

NAME	CITY	COUNTY SOCIETY NO.
Omelvena, J. G.	*San Diego*	22
O'Neil, F. H.	*Eureka*	5
O'Neill, B. J., Jr.	*San Diego*	22
O'Neill, J. N.	*Los Angeles*	10
O'Neill, T. J.	*Los Angeles*	10
Onesti, S. J.	*San Francisco*	23
Oppenheimer, L. I.	*Oakland*	1
Orcutt, A. H.	*Oakland*	1
Orella, F. R.	*San Francisco*	23
Osborn, H. B.	*Fillmore*	37
Osborne, C. J.	*San Diego*	22
Osborne, R. H.	*Los Angeles*	10
Osburn, J. N. N.	*Los Angeles*	10
Osipow, S.	*San Francisco*	23
Ostroff, R. A.	*San Francisco*	23
Ostwald, E.	*San Francisco*	23
Otis, E. F.	*Brea*	16
Otis, N. M.	*Santa Monica*	10
Otten, A. J.	*McCloud*	31
Ottinger, M. R.	*San Francisco*	23
Otto, F. W.	*Los Angeles*	10
Ouer, R. A.	*San Diego*	22
Oviedo, G. F.	*San Francisco*	23
Oviedo, L. J.	*San Francisco*	23
Owen, C. C.	*San Bernardino*	21
Owen, C. S.	*National City*	22
Owen, E. D.	*San Francisco*	23
Owen, G. R.	*Los Angeles*	10
Owens, R. L.	*Lodi*	24
Owens, W. R.	*Glendale*	10
Ownby, J., Jr.	*San Francisco*	23
Oyler, J. D.	*Los Angeles*	10

— P —

NAME	CITY	COUNTY SOCIETY NO.
Paap, G. F.	*Long Beach*	10
Pace, P. T.	*San Jose*	28
Packard, L. A.	*Bakersfield*	7
Padgett, V. W.	*Alleghany*	17
Paez, J.	*San Diego*	22
Page, B. H.	*San Mateo*	26
Page, C. W.	*Berkeley*	1
Page, E. W.	*Oakland*	1
Page, W. E.	*Oakland*	1
Pahl, B. W.	*Los Angeles*	10
Paige, G. A.	*Anaheim*	16
Paine, N. C.	*Glendale*	10
Palamountain, W. B.	*Oakland*	1
Pallais, A.	*Los Angeles*	10
Pallette, E. C.	*Los Angeles*	10
Pallette, E. M.	*Los Angeles*	10
Palmateer, R. H.	*Oceanside*	22
Palmer, B. M.	*Oakland*	1
Palmer, E. O.	*Hollywood*	10
Palmer, R. S.	*Pomona*	10
Palmer, W. B.	*Long Beach*	10
Palomeque, E. J.	*Brawley*	10
Paoli, T. H.	*San Francisco*	23
Paretzky, M.	*Los Angeles*	10
Park, D. B.	*Vallejo*	32
Parker, A. S.	*Merced*	13
Parker, C. H.	*Pasadena*	10
Parker, G.	*Salinas*	14
Parker, H. R.	*Oakland*	1
Parker, J. A.	*Merced*	13
Parker, J. A.	*Los Angeles*	10
Parker, J. L.	*Brawley*	6
Parker, J. T.	*Oakland*	1
Parker, L. O.	*San Francisco*	23
Parker, T. A.	*La Jolla*	22
Parkin, V.	*Los Angeles*	10
Parkinson, H. O.	*San Francisco*	23
Parkinson, R. H.	*San Francisco*	23
Parkinson, S. N.	*Oakland*	1
Parkinson, S. R.	*Marysville*	39
Parkinson, W. B.	*Porterville*	36
Parks, B. K.	*Long Beach*	10
Parks, F. R.	*Los Angeles*	10
Parks, K. G.	*Long Beach*	10
Parks, R. V.	*Los Angeles*	10
Parowski, S. A.	*San Diego*	22
Parrett, O. S.	*Pasadena*	10
Parrish, C. R.	*Los Angeles*	10
Parrish, G.	*Los Angeles*	10
Parrott, J. C.	*San Francisco*	23
Parsons, H. H.	*Barksdale Field, La.*	21
Parsons, S. R.	*Santa Barbara*	27
Partch, W. T.	*Oakland*	1
Pasette, S. E.	*Los Angeles*	10
Pasley, H. W.	*Reedley*	4
Pasmore, J. L.	*Imola*	15
Pate, W. H.	*Alturas*	9
Patek, S. D.	*San Francisco*	23
Patrick, M. A.	*Los Angeles*	10
Patterson, E. A.	*Fresno*	1
Patterson, G. H.	*Los Angeles*	10
Patterson, G. L.	*Santa Rosa*	33
Patterson, J. A.	*San Bernardino*	21
Patterson, J. H.	*Los Angeles*	10
Patterson, J. K.	*Santa Barbara*	27
Pattison, A. C.	*Pasadena*	10
Patton, E. F.	*Los Angeles*	10
Patton, H. S.	*Oakland*	1
Patton, W. G.	*Los Angeles*	21
Paul, C. J.	*Orange*	6
Paul, S. B.	*San Francisco*	23
Paull, R. A.	*La Jolla*	22
Paulson, J. E.	*San Francisco*	23

NAME	CITY	COUNTY SOCIETY NO.
Pavlides, T. D.	*San Francisco*	23
Pawley, R. E.	*Indio*	18
Paxman, D. G.	*Oakland*	1
Payne, R. C.	*Los Angeles*	10
Payne, S. A.	*Los Angeles*	10
Paynter, H. S.	*San Diego*	23
Pchelkin, N. A.	*San Francisco*	23
Pearce, C. M.	*Oakland*	1
Pearce, W. M.	*Wilmington*	10
Pearl, F. L.	*San Francisco*	23
Pearson, A. W.	*Inglewood*	10
Pearson, B. R.	*Turlock*	34
Pearson, B. S.	*Los Angeles*	10
Pearson, C. E.	*Turlock*	34
Pearson, E. A.	*Los Angeles*	10
Pearson, R. G.	*Sacramento*	19
Peckham, G. M.	*Oakland*	1
Peddicord, H.	*Redwood City*	26
Pedersen, N. S.	*Boston, Mass.*	23
Pederson, A. J.	*Santa Cruz*	29
Pederson, C. B.	*Castle Hot Springs, Arizona*	17
Pedlow, L. L.	*Los Angeles*	10
Peeke, E. S.	*Weimar*	17
Peers, R. A.	*Colfax*	17
Peers, R. S.	*Oakland*	1
Peery, L. T.	*Berkeley*	1
Peirsol, E. C.	*Claremont*	10
Peirsol, M.	*Fresno*	4
Pelkan, K. F.	*San Jose*	28
Peluso, J. D.	*Los Angeles*	10
Pendergrass, C. I.	*Clovis*	4
Pendergrass, J. E.	*Clovis*	4
Pendleton, W. C.	*Los Angeles*	10
Pendleton, W. R.	*Long Beach*	10
Penn, H. S.	*Los Angeles*	10
Penn, L. L.	*San Francisco*	23
Pennington, A. S.	*San Francisco*	23
Pentz, C. R.	*Long Beach*	10
Peoples, S. Z.	*Petaluma*	33
Percy, J. F.	*Los Angeles*	10
Perkins, H. B.	*Vallejo*	32
Perkins, W. A.	*Oakland*	1
Perry, C. G.	*Sausalito*	11
Perry, I. H.	*San Francisco*	23
Perry, J. R.	*West Hollywood*	10
Perry, O. H.	*Westwood*	9
Perry, W. J.	*Chico*	2
Perzik, S. L.	*Los Angeles*	10
Petch, P. H.	*Oakland*	1
Peters, C.	*San Francisco*	23
Peters, C. E.	*Oakland*	1
Peters, C. F.	*Brawley*	6
Peters, H. E.	*Pittsburg*	3
Peters, L.	*Alameda*	1
Petersen, H. C.	*Stockton*	24
Petersen, H. E.	*San Fernando*	10
Peterson, A. A.	*Los Angeles*	10
Peterson, E. A.	*Vallejo*	32
Peterson, F. W.	*El Centro*	6
Peterson, J. B.	*Los Angeles*	10
Peterson, L. J.	*Lodi*	24
Peterson, M. H. A.	*Sierra Madre*	10
Petr, F.	*Turlock*	34
Petritz, L. J.	*Los Angeles*	10
Petter, R. S.	*Los Angeles*	10
Pettet, C. H.	*Los Angeles*	10
Pettis, J. H.	*Fresno*	4
Pettit, A. V.	*San Francisco*	23
Pettit, W. A.	*Los Angeles*	10
Pettler, S. H.	*Los Angeles*	10
Pfeiffer, H. W.	*La Mesa*	22
Pflueger, O. H.	*San Francisco*	23
Phalen, J. R.	*San Diego*	22
Phelan, C. A.	*San Francisco*	23
Phelps, L. B.	*La Habra Heights*	10
Phetteplace, D. O.	*Fullerton*	16
Phillips, A. D.	*Sacramento*	19
Phillips, A. L.	*Santa Cruz*	29
Phillips, C. E.	*Los Angeles*	10
Phillips, L.	*Hollywood*	10
Pickard, R. J.	*San Diego*	22
Pickoff, F. L.	*Los Angeles*	10
Pickworth, M. E.	*San Jose*	28
Pidcock, J. W.	*Hollywood*	10
Pier, H. McK.	*Oakland*	1
Pierce, G. W.	*San Francisco*	23
Pierce, H. F.	*Santa Barbara*	27
Pierson, P. H.	*San Francisco*	23
Pillsbury, S. G.	*Long Beach*	10
Pimentel, G. B.	*Los Banos*	13
Pindell, M. L.	*Los Angeles*	10
Piness, G.	*Los Angeles*	10
Pinkerton, B. G.	*Los Angeles*	10
Pinkham, C. B.	*San Francisco*	23
Pinkley, V. M.	*San Bernardino*	21
Pinney, I.	*Stockton*	24
Piper, H. E.	*Santa Cruz*	29
Pischel, D. K.	*San Francisco*	23
Pischel, K.	*San Francisco*	23
Piscitelli, A. M.	*San Francisco*	23
Pitkin, H. C.	*San Francisco*	23
Pitts, E. H.	*Sacramento*	19
Pius, C.	*Yreka*	31
Plane, J. F.	*Long Beach*	10
Plank, T. H.	*San Francisco*	23
Plannette, H. L.	*Whittier*	10
Plath, H. W.	*Oakland*	1

NAME	CITY	COUNTY SOCIETY NO.
Player, L. P.	*San Francisco*	23
Pleth, V.	*Santa Rosa*	33
Plimpton, E. B.	*Los Angeles*	10
Plumb, C. E.	*Chico*	2
Podstata, V. H.	*San Francisco*	1
Poheim, J. F.	*San Francisco*	23
Pohlman, A. G.	*Los Angeles*	22
Poket, M. E. B.	*Hamilton City*	39
Poley, C. W.	*Los Angeles*	10
Poliak, P. P.	*San Francisco*	23
Polland, W. S.	*San Rafael*	11
Pollia, J. A.	*Los Angeles*	10
Pollock, W. E.	*Sacramento*	19
Polse, M. L.	*San Francisco*	23
Pomeroy, F. K.	*Fresno*	4
Pomeroy, G. T.	*Napa*	15
Pomeroy, J. L.	*Los Angeles*	10
Pond, S. B.	*Patton*	21
Poole, F. E.	*Glendale*	10
Poole, L. E.	*San Diego*	16
Pope, W. H.	*Sacramento*	19
Popkin, R. J.	*Los Angeles*	10
Port, W. W.	*San Francisco*	23
Porter, C. C.	*San Francisco*	23
Porter, E. E.	*San Jose*	28
Porter, J. A.	*Modesto*	34
Porter, J. I.	*Benicia*	32
Porter, M. E.	*Talmage*	12
Porter, R. L.	*San Francisco*	23
Posner, C.	*Pasadena*	10
Post, J. O.	*Los Angeles*	10
Poston, H. P.	*Pasadena*	10
†Poth, E. J.	*Little Rock, Ark.*	23
Pottenger, F. M.	*Monrovia*	10
Pottenger, F. M., Jr.	*Monrovia*	10
Pottenger, J. E.	*Monrovia*	10
Pottenger, R. T.	*Pasadena*	10
Potter, A.	*San Francisco*	23
Potter, G.	*Oakland*	1
Potter, G. V.	*Oakland*	1
Potter, H. G.	*Winters*	38
Potter, M. J. M.	*San Diego*	22
Potter, W. H.	*San Diego*	22
Pouppirt, P. S.	*San Francisco*	23
Powell, A.	*Lafayette*	1
Powell, B. J.	*Stockton*	24
Powell, B. J., Jr.	*Stockton*	24
Powell, D. R.	*Stockton*	24
Powell, F. G.	*Visalia*	36
Powell, R. C.	*Richmond*	3
Powell, T. O.	*Los Angeles*	10
Powell, W. A.	*Martinez*	3
Powers, A. R.	*Tracy*	24
Powers, E. S.	*Los Angeles*	10
Powers, H. J.	*Beverly Hills*	10
Powers, R. A.	*Palo Alto*	28
Poy, W. J.	*San Francisco*	23
Pratt, B. H.	*Lemoore*	8
Pratt, D. R.	*San Francisco*	23
Pratt, E. D.	*Burbank*	10
Pratt, M. D.	*Fall River Mills*	30
Pratt, O. B.	*Los Angeles*	10
Pratt, T. R., Jr.	*Pismo Beach*	25
Premo, M. A.	*San Jose*	28
Prescott, M. U.	*San Francisco*	23
Present, A. J.	*La Jolla*	22
Presnell, J. F.	*Los Angeles*	10
Pressley, J. F.	*San Francisco*	23
Pressman, J. J.	*Los Angeles*	10
Preston, A. W.	*Visalia*	36
Preston, H. E.	*Los Angeles*	10
Preuss, C. A.	*Santa Barbara*	27
Price, J. B.	*Santa Ana*	16
Price, L. G.	*Fresno*	4
Prien, R. H.	*Gilroy*	28
Priestley, S. F.	*Stockton*	24
Priestley, W. F.	*Oakland*	1
Prigge, E. K.	*Los Angeles*	10
Primasing, R.	*Courtland*	19
Prince, L. D.	*San Francisco*	23
Prince, P. W.	*Long Beach*	10
Prince, R. W.	*San Bernardino*	21
Prindle, K. H.	*San Mateo*	26
Prinzmetal, M.	*Los Angeles*	10
Prisinzano, G.	*Sacramento*	19
Pritchard, F. H.	*Colton*	21
Pritchard, J. L.	*San Jose*	28
Pritchard, W. F.	*San Bernardino*	21
Probert, W. H.	*Berkeley*	1
Proctor, D. T.	*Los Angeles*	10
Proesch, W.	*San Francisco*	23
Proescher, F.	*San Jose*	28
Profant, H. J.	*Santa Barbara*	27
Pruett, H. J.	*San Francisco*	23
Pruett, W. C.	*Oakland*	1
Pryor, H. B.	*Palo Alto*	28
Pulford, D. S.	*Sacramento*	19
Purdy, A. P.	*San Francisco*	23
Purlenky, G. P.	*Arcata*	5
Pursell, F. J.	*Los Angeles*	10
Purviance, C. C.	*Fairfield*	32
Puthoff, T. E.	*San Bernardino*	21
Putnam, H. A.	*Monrovia*	10

— Q —

NAME	CITY	COUNTY SOCIETY NO.
Quaintance, P. A.	*Los Angeles*	10
Quarry, P. T.	*Santa Rosa*	33

NAME CITY	COUNTY SOCIETY NO.
Quigley, J. S., *Oakland*	1
Quimby, S. A., *Madera*	4
Quinan, C., *Nevada City*	17
Quinlan, C. M., *Santa Rosa*	33
Quinlan, E. F., *San Francisco*	23
Quinlan, J. F., *San Francisco*	23
Quinn, R. S., *Santa Rosa*	33
Quinn, T. D'A., *San Francisco*	23
Quinn, V. J., *Los Angeles*	10
Quinn, W. F., *Los Angeles*	10
Quinn, W. J., *Eureka*	5
Quinn, W. J., *San Francisco*	23
Quirmbach, R. P., *Spadra*	10

— R —

NAME CITY	COUNTY SOCIETY NO.
Rabinowitz, R., *San Francisco*	23
Rabwin, M. H., *Los Angeles*	10
Racer, F. H., *Lomita*	10
Rachmel, W., *Los Angeles*	10
Radcliff, R. R., *Modesto*	34
Radford, E. B., *Walnut Creek*	3
Rafferty, J. O., *Santa Rosa*	33
Ragan, S. T., *Los Angeles*	10
Ragsdale, F. F., *Paso Robles*	25
Rahn, P. C., *San Leandro*	1
Railsback, O. C., *Woodland*	38
Raitt, G. E., *Santa Ana*	16
Rajotte, E. C. F., *San Francisco*	23
Rakitin, S. S., *San Francisco*	23
Rambo, W. H., *Los Angeles*	10
Rammelt, W., *Calabasas*	10
Ramsay, R. E., *Pasadena*	10
Rand, C. W., *Los Angeles*	10
Randall, D. T., *West Los Angeles*	10
Randall, S. B., *Santa Cruz*	29
Randel, H. A., *Fresno*	4
Raney, R. B., *Los Angeles*	10
Ranker, E. R., *Oakland*	1
Rankin, A. B., *San Leandro*	1
Rankin, E. P., *Berkeley*	1
Ransom, D. H., *Madera*	4
Ransom, J. K., *Modesto*	34
Ransom, J. R., *San Luis Obispo*	25
Rapaport, H., *Los Angeles*	10
Rapaport, W., *Talmage*	12
Raphael, J. C., *Oakland*	1
Rasor, C., *Oakland*	1
Rathbone, R. H., *Los Angeles*	10
Ratliff, H. L., *Riverside*	18
Ratner, R., *San Francisco*	23
Ratty, F. J., *San Diego*	22
Raulston, B. O., *Los Angeles*	10
Ravenscroft, J. W., *San Diego*	22
Rawlins, A. G., *San Francisco*	23
Ray, E. B., *Bellflower*	10
Ray, F. S., *Los Angeles*	10
Ray, H. H., *San Mateo*	26
Ray, L., *Santa Rosa*	33
Rea, B. J., *Sacramento*	19
Rea, J. G., *Pomona*	10
Rea, R. R., *Los Angeles*	10
Read, F. T., *Glendale*	10
Read, J. M., *San Francisco*	23
Ready, F. L., *Los Angeles*	10
Ream, M. P., *San Leandro*	1
Reamer, E. F., *Modesto*	34
Reardon, F. B., *Sacramento*	19
Reasner, W. F., *Santa Monica*	10
Rebec, W. G., *Belmont*	26
ReBell, F. R. G., *Glendale*	6
Reckers, W. A., *Placerville*	19
Rector, J. M., *San Francisco*	23
Redelings, L. H., *San Diego*	22
Redewill, F. H., *San Francisco*	23
Redfield, R. L., *Berkeley*	1
Redmond, M. H., *Huntington Park*	10
Redus, K. C., *Los Angeles*	10
Reed, A. C., *San Francisco*	23
Reed, C. C., *Compton*	10
Reed, E. N., *Santa Monica*	10
Reed, J. R., *Pasadena*	10
Reed, W. W., *Nevada City*	17
Reeder, C. W., *Long Beach*	10
Reeng, J. D., *San Francisco*	23
Rees, C. E., *San Diego*	22
Rees, C. W., *San Diego*	22
Rees, D. M., *Monterey Park*	10
Rees, H. C., *Los Angeles*	10
Reese, M. H., *San Francisco*	23
Reeves, D. L., *Los Angeles*	10
Reeves, E. W., *Salinas*	14
Reeves, J. E., *San Diego*	22
Reeves, J. M., *Oakland*	1
Reeves, J. W., *Los Angeles*	10
Reeves, N. I., *Loma Linda*	21
Reeves, W. R., *Salinas*	14
Regan, L. J., *Los Angeles*	10
Reich, A., Jr., *San Francisco*	28
Reich, W. W., *Berkeley*	1
Reiche, C., *Los Angeles*	10
Reichert, F. L., *San Francisco*	23
Reichle, P. A., *Los Angeles*	10
Reid, R. B., *Perris*	18
Reid, R. S., *Oceanside*	22
Reilly, P. H., *Vallejo*	32
Reilly, W., *San Francisco*	23
Reilly, W. A., *San Francisco*	23

NAME CITY	COUNTY SOCIETY NO.
Reina, S., *Los Angeles*	10
Reinard, E., *Los Angeles*	10
Reinertsen, B. R., *Los Angeles*	10
Reinle, G. G., *Oakland*	1
Reis, A. G. DeS., *Oakland*	1
Reis, J. B., *San Leandro*	1
Reische, A. E., *Oakland*	1
Reiss, O., *Los Angeles*	10
Reiss, T. H., *Alameda*	1
Reitzel, R. J., *San Mateo*	26
Remington, L. D., *Monrovia*	10
Remmel, A. J., *San Francisco*	23
Remmen, E. T., *Glendale*	10
Renner, J. H., *Santa Barbara*	27
Ress, I. LeR., *Los Angeles*	10
Rethwilm, L. A., *San Francisco*	23
Reud, W. R., *Oakland*	1
Rey, H. F., *Oxnard*	37
Reyes, J. M. de l., *Los Angeles*	10
Reynolds, F. C., *Chico*	2
Reynolds, F. G., *Los Angeles*	10
Reynolds, H. C., *Arlington*	18
Reynolds, J., *Los Angeles*	10
Reynolds, J. M., *Long Beach*	10
Reynolds, L. R., *San Francisco*	23
Reynolds, P. A., *Los Angeles*	10
Reynolds, R. A., *San Francisco*	23
Reynolds, T. E., *Oakland*	1
Reynolds, W. J., *San Anselmo*	11
Reznick, S., *Los Angeles*	10
Rhind, R., *Hermosa Beach*	10
Rhodes, G. K., *San Francisco*	23
Rhone, T. B., *Orange*	16
Rhymes, L. H., *Canoga Park*	10
Riach, M. T., *San Diego*	22
Rice, A. H., *Berkeley*	1
Rice, C. H., *Oakland*	1
Rice, F. M., *San Francisco*	23
Richards, C. M., *San Jose*	28
Richards, D. N., *Oakland*	1
Richards, E. E., *Burlingame*	26
Richards, J. C., *Inglewood*	10
Richards, S. B., *San Bernardino*	21
Richardson, G. C., *Sonora*	24
Richardson, G. L., *Los Angeles*	10
Richardson, W. A., *Loma Linda*	21
Riche, E. J., *Los Angeles*	10
Richtel, P., *Fresno*	4
Richter, C., *Balboa Beach*	16
Richter, I. M., *Santa Barbara*	27
Rickabaugh, H. B., *Alhambra*	10
Rickard, J. F., *San Francisco*	23
Riddell, O. J., *Alhambra*	10
Riga, G. R., *San Francisco*	23
Riggin, L. L., *Pasadena*	10
Riggle, O., *Lodi*	24
Righetti, E., *San Francisco*	23
Righetti, H., *San Francisco*	23
Rinehart, J. F., *San Francisco*	23
Rinkenberger, F. W., *Los Angeles*	10
Riskin, A. M., *Los Angeles*	10
Riskind, L. A., *Los Angeles*	10
Risley, E. H., *Loma Linda*	21
Risser, J. C., *Pasadena*	10
Ritchie, D. W., *Hondo*	10
Ritchie, I. S., *Riverside*	18
Rivera, G. A., *Los Angeles*	10
Rivin, H. A., *Delano*	7
Rixford, E. L., Jr., *San Francisco*	23
Rixford, H. C., *Sonora*	24
Roath, C. A., Jr., *Los Angeles*	10
Robarts, H. P., *San Francisco*	23
Robbins, A. C., *Garden Grove*	16
Robbins, A. R., *Los Angeles*	10
Robbins, B., *Hanford*	8
Robbins, D. R., *Los Angeles*	10
Roberg, D. N., *San Jose*	28
Roberts, A. M., *Los Angeles*	10
Roberts, B. B., *Hawthorne*	10
Roberts, G. J., *Pomona*	10
Roberts, G. W., *Oakland*	1
Roberts, J. G., *Pomona*	10
Roberts, W. H., *Pasadena*	10
Robertson, D. L., *Modesto*	34
Robertson, G., *Little Rock, Ark*	1
Robertson, H. R., *Los Angeles*	10
Robertson, J. W., Jr., *Livermore*	1
Robinson, F. H., *Chula Vista*	22
Robinson, H. H., *Oakland*	1
Robinson, J., *Anaheim*	16
Robinson, J. H., *Los Angeles*	10
Robinson, J. M., *San Francisco*	23
Robinson, J. W., *Los Angeles*	10
Robinson, L. L., *San Rafael*	11
Robinson, S. P., *Santa Barbara*	27
Robinson, S. S., *Los Angeles*	10
Robison, L. H., *Los Angeles*	10
Roblee, W. W., *Riverside*	18
Robson, G. B., *San Francisco*	23
Rochex, F. J., *San Francisco*	23
Rodenbaugh, F. H., *San Francisco*	23
Rodin, F. H., *San Francisco*	23
Roe, H. E., *Berkeley*	1
Roehm, E. A., *Los Angeles*	10
Roen, P. B., *Hollywood*	10
Roger, J. H. D., *San Francisco*	23
Rogers, A. E. T., *Olive View*	10
Rogers, E. L., *Loma Linda*	21

NAME CITY	COUNTY SOCIETY NO.
Rogers, F. L., *Los Angeles*	10
Rogers, H., *Oakland*	1
Rogers, H. S., *Petaluma*	33
Rogers, J. A., *San Francisco*	23
Rogers, J. B., *Napa*	15
Rogers, J. B., *Los Angeles*	10
Rogers, J. D., *Los Angeles*	10
Rogers, L. B., *Los Angeles*	10
Rogers, L. E., *Los Angeles*	10
Rogers, L. S., *Whittier*	10
Rogers, S., *Tulare*	36
Rogers, T. J., *Los Angeles*	10
Rogers, T. L., *Long Beach*	10
Rogers, W. C., *Pasadena*	10
Rogers, W. G., *Los Angeles*	10
Rogers, W. L., *San Francisco*	23
Rogozen, A., *San Jose*	28
Rohlfes, B. J., *San Francisco*	23
Rohrbacher, G. H., *Stockton*	24
Rolland, W. M., *Los Angeles*	10
Roller, C. S., *Woodland*	38
Rolph, W. D., *National City*	22
Rombeau, L. P., *Los Angeles*	10
Romm, M. E., *Beverly Hills*	10
Roncovieri, L., *San Francisco*	23
Roome, A. E., *Los Angeles*	10
Roome, C. T., *Santa Barbara*	27
Rooney, C. E., *Santa Monica*	10
Rooney, H. M., *Los Angeles*	10
Roos, A. R., *Loma Linda*	21
Roos, D. D., *Corona*	18
Roos, V. O., *Redlands*	21
Root, P. N., *Bakersfield*	7
Root, R. N., *Huntington Park*	21
Root, R. R., *Corona*	18
Rosanoff, A. J., *Sacramento*	19
Rosasco, J. L., *Stockton*	24
Rosasco, O. L., *Saratoga*	28
Rosburg, A. H., *San Francisco*	23
Roscoe, A. M., *Newman*	34
Rose, H. de W., *Sonora*	24
Rose, J. T., *Healdsburg*	33
Rose, L. M., *Santa Clara*	28
Rosenberg, I. G., *Long Beach*	10
Rosenberg, M. N., *Los Angeles*	10
Rosenberg, M. W., *Los Angeles*	10
Rosenberg, R., *San Francisco*	23
Rosenberger, H. G., *Whittier*	10
Rosenblatt, J., *Duarte*	10
Rosenbloom, D., *Los Angeles*	10
Rosenblum, D. H., *Los Angeles*	10
Rosenblum, G., *Los Angeles*	10
Rosenblum, H. H., *San Francisco*	23
Rosencrantz, E., *San Francisco*	23
Rosenfeld, M. H., *Los Angeles*	10
Rosenkranz, H. A., *Los Angeles*	10
Rosenthal, A. G., *San Francisco*	23
Rosenthal, A. M., *Los Angeles*	10
Rosenthal, F., *Beverly Hills*	10
Rosenvold, L. K., *Glendale*	10
Rosove, L., *Santa Monica*	10
Ross, A., *Los Angeles*	10
Ross, A. B., *Los Angeles*	10
Ross, D. E., *Los Angeles*	10
Ross, K. F., *Los Angeles*	10
Ross, M. A., *Los Angeles*	10
Ross, M. H., *Los Angeles*	10
Ross, P., *Richmond*	3
Ross, S. G., *Pasadena*	10
Ross, V. R., *Stockton*	24
Rossi, F. R., Jr., *Fairfield*	32
Rosson, C. T., *Hanford*	8
Rosson, C. T., Jr., *Hanford*	8
Rosson, R. W., *Tulare*	36
Roth, E. F., *Palo Alto*	28
Roth, H. A., *Long Beach*	10
Rothman, P. E., *Los Angeles*	10
Rothwell, W. T., *Los Angeles*	10
Rouff, E., *San Jose*	28
Rovane, J. W., *Woodland*	38
Rover, H. P., *Los Angeles*	10
Row, C. F., *Santa Monica*	10
Rowan, E. J., *Wilmington*	10
Rowe, A. H., *Oakland*	1
Rowe, M. J., *Norwalk*	10
Rowell, H. N., *Berkeley*	1
Rowell, W. A., *Trinity Center*	30
Royer, J. E., *Oakland*	1
Royston, E. A., *Los Angeles*	10
Rubenstein, C. L., *San Francisco*	23
Rubin, J. S., *Los Angeles*	10
Rubinstein, I., *Los Angeles*	10
Rubinstein, V. G., *Los Angeles*	10
Ruddock, J. C., *Los Angeles*	10
Ruddy, L. W., *Sacramento*	19
Rude, A. E., *Los Angeles*	10
Rue, H. A., *Los Angeles*	10
Ruediger, E. H., *San Diego*	22
Rueter, K., *Oakland*	1
Ruff, F. R., *Fresno*	4
Rukke, G. V., *Monterey*	14
Rukke, R. V., *Monterey*	14
Rulison, E. T., *Sacramento*	19
Rumph, P. E., *Orange*	16
Runckel, G. H., *McCloud*	31
Runner, J. F., *San Francisco*	23
Runyon, L. A., *Paradise*	2
Rupp, J. J., *Santa Barbara*	27

NAME	CITY	COUNTY SOCIETY NO.
Rusche, C. F.	*Hollywood*	10
Rush, R. C.	*San Fernando*	10
Russell, E. L.	*Santa Ana*	16
Russell, F. C.	*San Diego*	22
Russell, J. A.	*Auburn*	17
Russell, R.	*Glendale*	10
Russell, S. J. L.	*Burlingame*	26
Russell, T. C.	*Tracy*	24
Russell, W. M.	*Bridgeport*	40
Ruth, E. S.	*Hollywood*	10
Ruth, G. D.	*Los Angeles*	10
Rutherford, F. de P.	*Santa Clara*	28
Rutherford, M. H.	*San Francisco*	23
Ryan, A. F.	*Los Angeles*	10
Ryan, A. J.	*Vallejo*	32
Ryan, A. M.	*San Francisco*	23
Ryan, C. D.	*Los Angeles*	10
Ryan, F. S.	*San Jose*	28
Ryan, K. J.	*Los Angeles*	10
Ryan, R. C.	*San Francisco*	23
Ryan, W. J.	*San Diego*	22
Ryder, B. E.	*Los Angeles*	10
Rypins, R. F.	*San Francisco*	23
Rytand, D. A.	*San Francisco*	23

— S —

NAME	CITY	COUNTY SOCIETY NO.
Saam, J. G.	*Oakland*	1
Saeltzer, D. V.	*Sacramento*	19
Safarik, E. S.	*Los Angeles*	10
Safier, B.	*Agnew*	28
Saffro, L. B.	*San Pedro*	10
Saier, M. H.	*Palo Alto*	28
Sailer, E. C.	*San Francisco*	23
Saint, J. H.	*Santa Barbara*	27
Sale, J. J.	*San Francisco*	23
Salisbury, C. S.	*Los Angeles*	10
Salomon, E.	*San Francisco*	23
Salomon, W.	*Los Angeles*	10
Salter, N. M.	*Williams*	38
Salvin, M.	*Los Angeles*	10
Sambuck, A. J.	*Watsonville*	29
Sample, T. N.	*Fresno*	4
Sampson, J. A.	*Los Angeles*	10
Sampson, J. J.	*San Francisco*	23
Sampson, J. P.	*Santa Monica*	10
Sampson, M. H.	*Berkeley*	1
Sampson, P. M.	*Long Beach*	10
Samson, P. C.	*Oakland*	1
Samuels, J. L.	*Los Angeles*	10
Sand, A.	*Calipatria*	6
Sanderson, G. H.	*Stockton*	24
Sandholt, J. P.	*Monterey*	14
Sandie, J.	*Los Angeles*	10
Sands, R. A.	*Santa Monica*	10
Sands, Robert L.	*Santa Monica*	10
Sands, Russell L.	*Santa Monica*	10
Sanford, H. E.	*Montrose*	10
Sanford, J. R.	*Pasadena*	10
Sansum, W. D.	*Santa Barbara*	27
Sapiro, N. A.	*Los Angeles*	10
Sappington, E. E.	*San Francisco*	23
Sargent, W. H.	*Oakland*	1
Sarkisian, M.	*Sacramento*	19
Sartori, H. J.	*San Francisco*	23
Saslaw, L. B.	*Stockton*	24
Sasso, J. A.	*Los Angeles*	10
Satterlee, A. H.	*West Los Angeles*	27
Satterlee, W. C.	*San Diego*	22
Sauber, I. E.	*Los Angeles*	10
Sauer, F. J.	*Los Angeles*	10
Saunders, C. E.	*Salinas*	14
Savage, J. C.	*Los Angeles*	10
Savage, P. M.	*San Bernardino*	21
Savage, P. M., Jr.	*San Bernardino*	21
Savage, S. H.	*Solano Beach*	22
Savage, W. W.	*San Bernardino*	21
Saverien, A. E.	*Los Angeles*	10
Saverien, H. L.	*Sacramento*	19
Sawtelle, H. F.	*Arroyo Grande*	25
Sawyer, E. H.	*Rockport*	12
Sawyer, F. E.	*Oakland*	1
Sawyer, L.	*San Francisco*	23
Saxon, A.	*Los Angeles*	10
Saylin, G. J.	*Los Angeles*	10
Saylin, J.	*Santa Monica*	10
Saylor, B. F.	*Redding*	30
Scamell, J. W.	*Oakland*	1
Scanlon, W. G.	*Pasadena*	10
Scarboro, E. R.	*Fresno*	4
Scarborough, R. A.	*San Francisco*	23
Scatena, F. N.	*Sacramento*	19
Schade, F. F.	*Los Angeles*	34
Schaefer, J. H.	*Sacramento*	10
Schaefer, J. W.	*Los Angeles*	10
Schaeffer, R. W.	*Redondo Beach*	10
Schaller, W. F.	*San Francisco*	23
Schallig, D. W.	*Sacramento*	19
Schaper, E. A.	*San Francisco*	23
Schatz, M. M.	*Fresno*	4
Schaumloffel, R. A.	*Wawona*	4
Schaupp, K. L.	*San Francisco*	23
Schefclk, J. F.	*Los Angeles*	10
Scheffel, A. G.	*Los Angeles*	10
Schell, J. P.	*San Jose*	28
Schenck, G. F.	*Los Angeles*	10
Schenk, H. L.	*Los Angeles*	10
Schleld, E. LeR.	*Pomona*	10
Schiff, H.	*Hollywood*	10
Schiff, M. J.	*Los Angeles*	10
Schiff, W.	*San Francisco*	23
Schiffbauer, H. E.	*Los Angeles*	10
Schiff-Goldstein, A.	*Hollywood*	10
Schilling, C. F.	*Pacific Grove*	14
Schilling, W.	*San Francisco*	23
Schlageter, H. J.	*San Francisco*	23
Schlappi, J. C.	*San Diego*	22
Schlappi, R. F.	*Hilt*	31
Schlesinger, E. R.	*Hollywood*	10
Schlotthauer, H. L.	*Tehachapi*	7
Schlotthauer, M. Q.	*Tehachapi*	7
Schluter, H. F.	*Sacramento*	19
Schmerl, E. F.	*Oakland*	1
Schmid, C. F.	*Hermosa Beach*	10
Schmidt, A. E.	*San Francisco*	23
Schmidt, A. R.	*Los Angeles*	10
Schmidt, A. S.	*Los Angeles*	10
Schmidt, D. A.	*Los Angeles*	10
Schmidt, D. G.	*San Quentin*	11
Schmidt, E. J.	*Fresno*	4
Schmidt, F. M.	*Los Angeles*	10
Schmidt, P. E.	*Glendale*	10
Schmitt, E. O. G.	*San Jose*	28
Schmitt, H. H.	*Gilroy*	28
Schmitt, L. S.	*San Francisco*	23
Schmoele, J. M.	*Los Angeles*	10
Schneider, E. G.	*San Francisco*	23
Schneider, E. H.	*Los Angeles*	10
Schneiders, R. A.	*San Diego*	22
Schoenfeld, O. E.	*Hollywood*	10
Schoff, C. E.	*Sacramento*	19
Schofield, R. O.	*Sacramento*	19
Scholl, A. J.	*Los Angeles*	10
Scholtz, J. R.	*Los Angeles*	10
Scholz, A. M.	*Los Angeles*	10
Schomaker, T. P.	*San Francisco*	23
Schoonmaker, G. D.	*San Francisco*	23
Schott, H. J.	*Los Angeles*	10
Schottstaedt, E. R.	*Fresno*	4
Schottstaedt, W. E. R.	*Fresno*	4
Schreiber, L. W.	*Beverly Hills*	10
Schreiber, J.	*Stockton*	24
Schriber, P. W.	*Livermore*	1
Schroeder, F. B.	*San Diego*	22
Schroeder, M. C.	*Loma Linda*	21
Schroeder, R. L.	*Alhambra*	10
Schroer, W. J.	*Orange*	16
Schubert, F. H.	*Los Angeles*	10
Schueler, L. A.	*Beverly Hills*	10
Schuetz, C. E.	*Hollywood*	10
Schultz, C. E.	*Cambria*	14
Schultz, E.	*Stanford University*	28
Schultz, H.	*Salinas*	14
Schultz, H. H.	*San Francisco*	23
Schultz, L. O.	*Glendale*	10
Schulz, R. L.	*Los Angeles*	10
Schulze, M.	*San Francisco*	23
Schumacher, I. C.	*San Francisco*	23
Schurmeier, H. L.	*Santa Barbara*	27
Schussler, H., Jr.	*San Francisco*	23
Schwalenberg, H. R.	*Santa Barbara*	27
Schwartz, A. H.	*Beverly Hills*	10
Schwartz, A. J.	*San Anselmo*	11
Schwartz, D. Z.	*Los Angeles*	10
Schwartz, F. L.	*San Diego*	22
Schwartz, I.	*San Francisco*	23
Schwarz, J.	*San Francisco*	23
Schwing, H. E.	*Standard City*	24
Schwuchow, W. B.	*Los Angeles*	10
Sciaronl, G. H.	*Fresno*	4
Scobee, J. E.	*Hollywood*	10
Scoins, W. H.	*Los Angeles*	10
Scott, A. J.	*Los Angeles*	10
Scott, A. J., Jr.	*Los Angeles*	10
Scott, C. L.	*Bishop*	40
Scott, F. L.	*Los Angeles*	10
Scott, J. T.	*San Diego*	22
Scott, J. W.	*Colusa*	38
Scott, R. R.	*Selma*	4
Scott, W.	*Hollywood*	10
Scott, W. E.	*San Francisco*	23
Scovel, R. E.	*San Francisco*	23
Scroggy, J. Q. A.	*Los Angeles*	10
Scudder, R.	*Fort Bragg*	12
Scuderi, S. A.	*Los Angeles*	10
Seabolt, G. C.	*South Pasadena*	10
Seals, P. W.	*Los Angeles*	10
Seapy, L. F.	*Long Beach*	10
Searls, H. H.	*San Francisco*	23
Seavey, M. A.	*Sacramento*	19
Sebastian, C. F.	*Los Angeles*	10
Sedgwick, V. de M.	*Long Beach*	10
Seeburt, E. M. P.	*San Francisco*	23
Seech, S. G.	*Los Angeles*	10
Seeley, L. J.	*Whittier*	26
Seeley, P. A.	*Burlingame*	26
Seely, H.	*San Francisco*	23
Segall, G.	*Los Angeles*	10
Seibel, J. J.	*Lodi*	24
Seiberth, J.	*Pixley*	36
Seid, M. J.	*San Francisco*	23
Seiger, H. W.	*Ocean Park*	21
Seiler, W. E.	*Van Nuys*	25
Seltz, R. P.	*San Francisco*	23
Sekiyama, I.	*Los Angeles*	10
Seletz, E.	*Los Angeles*	10
Seletz, R.	*Los Angeles*	10
Seligman, L. J.	*Los Angeles*	10
Seligman, L. L.	*Dinuba*	36
Sellery, A. C.	*Long Beach*	10
Sellery, C. M.	*Los Angeles*	10
Sellon, G. I.	*Fullerton*	16
Semenov, H.	*Beverly Hills*	10
Senseman, W. R.	*Lancaster*	10
Servin, C.	*Los Angeles*	10
Settle, F. B.	*Long Beach*	10
Setzler, G. B.	*Los Angeles*	10
Sevenman, G. W.	*San Mateo*	26
Sevier, E.	*Sacramento*	19
Sewall, E. C.	*San Francisco*	23
Sewall, R. J.	*San Diego*	10
Seymour, E. C.	*Olive View*	10
Shackford, B. C.	*Long Beach*	10
Shade, M. A.	*Oakland*	1
Shafer, F. P.	*Los Angeles*	10
Shaffer, C. J.	*Huntington Park*	10
Shafor, H. A.	*Los Angeles*	10
Shaghoian, A. H.	*Daly City*	26
Shahovitch, G. P.	*Los Angeles*	10
Shambaugh, N. F.	*Long Beach*	10
Shaninian, L. E.	*San Francisco*	23
Shanks, H. J.	*Pleasanton*	1
Shanley, F. D.	*Oakland*	1
Sharp, G. S.	*Pasadena*	10
Sharp, J. C.	*Salinas*	14
Sharp, J. G.	*San Francisco*	23
Sharp, K. F.	*Fresno*	4
Sharp, R. G.	*San Diego*	22
Sharpe, O. A.	*San Mateo*	26
Sharpsteen, J. R.	*Oakland*	1
Shattuck, H. P.	*Los Angeles*	10
Shaull, E. M.	*Palo Alto*	28
Shaw, E. B.	*San Francisco*	23
Shaw, H. N.	*Los Angeles*	10
Shaw, L. O.	*Walnut Park*	10
Shea, J. F.	*San Francisco*	23
Shea, T. T.	*San Francisco*	23
Shea, W. E.	*San Francisco*	23
Sheafe, E. V.	*Oakland*	1
Shearer, M. C.	*Williston Park, N. Y.*	1
Sheehy, F. T.	*San Francisco*	23
Sheets, O. B.	*Los Angeles*	10
Sheets, W. T.	*W. Los Angeles*	10
Shefoff, H. A.	*Oakland*	1
Sheftel, A. G.	*Los Angeles*	10
Shelby, D. C.	*Los Angeles*	10
Sheld-Ritchie, I.	*Riverside*	18
Sheldon, E. A.	*Bellflower*	10
Sheldon, E. C.	*Hollister*	20
Sheldon, E. F.	*Los Angeles*	2
Sheldon, F. B.	*Pasadena*	10
Sheldon, R. F.	*Long Beach*	10
Sheley, N. W.	*Los Angeles*	10
Sheller, W. O.	*Long Beach*	10
Shelton, E. K.	*Los Angeles*	10
Shelton, G. C.	*Los Angeles*	10
Shelton, R. M.	*Inglewood*	10
Shelton, V. G.	*Hollywood*	10
Shenk, F. P.	*Santa Cruz*	29
Shepard, C. E.	*Los Altos*	28
Shepard, W. P.	*San Francisco*	23
Shepardson, D. E.	*San Francisco*	23
Shepardson, H. C.	*San Francisco*	23
Shephard, J. H.	*San Jose*	28
Sher, B. H.	*Los Angeles*	10
Sheranian, H. N.	*Los Angeles*	10
Sherman, J.	*San Francisco*	23
Sherman, R. S.	*San Francisco*	23
Sherrard, E. E.	*Los Angeles*	10
Sherrick, J. W.	*Oakland*	1
Sherrill, J. W.	*La Jolla*	22
Sherry, L. B.	*Pasadena*	10
Shershow, A.	*Paso Robles*	25
Shickle, C.	*Los Angeles*	10
Shields, L.	*Oakland*	1
Shilling, J. W.	*Los Angeles*	10
Shimkin, L.	*San Francisco*	23
Shipley, R. E.	*Los Angeles*	10
Shipley, W. C.	*Santa Rosa*	33
Shipman, S. J.	*San Francisco*	23
Shippey, R. H.	*Long Beach*	10
Shirey, C. W.	*North Hollywood*	10
Shoemaker, H.	*Los Angeles*	10
Shone, L. B.	*San Francisco*	23
Shook, F. M.	*Oakland*	1
Shore, F. A.	*Ventura*	37
Shore, S.	*Los Angeles*	10
Shorkley, T. M.	*Carpinteria*	27
Short, J. E.	*Los Angeles*	10
Shotwell, C. L.	*Los Angeles*	10
Shreck, J. A.	*Redlands*	21
Shrum, R.	*Death Valley Junction*	40
Shryock, A.	*Loma Linda*	21
Shryock, E. H.	*Loma Linda*	21
Shuck, C. H.	*Fresno*	4
Shufelt, A. A.	*San Jose*	28
Shulman, L.	*Los Angeles*	10
Shultz, E. L.	*Los Angeles*	10
Shultz, G. D.	*Lone Pine*	40
Shultz, W. I.	*Bishop*	40
Shumaker, E. K.	*Los Angeles*	10
Shumaker, P. R.	*Oakland*	1
Shumaker, P. W.	*Los Angeles*	10
Shuman, J. W.	*Los Angeles*	10

NAME	CITY	COUNTY SOCIETY NO.
Shumate, C. A.,	*San Francisco*	23
Shumate, F. O.,	*San Francisco*	23
Shumate, J. W.,	*San Francisco*	23
Shumate, T. E.,	*San Francisco*	23
Shutes, M. H.,	*Oakland*	1
Sicherman, K. L.,	*Los Angeles*	10
Sides, H. E.,	*Huntington Park*	10
Siefert, A. C.,	*Oakland*	1
Siegel, L. E.,	*Beverly Hills*	10
Siegel, L. S.,	*Los Angeles*	10
Siegmund, F. W.,	*Los Angeles*	10
Siever, A. J.,	*Los Angeles*	10
Sigworth, D. C.,	*Long Beach*	10
Sills, S. J.,	*Los Angeles*	10
Silton, M. Z.,	*Los Angeles*	10
Silver, B.,	*Los Angeles*	10
Silverberg, M. H.,	*San Francisco*	23
Silverman, D. J.,	*Los Angeles*	10
Silverthorn, J. R.,	*Long Beach*	10
Silvia, C. A.,	*Gilroy*	28
Simmons, H. M.,	*Willows*	38
Simms, J. S.,	*Bellflower*	10
Simon, J.,	*Los Angeles*	10
Simonds, P. E.,	*Riverside*	18
Simons, C. G.,	*No. Hollywood*	10
Simpson, B.,	*San Francisco*	23
Simpson, B. R.,	*San Diego*	22
Simpson, L. E.,	*Loma Linda*	21
Simpson, R. G.,	*San Francisco*	23
Sinclair, A. D.,	*San Francisco*	23
Singer, J. J.,	*Los Angeles*	10
Singerman, I.,	*Los Angeles*	10
Sink, W. D.,	*Santa Maria*	27
Sipman, H. I.,	*Oakland*	1
Sippy, J. J.,	*Stockton*	24
Sirbu, A. B.,	*San Francisco*	23
Sisson, C. E.,	*Inglewood*	22
Sisson, M.,	*Oakland*	1
Sizer, E. R.,	*Camarillo*	37
Skaleter, E. A.,	*Los Angeles*	10
Skancky, A. O.,	*San Bruno*	26
Skeel, D. W.,	*Los Angeles*	10
Skelly, J. F.,	*San Francisco*	23
Skelton, L. W.,	*Pasadena*	10
Skillen, J.,	*Olive View*	10
Skilling, L. E.,	*Alameda*	1
Slagerman, V. B.,	*Los Angeles*	10
Slater, H. M.,	*Palo Alto*	28
Slattery, J. W.,	*Mountain View*	28
Slaughter, H. C.,	*Los Angeles*	10
Slavich, J. F.,	*Oakland*	1
Sleath, J. C.,	*San Francisco*	23
Slemons, J. M.,	*Los Angeles*	10
Slepnikoff, S. F.,	*San Francisco*	23
Sloan, L. E.,	*Inglewood*	10
Sloan, L. N.,	*Los Angeles*	10
Sloane, L. O.,	*Los Angeles*	10
Slocumb, L. H.,	*Bell*	16
Small, C. S.,	*Loma Linda*	21
Smallberg, H. E.,	*West Hollywood*	10
Smalley, R. B.,	*Willits*	12
Smallwood, W. C.,	*Long Beach*	10
Smart, B. W.,	*San Francisco*	23
Smart, E. P.,	*Murphy*	24
Smart, R. H.,	*Los Angeles*	10
Smedley, R. C.,	*Los Angeles*	10
Smiley, H. W.,	*Indio*	18
Smiley, K. E.,	*Los Angeles*	10
Smitgen, P. H.,	*Inglewood*	10
Smith, A. B.,	*La Jolla*	22
Smith, A. E.,	*Los Angeles*	10
Smith, A. M.,	*Oakland*	1
Smith, B.,	*Los Angeles*	10
Smith, Ben H.,	*Santa Monica*	10
Smith, Bernard H.,	*Huntington Park*	10
Smith, Charles E.,	*San Francisco*	23
Smith, Curtis E.,	*San Francisco*	23
Smith, C. L.,	*Maywood*	10
Smith, C. R.,	*Berkeley*	1
Smith, C. R.,	*Los Angeles*	10
Smith, D. A.,	*Oakland*	23
Smith, D. D.,	*Watsonville*	29
Smith, D. V.,	*Long Beach*	10
Smith, E. D.,	*Solvang*	27
Smith, E. G.,	*Oakland*	1
Smith, E. W.,	*Larkspur*	11
Smith, F. H.,	*Salinas*	14
Smith, F. L.,	*Colfax*	36
Smith, F. M.,	*La Jolla*	22
Smith, G. F.,	*Los Angeles*	10
Smith, H. A.,	*Whittier*	10
Smith, H. C.,	*Glendale*	10
Smith, H. D.,	*Pomona*	10
Smith, H. G.,	*Palo Alto*	28
Smith, H. J.,	*Oakland*	1
Smith, J. J.,	*Beverly Hills*	10
Smith, J. J. H.,	*Colton*	21
Smith, J. L.,	*Los Angeles*	10
Smith, J. O.,	*San Francisco*	23
Smith, J. R.,	*Fresno*	4
Smith, K. B.,	*Oakland*	1
Smith, L. D.,	*Stockton*	24
Smith, L. E.,	*Hollister*	20
Smith, L. E.,	*San Bernardino*	21
Smith, L. W.,	*Los Angeles*	10
Smith, M. H.,	*Hollywood*	10
Smith, N. R.,	*Monterey Park*	10
Smith, P. M.,	*San Francisco*	23
Smith, R. D.,	*San Pedro*	10
Smith, Richard L.,	*Santa Monica*	10
Smith, Robert L.,	*Pomona*	10
Smith, R. M.,	*Riverside*	18
Smith, R. N.,	*Los Angeles*	10
Smith, Ralph T.,	*Pomona*	10
Smith, Ruth T.,	*Palo Alto*	28
Smith, S.,	*Pasadena*	10
Smith, S. K.,	*Oakland*	1
Smith, W.,	*Los Angeles*	10
Smith, W. Burr,	*Los Angeles*	10
Smith, Wallace B.,	*San Francisco*	23
Smith, W. S.,	*San Diego*	22
Smithies, H. R.,	*Alameda*	1
Smolt, C. A.,	*Ventura*	37
Smolt, L. P.,	*Ventura*	37
Smylie, R. S.,	*San Diego*	22
†Smyth, F. S.,	*San Francisco*	23
Smyth, J. H.,	*Ukiah*	12
Smyth, M. H.,	*Stockton*	24
Smyth, R. J.,	*Cayucos*	25
Smythe, H.,	*Stockton*	24
Snedaker, J. F., Jr.,	*Los Angeles*	10
Sneden, C. M.,	*Long Beach*	10
Snoddy, C. A.,	*Vallejo*	32
Snook, H. J.,	*Oakland*	1
Snow, H. L.,	*San Pedro*	10
Snow, R. H.,	*Santa Monica*	10
Snow, W. F.,	*New York, N. Y.*	28
Snure, H.,	*Los Angeles*	10
Snyder, A. D.,	*Los Angeles*	10
Snyder, C. C.,	*Pasadena*	10
Snyder, G. A.,	*West Los Angeles*	10
Snyder, G. S.,	*San Francisco*	23
Snyder, W. H.,	*Hollywood*	10
Sobey, G. L.,	*Paso Robles*	25
Soderstrom, E. M.,	*Merced*	13
Sogemeier, E.,	*San Mateo*	26
Soghor, S.,	*Los Angeles*	10
Sohler, F. E.,	*Healdsburg*	33
Sohler, F. E., Jr.,	*Cloverdale*	33
Soiland, A.,	*Los Angeles*	10
Sokol, L. I.,	*Los Angeles*	10
Soley, M. H.,	*San Mateo*	26
Solomon, W. O.,	*Oakland*	1
Somerfield, H. A.,	*San Francisco*	23
Somers, M. R.,	*San Francisco*	23
Sommer, E. A.,	*Chino*	21
Sonnenberg, A.,	*San Francisco*	23
Sooy, D. W.,	*San Francisco*	23
Soper, H. V.,	*Los Angeles*	10
Soracco, C. V.,	*Placerville*	19
Sorauf, B. M.,	*Fresno*	4
Sorenson, E. J.,	*Hollywood*	10
Sornsen, A. A.,	*Los Angeles*	10
Sorsky, E. D.,	*Fresno*	4
Sosnowski, J. C.,	*Long Beach*	10
Soto-Hall, R.,	*San Francisco*	23
Soucey, H. C.,	*Fresno*	4
Soutar, R. G.,	*Sacramento*	19
Southgate, P. T.,	*Long Beach*	10
Sox, E. D.,	*Visalia*	36
Sox, H. C.,	*Palo Alto*	28
Spalding, C. A. H.,	*Richmond*	3
Spalding, J. B.,	*Richmond*	3
Spaulding, A. Q.,	*Santa Barbara*	27
Spaulding, J. M.,	*Los Angeles*	10
Spear, E. B.,	*Los Angeles*	10
Spear, J. L.,	*Santa Rosa*	33
Specker, L.,	*Sacramento*	19
Speer, G. G.,	*Los Angeles*	10
Speik, F. A.,	*Los Angeles*	10
Spelmann, J. L.,	*Ceres*	34
Spencer, A. G.,	*San Francisco*	23
Spencer, G. A.,	*Sacramento*	19
Spencer, R. M.,	*Los Angeles*	10
Sperling, S.,	*Los Angeles*	10
Sperling, S. J.,	*Los Angeles*	10
Spier, C. A.,	*Los Angeles*	10
Spiers, H. W.,	*Los Angeles*	10
Spitalny, A.,	*San Francisco*	23
Splithoff, C. A.,	*Oakland*	1
Sprague, B. H.,	*Los Angeles*	10
Sprague, G. T.,	*Van Nuys*	10
Sprauer, V. J.,	*Los Angeles*	10
Sproul, D. G.,	*Berkeley*	23
Spruance, H. E.,	*San Diego*	22
Staatz, A. D.,	*Olive View*	10
Stabel, F.,	*Redding*	30
Stadel, W. W.,	*Oakland*	13
Stadfield, C. G.,	*Hollywood*	10
Stadler, E.,	*San Jose*	28
Stadlinger, K. P.,	*Burbank*	10
Stadtherr, E. F.,	*San Francisco*	23
Stadtmuller, E. S.,	*San Francisco*	23
Stafford, C. E.,	*Los Angeles*	10
Stafford, D. D.,	*Alameda*	1
Stafford, D. E.,	*San Francisco*	23
Stafford, H. E.,	*Oakland*	1
Stanghellini, F. J.,	*San Francisco*	23
Stahl, V. O.,	*Ontario*	21
Stailey, H. D.,	*Los Angeles*	10
Staley, P. A.,	*Palm Springs*	18
Stallings, M.,	*San Francisco*	23
Staniford, K. J.,	*Fresno*	4
Stanley, L. L.,	*San Rafael*	11
Stannard, A. N.,	*Berkeley*	1
Stansbury, M. P.,	*Vacaville*	32
Stanton, E. H.,	*Glendora*	10
Stanton, E. M.,	*Santa Monica*	10
Stanton, F. E.,	*Long Beach*	10
Stanton, J. T.,	*Bakersfield*	7
Stanton, R. H.,	*Pasadena*	10
Starbird, G. A.,	*King City*	14
Stark, J. H.,	*Oakland*	1
Stark, L. W.,	*San Pedro*	10
Stark, M.,	*Los Angeles*	10
Starr, H. E.,	*Los Angeles*	4
Starr, R. W.,	*Los Angeles*	10
Staub, J. S.,	*San Jose*	28
Stauffer, M. L.,	*Pittsburg*	3
St. Clair, F. P.,	*San Francisco*	23
Stealy, C. L.,	*San Diego*	22
Steckel, M. D.,	*Los Angeles*	10
Steddom, F. W.,	*Los Angeles*	10
Steele, A. A.,	*Los Angeles*	10
Steele, A. B.,	*Santa Barbara*	27
Steele, E. H.,	*Los Angeles*	10
Steele, M. T.,	*Los Angeles*	10
Steele, W. N., Jr.,	*Modesto*	34
Steen, C. E.,	*Brea*	16
Steen, E. J.,	*Fullerton*	16
Steere, R. A.,	*Downey*	10
Steffy, J. L.,	*Santa Monica*	10
Stegeman, W.,	*Santa Rosa*	5
Stein, C.,	*Bellflower*	10
Stein, J. L.,	*Albany*	1
Stein, W. F.,	*Fresno*	4
Steinberg, J.,	*Los Angeles*	10
Steinberg, P.,	*Hollywood*	10
Steinert, G.,	*Isleton*	19
Steinman, M.,	*Los Angeles*	10
Steinmetz, A. F.,	*Hayward*	1
Stelhorn, A. F.,	*Rosemead*	10
Stellar, R. W.,	*Wilmington*	10
Stephens, B. M.,	*Alameda*	1
Stephens, B. P.,	*Oakland*	1
Stephens, H. B.,	*San Francisco*	23
Stephens, J. S.,	*Los Angeles*	10
Stephens, P. H.,	*Los Angeles*	10
Stephens, W. B.,	*Alameda*	1
Stephens, W. C.,	*Pasadena*	10
Stephenson, H. A.,	*San Francisco*	23
Stern, A.,	*Berkeley*	1
Stern, R. G.,	*Los Angeles*	10
Stern, R. L.,	*Los Angeles*	10
Steven, R. A.,	*San Francisco*	23
Stevens, C. S.,	*Santa Barbara*	27
Stevens, G. A.,	*Los Angeles*	10
Stevens, G. M.,	*Los Angeles*	10
Stevens, J. B.,	*Los Angeles*	10
Stevens, W. E.,	*San Francisco*	23
Stevens, W. L.,	*Santa Monica*	10
Stevenson, A. P.,	*Torrance*	10
Stevenson, C. C.,	*Oakland*	1
Stevenson, S. L.,	*San Francisco*	23
Stewart, A. E.,	*Los Angeles*	10
Stewart, B. L.,	*Compton*	10
Stewart, C. M.,	*Los Angeles*	10
Stewart, D. E.,	*Huntington Park*	10
Stewart, H. B.,	*Modesto*	34
Stewart, H. J.,	*San Diego*	22
Stewart, R. A.,	*San Francisco*	23
Stewart, S. F.,	*Los Angeles*	10
Stewart, W.,	*Los Angeles*	10
St. Geme, J. W.,	*Los Angeles*	10
Stibbens, F. H.,	*Oakland*	1
Stiles, F. E.,	*San Francisco*	23
Stiles, J. A.,	*San Francisco*	23
Stilson, G. D.,	*Long Beach*	10
Stilson, W. L.,	*Los Angeles*	10
Stilwell, L. E.,	*Hollywood*	10
Stimson, C. A.,	*Petaluma*	33
Stirewalt, H. W.,	*Concord*	3
Stock, M. F.,	*Fresno*	4
Stockton, A. B.,	*San Francisco*	23
Stockton, C. B.,	*Bakersfield*	7
Stoddard, J. McC.,	*Beverly Hills*	10
Stoddard, T. A.,	*San Francisco*	23
Stoker, E. M.,	*San Francisco*	23
Stoll, A. H.,	*Oxnard*	37
Stolle, F.,	*Dixon*	32
Stolz, C. E.,	*Los Angeles*	10
Stolz, H. R.,	*Berkeley*	1
Stone, B.,	*San Francisco*	23
Stone, B. I.,	*San Diego*	22
†Stone, C. S.,	*Seattle, Wash.*	27
Stone, E. M.,	*Riverside*	18
Stone, R. S.,	*San Francisco*	23
Stone, W. J.,	*Pasadena*	10
Stoops, R. P.,	*Oakland*	1
Storey, T. A.,	*Stanford University*	28
Stork, V. E.,	*Los Angeles*	10
Stoughton, A. V.,	*Claremont*	10
Stout, G. T.,	*Los Angeles*	10
Stovall, L.,	*Los Angeles*	10
Stowe, O. P.,	*Oakland*	1
Strahlmann, L.,	*San Diego*	22
Strang, T.,	*Long Beach*	10
Strange, S. P.,	*San Francisco*	23
Strange, V. M.,	*San Francisco*	23
Stratford, E. B.,	*Los Angeles*	10
Strathearn, H. J.,	*Hollywood*	10
Stratton, E. K.,	*San Francisco*	23
Stratton, G. W.,	*Marysville*	39
Stratton, J. M.,	*Berkeley*	1
Strauss, B.,	*San Francisco*	23

NAME	CITY	COUNTY SOCIETY NO.
Streaker, L. H.	*Goleta*	27
Strickler, D.	*San Francisco*	23
Strickler, J. P.	*San Francisco*	23
Striegel, L. McC.	*Long Beach*	10
Strietmann, W. H.	*Oakland*	1
Strong, A. J.	*Santa Paula*	37
Strongin, S.	*Bakersfield*	7
Strouse, S.	*Los Angeles*	10
Struble, H. P.	*Hayward*	1
St. Sure, F. A.	*San Diego*	22
Stufflebam, H. M.	*Salinas*	14
Stump, F. M.	*Crescent City*	5
Sturdivant, B. F.	*Pasadena*	10
Sturgeon, C. T.	*Los Angeles*	10
Sturges, R. L.	*Los Angeles*	10
Sturm, A. E.	*Yosemite*	13
Sudlow, E. L.	*San Fernando*	10
Suehs, P. E.	*San Francisco*	23
Sugar, E. L.	*Beverly Hills*	10
Sugar, H.	*Los Angeles*	10
Suglian, V. V.	*San Francisco*	23
Sullivan, C. S.	*San Jose*	28
Sullivan, D. F.	*Altadena*	10
Sullivan, J. J.	*Oakland*	1
Sullivan, J. M.	*San Francisco*	23
Sullivan, J. R.	*San Francisco*	23
Sullivan, N. R.	*Santa Cruz*	29
Sullivan, W.	*Merced*	13
Sullivan, W. A.	*Ontario*	21
Sullivan, W. J.	*Hollywood*	10
Sulzbacher, C. I.	*Los Angeles*	10
Sumerlin, H. S.	*San Diego*	22
Sumner, W. A.	*San Francisco*	23
Sundberg, R. H.	*San Diego*	22
Sunzeri, A. T.	*San Jose*	28
Sunseri, J.	*San Jose*	28
Surber, A. C., Jr.	*Los Angeles*	10
Suski, P. M.	*Los Angeles*	10
Susnow, D. A.	*San Francisco*	23
Sutherland, K. H.	*Santa Ana*	16
Sutherland, P. R.	*Los Angeles*	10
Sutherland, R. T.	*Oakland*	1
Sutherlin, C. G.	*Los Angeles*	10
Sutton, T. L.	*Stockton*	24
Svoboda, F. C.	*San Diego*	22
Swanson, C. F.	*Los Angeles*	10
Swarts, R. E.	*Hartford, Conn*	26
Swauger, L. S.	*Oakland*	1
Swearingen, F. C.	*Pomona*	10
Sweeney, J. P.	*Millbrae*	26
Sweet, C. D.	*Oakland*	1
Sweetser, G. W.	*Martinez*	3
Sweigert, C. F.	*San Francisco*	23
Swengel, W. F.	*Monterey*	14
Swenson, B. I.	*Oakland*	1
Swenson, R. T.	*Van Nuys*	10
Swett, W. F.	*San Francisco*	23
Swezey, S.	*Los Angeles*	10
Swift, C. T.	*Madera*	4
Swift, L. M.	*Marysville*	39
Swigart, M.	*Monterey*	14
Swim, W. A.	*Los Angeles*	10
Swinney, R. W.	*Long Beach*	10
Syman, L. W.	*Los Angeles*	10
Symonds, C. W.	*Pasadena*	10
Szukalski, J. P.	*Pasadena*	10

— T —

NAME	CITY	COUNTY SOCIETY NO.
Taber, K. W.	*Pasadena*	10
Taber, L. E.	*San Francisco*	23
Tager, B. N.	*West Los Angeles*	10
Taggart, M. M.	*McFarland*	7
Taira, K. H.	*Fresno*	4
Talmage, C. H.	*Sanitarium*	15
Tanaka, R. K.	*San Diego*	22
Taneredi, C.	*San Diego*	22
Tandowsky, R. M.	*Hollywood*	10
Tanner, C. O.	*San Diego*	22
Tarnutzer, B. C.	*Los Angeles*	10
Tarr, A. D.	*Taft*	7
Tarr, E. M.	*Los Angeles*	10
Tarr, L. N.	*Taft*	7
Tatro, R. F.	*San Bernardino*	21
Tattersall, K. L.	*Oakland*	1
Taubles, G. H.	*Carmel*	14
Taussig, L.	*San Francisco*	23
Taylor, C. M.	*Los Angeles*	10
Taylor, D. A.	*San Francisco*	23
Taylor, E. C.	*San Francisco*	23
Taylor, E. M.	*Oakland*	1
Taylor, F. B.	*Oakland*	1
Taylor, F. W. H.	*Hueneme*	10
Taylor, G. M.	*Los Angeles*	10
Taylor, J. C. W.	*San Rafael*	11
Taylor, L. E.	*Los Angeles*	10
Taylor, L. H.	*Oakland*	1
Taylor, L. M.	*San Bernardino*	21
Taylor, P. A.	*San Francisco*	23
Taylor, R. B.	*San Francisco*	23
Taylor, R. G.	*Los Angeles*	10
Taylor, R. N.	*Long Beach*	10
Taylor, R. O.	*San Diego*	22
Taylor, R. T.	*Los Angeles*	10
Teaby, W. L.	*Monterey*	14
Teall, R. C.	*Sacramento*	19
Tebbe, F. H.	*Oakland*	1
Tebbetts, H. E.	*Whittier*	10
Tedstrom, M. K.	*Santa Ana*	16
Teel, A. W.	*Los Angeles*	10
Teeter, A. L.	*Oakland*	1
Teitler, M. H.	*San Francisco*	23
Telford, P. K.	*Los Angeles*	10
Templeton, H. J.	*Oakland*	1
Templeton, W. K.	*Riverside*	18
Tepper, G. B.	*Los Angeles*	10
Terrill, E. E.	*Los Angeles*	10
Terry, R. A.	*Long Beach*	10
Thayer, L. E.	*Los Angeles*	10
Thebaut, W. M., Jr.	*Oakland*	1
Thelander, H. E.	*San Francisco*	23
Thelan, E.	*San Diego*	22
Thibodeau, J. A.	*San Francisco*	23
Thienes, C. H.	*Los Angeles*	10
Tholen, E. F.	*Los Angeles*	10
Thomas, B.	*Oakland*	1
Thomas, B. S.	*Sacramento*	19
Thomas, E. W.	*Colton*	21
Thomas, G. F.	*Camarilla*	37
Thomas, H. S.	*Santa Cruz*	29
Thomas, J. W.	*San Diego*	22
Thomas, R. E.	*Los Angeles*	10
Thomas, V. E.	*Pasadena*	10
Thomas, W. C.	*Long Beach*	10
Thomas, W. MeL.	*San Diego*	22
Thomason, G.	*Los Angeles*	10
Thomason, S. D.	*San Dimas*	10
Thompson, A. C.	*Mountain View*	28
‡Thompson, A. R.	*Minden, Nevada*	23
Thompson, C. P.	*San Francisco*	23
Thompson, Clarence V.	*Pescadero*	26
Thompson, Claude V.	*Lodi*	24
Thompson, C. W.	*Pasadena*	10
Thompson, D. E.	*Red Bluff*	35
Thompson, E. E.	*Red Bluff*	35
Thompson, E. H.	*Burbank*	10
Thompson, H. A.	*San Diego*	21
Thompson, H. D.	*Los Angeles*	10
Thompson, H. F.	*Los Angeles*	10
Thompson, Harold L.	*Los Angeles*	10
Thompson, Herbert L.	*Long Beach*	10
Thompson, I. B.	*Murphys*	24
Thompson, J. E.	*Los Angeles*	10
Thompson, K. J.	*Oakland*	1
Thompson, L. R.	*San Pedro*	10
Thompson, R. C.	*Whittier*	10
Thompson, R. H.	*Los Angeles*	10
Thompson, R. J.	*Los Angeles*	10
Thompson, R. L.	*Burbank*	10
Thompson, V. P.	*Los Angeles*	10
Thompson, W. B.	*Los Angeles*	10
Thompson, W. P.	*Los Angeles*	10
Thomson, D.	*Burbank*	10
Thomson, H. H.	*Alhambra*	10
Thomson, H. S.	*San Francisco*	23
Thomson, W. L.	*San Francisco*	23
Thoren, M. E.	*Weimar*	17
Thormann, J. A.	*Fresno*	4
Thorne, I. W.	*San Francisco*	23
Thorner, J. E.	*Bakersfield*	7
Thorner, M.	*Bakersfield*	27
Thorner, M. C.	*Los Angeles*	10
Thornton, A. J.	*San Diego*	22
Thorpe, A. C.	*Los Angeles*	10
Thorpe, F.	*Hollywood*	10
Threlfall, D. R.	*San Jose*	28
Thuesen, A. E., Jr.	*San Quentin*	11
Thunen, P. E.	*Marysville*	39
Thurber, F.	*Hollywood*	10
Thurber, P.	*Los Angeles*	10
Thuresson, P. F.	*Riverside*	18
Thurlow, A. A.	*Santa Rosa*	33
Thurlow, J. F.	*Santa Rosa*	33
Tiber, L. J.	*Los Angeles*	10
Tice, E. W.	*Los Angeles*	10
Tidd, C. W.	*Beverly Hills*	10
Tiedemann, I. D.	*Los Angeles*	10
Tiffany, D. F. E.	*San Jose*	28
Tillman, F. J.	*Fresno*	4
Tillman, T. E.	*San Francisco*	23
Tillmanns, C. S. J.	*Los Angeles*	10
Tillotson, J. E.	*Colusa*	38
Tillotson, R. S.	*Sacramento*	19
Timme, A. R.	*Los Angeles*	10
Timon, A. N.	*Los Angeles*	10
Tipton, S. P.	*Watsonville*	29
Tirrell, W. M.	*Los Angeles*	10
Tisinger, E. L.	*San Bernardino*	21
Titeomb, L. R.	*Los Angeles*	10
Titus, C. I.	*Sacramento*	19
Titus, J. H.	*Ontario*	21
Tobias, M.	*Los Angeles*	10
Tobias, S. F.	*Grass Valley*	17
Toek, E. W.	*Santa Ana*	16
Todd, E. B.	*Concord*	3
Todd, J. B.	*Los Angeles*	10
Todd, L. P.	*Palo Alto*	28
Toffelmier, D. D.	*Oakland*	1
Togasaki, K.	*San Francisco*	23
Toland, C. G.	*Los Angeles*	10
Tollefson, D. G.	*Los Angeles*	10
Toller, R. B.	*Imola*	12
Tolman, G. P.	*Watsonville*	29
Toma, J. J.	*Hollywood*	10
Tomblin, B. M. A.	*Los Angeles*	10
Tompkins, H. P.	*Santa Barbara*	27
Tonn, E. F.	*Ventura*	37
Toomey, F. E.	*San Diego*	22
Topham, E.	*San Francisco*	23
Torbert, H. C.	*San Diego*	22
Torell, G. J.	*Los Angeles*	10
Torrano, M. A.	*Oakland*	1
Torre, E. D.	*San Francisco*	23
Torrens, A. S.	*Hanford*	8
Torrey, F. A.	*San Francisco*	23
Torrey, H. B.	*Oakland*	1
Totten, H. P.	*Los Angeles*	10
Touriel, E. L.	*Los Angeles*	10
Tourtillot, W. W.	*Porterville*	36
Towne, E. B.	*San Francisco*	23
Townsend, C. E.	*Alhambra*	10
Townsend, E. W.	*Alhambra*	10
Townsend, K.	*Los Angeles*	10
Toy, A. J.	*Altadena*	10
Traber, C. H.	*Reedley*	4
Trageman, L. J.	*Los Angeles*	10
Trainor, J. V.	*Los Angeles*	10
Trainor, M. E.	*Los Angeles*	10
Trauner, L. M.	*San Francisco*	23
Traver, C. M.	*Patton*	21
Trelstad, B. L.	*Redding*	30
Tretheway, L. E.	*Stockton*	24
Treweek, D. N.	*Los Angeles*	10
Trick, T. R.	*Stockton*	24
Trimble, H. G.	*Oakland*	1
Trimmer, E. L.	*Los Angeles*	10
Trott, L. d'N.	*Glendale*	10
Trotter, A. D.	*Los Angeles*	10
Troup, R. M.	*Berkeley*	1
Trowbridge, D. H., Jr.	*Fresno*	4
Truax, J. P.	*Lompoc*	27
True, H. F.	*Sacramento*	19
Tullar, A. G.	*North Hollywood*	10
Tully, P. W.	*Temple City*	10
Truman, S. R.	*Oakland*	1
Truxaw, J. W.	*Anaheim*	16
Tucker, G. E.	*Manhattan Beach*	10
Tucker, H.	*Agnew*	28
Tucker, M. B.	*Oakland*	1
Tucker, M. O.	*Ocean Park*	10
Tucker, R. G.	*Alhambra*	10
Tullar, A. G.	*North Hollywood*	10
Tulley, F. E.	*San Diego*	22
Tully, P. W.	*Temple City*	10
Tunnell, A. M.	*Lodi*	24
Tunnell, P. J.	*Norwalk*	10
Tupper, R. B.	*Fresno*	4
Turbow, A. O.	*Los Angeles*	10
Turco, E. A.	*San Jose*	28
Turkel, A. S.	*Los Angeles*	10
Turley, J. G.	*Los Angeles*	10
Turnbull, F. M.	*Los Angeles*	10
Turner, E. C.	*Sacramento*	19
Turner, E. L.	*Los Angeles*	10
Turner, J. H.	*Huntington Park*	10
Tuteur, E. B.	*Beverly Hills*	10
Tuttle, S.	*San Francisco*	23
Twitehell, E. W.	*San Francisco*	23
Tyerman, H. A.	*Needles*	21
Tyler, L. G.	*San Rafael*	11
Tyroler, F. N.	*Los Angeles*	10

— U —

NAME	CITY	COUNTY SOCIETY NO.
Uhls, R. T.	*Long Beach*	10
Ullmann, H. J.	*Santa Barbara*	27
Ullrich, F. D.	*La Jolla*	22
Updegraff, H. L.	*Hollywood*	10
Upton, J. R.	*San Francisco*	23
Ussher, N. T.	*Santa Barbara*	27
Utter, J. W.	*Anaheim*	16
Uyeyama, H.	*Oakland*	1
Uyeyama, K.	*San Francisco*	23

— V —

NAME	CITY	COUNTY SOCIETY NO.
Vachout, M. A.	*Southgate*	10
Vallee, J. E.	*Van Nuys*	10
Van Allen, L. K.	*Ukiah*	12
Vance, H. W.	*Pasadena*	10
Vanee, J. T.	*Sacramento*	19
Van Cleve, M.	*Redlands*	21
Van Cott, W. B.	*Los Angeles*	10
Van Dalsem, S. B.	*San Jose*	28
Van Dalsem, W. S.	*San Jose*	28
Van de Carr, F. R.	*Oakland*	1
Van Den Berg, W. J.	*Sacramento*	19
Vanderburgh, C. M.	*Fresno*	4
Van de Pol, A.	*Modesto*	34
Van der Leek, P.	*Brookport, Ill.*	24
Van Deventer, W. C.	*Redwood City*	23
Vandevert, G. V.	*Oakland*	1
Van Doren, B. J.	*Laguna Beach*	16
Van Dyke, H. M.	*Long Beach*	10
Van Fleet, H. D.	*Los Angeles*	10
Van Horn, P. R.	*Berkeley*	1
Van Meter, A. L.	*Stockton*	24
Van Meter, F. J.	*Norwalk*	10
Van Nuys, R. G.	*Berkeley*	1
Van Ornum, E. N.	*Los Angeles*	10
Van Paing, J. F.	*Santa Barbara*	27
Van Pelt, R. S.	*Los Angeles*	10
Van Seiver, C. B.	*Los Angeles*	10
Van Seoyoe, J. G.	*Los Angeles*	10

NAME	CITY	COUNTY SOCIETY NO.
Van Soest, E. H.	*Los Angeles*	10
Van Wagenen, R. J.	*Fresno*	4
Van Wart, R. M.	*West Los Angeles*	10
Van Zandt, V.	*Los Angeles*	10
Varden, A. E.	*San Bernardino*	21
Vardon, C. C.	*Oakland*	1
Vardon, E. M.	*Los Angeles*	10
Vargas, R. A.	*San Bernardino*	21
Vaughan, J. E.	*Bakersfield*	7
Vaughan, L. B.	*Long Beach*	10
Vaughn, J. O.	*Santa Monica*	10
Veach, H. O.	*Los Angeles*	10
Vecki, M. E.	*San Francisco*	23
Veitch, F. A.	*Riverside*	18
Vener, H. I.	*Los Angeles*	10
Vento, J. P.	*Los Angeles*	10
Venzke, H.	*Pasadena*	10
Verbryck, G. G.	*Long Beach*	10
Verne, V. E.	*Long Beach*	10
Viau, B. H.	*Sanger*	4
Vickerson, J. I.	*Oakland*	1
Vidgoff, I. J.	*Los Angeles*	10
Vidrickson, H. L.	*Weed*	31
Viecelli, J. D.	*San Francisco*	23
Vieira, E.	*Sebastopol*	33
Vieira, F. G.	*Stockton*	24
Vincent, G. P.	*San Francisco*	23
Vinetz, J. C.	*Los Angeles*	10
Vinks, W. A.	*New Rochelle, N. Y.*	17
Viole, P. P.	*Los Angeles*	10
Violett, C. C.	*Garden Grove*	16
Visalli, J.	*San Francisco*	23
Visscher, L. G.	*Los Angeles*	10
Vizzard, W. R.	*San Francisco*	23
Vogelman, J.	*San Jose*	28
Voight, C. E.	*San Francisco*	23
Vollert, A. J.	*San Francisco*	23
Vollmer, A. M.	*San Francisco*	23
Vollmer, H. W.	*Sanitarium*	15
von Briesen, H.	*Los Angeles*	10
Von der Lieth, H. O.	*San Francisco*	23
von Dessoneck, E. S.	*San Francisco*	23
von Geldern, C. E.	*Sacramento*	19
von Geldern, H.	*San Francisco*	23
Von Hagen, K. O.	*Los Angeles*	10
Von Hungen, A. P.	*Escalon*	34
von Wedelstaedt, B.	*Long Beach*	10
Voorhees, H. M.	*Los Angeles*	10
Voorsanger, W. C.	*San Francisco*	23
Voris, A. T.	*Imola*	15
Vruwink, J.	*Los Angeles*	10

— W —

NAME	CITY	COUNTY SOCIETY NO.
Waddell, D. Q.	*Los Angeles*	10
Waddell, W. E.	*Los Angeles*	10
Wade, A. B.	*Santa Ana*	16
Wade, R. S.	*Santa Ana*	16
Wadsworth, E. E., Jr.	*Alhambra*	14
Waggener, H. A.	*Hollywood*	10
Wagner, A. F.	*Los Angeles*	10
Wagner, D. L.	*Fort Bragg*	12
Wagner, L. D.	*Pasadena*	10
Wagner, R. J.	*San Francisco*	23
‡Wagner, R. L.	*Hartford, Conn.*	23
Wagner, V. E.	*San Dimas*	10
Wagner, W. F.	*San Francisco*	23
Wahl, H. A.	*San Francisco*	23
Wahle, H.	*Oakland*	1
Wahlen, J. A.	*Montebello*	10
Wahrhaftig, M. J.	*Fresno*	4
Waitzfelder, F.	*Los Angeles*	10
Wald, H. A.	*So. San Francisco*	23
Wales, J. LeR.	*Long Beach*	10
Walker, A. W.	*Vista*	18
Walker, B. F.	*Fresno*	4
Walker, C. A.	*San Francisco*	23
Walker, C. B.	*Los Angeles*	10
Walker, E. M.	*Sanitarium*	15
Walker, G. W.	*Fresno*	4
Walker, J. D.	*Los Angeles*	10
Walker, J. E.	*Long Beach*	10
Walker, J. R.	*Fresno*	4
Walker, P. J.	*Los Angeles*	10
Walker, R. A.	*Alhambra*	10
Walker, R. H.	*North Hollywood*	10
Walker, R. J.	*Oakland*	1
Walker, R. S.	*Oakland*	1
Walker, S. J.	*Pico*	10
Walker, W. H.	*Willows*	38
Wall, H. W.	*Hollywood*	10
Wall, M. M.	*San Francisco*	23
Wallace, A.	*Los Angeles*	10
Wallace, A. F.	*Sacramento*	19
Wallace, C. T.	*Eureka*	5
Wallace, E. P.	*Los Angeles*	10
Wallace, J. A.	*Calipatria*	6
Wallace, W. E.	*Whittier*	10
Wallace, W. S.	*Orange*	16
Wallach, I. A.	*Los Angeles*	10
Wallendorf, L. H.	*Los Angeles*	10
Waller, L. M.	*Hollywood*	10
Wallerius, R. M.	*Sacramento*	19
Walsh, F. D.	*Oakland*	1
Walsh, J. F.	*Eureka*	5
Walter, F. J.	*San Diego*	22
Walters, C. M. C.	*Los Angeles*	10
Walters, H. S.	*San Luis Obispo*	25
Walters, P. R.	*Berkeley*	1
Walters, S. J.	*Seattle, Wash.*	10
Walton, G. E.	*Oakland*	1
Walton, O. P.	*Ventura*	37
Walton, R. R.	*Linwood*	10
Warburton, J. A.	*Burlingame*	26
Ward, R.	*San Francisco*	23
Wardrip, B. H.	*San Jose*	28
Ware, C. W.	*Altadena*	10
Ware, E. R.	*Los Angeles*	10
Ware, J. G.	*Bakersfield*	27
Wargin, J. I.	*Los Angeles*	10
Warmer, C. A.	*Los Angeles*	10
Warner, H. E.	*Los Angeles*	10
Warner, O. H.	*San Diego*	22
Warnock, A. W.	*San Pedro*	10
Warren, H. C.	*Belmont*	26
Warren, J. P.	*San Francisco*	23
Warren, Joseph W.	*Los Angeles*	10
Warren, John W.	*National City*	22
Wartenberg, R.	*San Francisco*	23
Washburn, W. W.	*San Francisco*	23
Watanabe, L. M.	*San Jose*	28
Waters, M. A.	*Woodland*	38
Waters, P. S.	*Patton*	21
Waters, Z. O.	*San Francisco*	23
Watke, L. E.	*Tulare*	36
Watkins, L. H.	*Pasadena*	10
Watkins, W. E.	*Santa Ana*	16
Watson, A. R.	*Eureka*	5
Watson, F. R.	*San Mateo*	26
Watson, F. V.	*Hollywood*	10
Watson, H. G.	*San Francisco*	23
Watson, L. C.	*Long Beach*	10
Watson, L. F.	*Los Angeles*	10
Watson, R. G.	*Oakland*	1
Watson, T.	*Sunnyvale*	28
Watt, R. H.	*Beverly Hills*	10
Watters, E. M.	*Santa Cruz*	29
Watters, H. G.	*Watsonville*	29
Waxman, A.	*Los Angeles*	10
Way, S. C.	*San Francisco*	23
Wayburn, E.	*San Francisco*	23
Wayland, C.	*San Jose*	28
Wayland, L. C. N.	*Santa Barbara*	27
Wayland, R. T.	*Glendale*	10
Wayman, V. G.	*Holtville*	17
Wayte, E. W.	*Norwalk*	10
Wear, J. W.	*Palo Alto*	28
Weatherman, H. V.	*San Diego*	16
Weaver, C. H.	*Los Angeles*	10
Weaver, D. D.	*Oakland*	1
Webb, A. N.	*Los Angeles*	10
Webber, W. T.	*Long Beach*	10
Weber, A. L.	*Upland*	21
Weber, J. W.	*Fresno*	4
Weber, W. L.	*Los Angeles*	10
Weber, W. M.	*San Francisco*	23
Webster, D. P.	*Fresno*	4
Webster, G. E.	*Santa Rosa*	33
Webster, G. M.	*Patton*	21
Webster, J. C.	*Los Angeles*	10
Webster, J. S.	*Mariposa*	13
Webster, M. T.	*Santa Rosa*	33
Webster, R. R.	*San Francisco*	23
Weddle, R. P.	*Roseville*	17
Wedgewood, P. E.	*San Diego*	22
Weeks, A.	*San Francisco*	23
Weeks, C. L.	*Los Angeles*	10
Wehrly, J.	*Santa Ana*	16
Wehrly, W. S.	*Santa Ana*	16
Weil, S. N.	*Rodeo*	3
Weinberg, H.	*Beverly Hills*	10
Weinberg, S. J.	*West Los Angeles*	10
Weinberg, S. L.	*Los Angeles*	10
Weinberger, J.	*San Diego*	22
Weiner, W. M.	*San Francisco*	23
Weir, J. J.	*Riverside*	18
Weiser, A. D.	*Los Angeles*	10
Weiskotten, W. O.	*San Diego*	22
Weiss, C.	*San Francisco*	23
Weiss, H.	*Los Angeles*	10
Weiss, K. F.	*Visalia*	36
Weitkamp, A. H.	*Los Angeles*	10
Weizer, E. A.	*Oakdale*	34
Welbourn, L. S.	*Van Nuys*	10
Welbourn, M. A.	*Los Angeles*	10
Welbourn, P. M.	*Los Angeles*	10
Welch, E. H.	*Pomona*	10
Welch, S. H.	*Glendale*	10
Welcome, E. H.	*Downey*	10
Welden, R. C.	*Los Angeles*	10
Welfer, C. R.	*Los Angeles*	10
Welker, C. J.	*Los Angeles*	10
Weller, T. W.	*Oakland*	1
Wells, C. E.	*Woodlake*	36
Wells, E. W.	*Los Angeles*	10
Wells, G. D.	*Los Angeles*	10
Wells, J. T.	*San Diego*	22
Wells, M. C.	*Los Angeles*	10
Wells, S. J.	*Sacramento*	19
Welpton, M. A.	*San Diego*	22
Welti, L.	*Napa*	15
Wemple, E. L.	*Verdugo City*	10
Werden, D. H.	*San Diego*	22
Werlich, R. E.	*San Diego*	22
Werner, E. A.	*Los Angeles*	10
Werthmann, P. A.	*Gustine*	24
Weseman, R. J.	*Novato*	11
Wessels, A. L.	*Salinas*	14
Wessels, W. F.	*Los Angeles*	10
Wessly, W. D.	*Glendale*	10
Wesson, M. B.	*San Francisco*	23
West, F. D.	*Beaumont*	18
West, F. E.	*San Francisco*	23
West, H. F.	*Los Angeles*	10
West, J. H.	*San Francisco*	23
Westerhout, C. E.	*Brea*	16
Westerhout, F. C.	*Manhattan Beach*	10
Westfall, F. O.	*Los Angeles*	10
Weston, F. P.	*Pasadena*	10
Weston, F. W.	*Tustin*	16
Westphal, E. A.	*Centerville*	1
Westphal, H. G.	*Glendale*	10
Westsmith, R. A.	*Los Angeles*	10
Wetherill, G. G.	*San Diego*	22
Wetmore, C. T.	*Berkeley*	1
Wever, G. K.	*Stockton*	24
Weyrauch, H. M., Jr.	*San Francisco*	23
Whalen, J. F.	*Altadena*	10
Whalen, T. J.	*San Francisco*	23
Whalman, H. F.	*Los Angeles*	10
Wharton, C. G.	*Los Angeles*	10
Wheatley, W. G.	*Azusa*	10
Wheeler, H. D.	*Inglewood*	10
Wheeler, O. W.	*Riverside*	18
Wheelis, J. M.	*Beverly Hills*	10
Whitaker, L. S.	*San Jose*	28
Whitcomb, E. L.	*Los Angeles*	10
White, A. S.	*San Francisco*	23
White, C. W.	*La Verne*	10
White, H. A.	*Los Angeles*	10
White, H. L.	*Redding*	30
White, J. F.	*San Diego*	22
White, J. H.	*Chico*	2
White, L. F.	*Los Angeles*	10
White, M. D.	*Ontario*	21
White, P. G.	*Los Angeles*	10
White, R. E.	*Santa Ana*	16
White, R. G.	*Los Angeles*	10
†Whitecotton, G. O.	*San Francisco*	23
Whitelock, T. S., Jr.	*San Diego*	22
Whiting, E. G.	*Berkeley*	1
Whiting, F. M.	*Oroville*	2
Whitlow, J. E.	*Fillmore*	10
Whitmer, C. F.	*Colton*	21
Whitney, H. H.	*Burlingame*	26
Whitney, R. B.	*Yuba City*	39
Whitsett, J. W.	*Los Angeles*	10
Whittaker, L. F.	*Huntington Beach*	16
Whittaker, T. W.	*Los Angeles*	10
Wiebe, D.	*Reedley*	4
Wiebe, F. E.	*Salinas*	14
Wiebusch, E. G. L.	*Los Angeles*	10
Wiel, H. I.	*San Francisco*	23
Wieman, W. H.	*Los Angeles*	10
Wiens, F. L.	*Porterville*	36
Wightman, A. H.	*Laguna Beach*	16
Wigim, T. I.	*Pasadena*	10
Wilbor, L. M.	*San Francisco*	23
Wilbur, B. C.	*Palo Alto*	28
Wilbur, D. L.	*San Francisco*	23
Wilbur, R. L.	*Stanford University*	23
Wilcox, A. B.	*Santa Barbara*	27
Wilcox, C. F.	*Huntington Park*	10
Wilcox, M. R.	*Los Angeles*	10
Wilcox, R. W.	*Long Beach*	10
Wilder, E. M.	*Sacramento*	19
Wiley, E. H.	*Los Angeles*	10
Wiley, H. J.	*Huntington Park*	10
Wilhelm, L. F. X.	*Los Angeles*	10
Wilhoit, J. W.	*Ocean Beach*	22
Wilke, J. O.	*Hermosa Beach*	10
Wilken, H. T.	*Santa Monica*	10
Wilkinson, A. M.	*Hollywood*	10
Willard, W. P.	*San Francisco*	23
Willcutt, G. H.	*San Rafael*	11
Willems, L. C.	*Glendale*	10
Williams, A. B.	*San Jose*	28
Williams, A. J.	*San Francisco*	23
Williams, A. W.	*Los Angeles*	10
Williams, C. G.	*Santa Monica*	10
Williams, D. B.	*San Bernardino*	21
Williams, D. B.	*Veterans Home*	15
Williams, E. H.	*Los Angeles*	10
Williams, F.	*San Francisco*	23
Williams, F. F., Jr.	*Patton*	21
Williams, H. D., Jr.	*San Francisco*	23
Williams, J.	*Eldridge*	33
Williams, J. B.	*Los Angeles*	10
Williams, J. C.	*San Francisco*	23
Williams, N. H.	*Los Angeles*	10
Williams, P. M.	*Los Angeles*	10
Williams, R. N.	*Ontario*	21
Williams, W.	*Los Angeles*	10
Williams, W. F.	*Oakland*	1
Williamson, M. C.	*Upland*	21
Williamson, N. E.	*Stockton*	24
Williamson, R. G.	*Ontario*	21
Willier, A. F.	*San Diego*	22
Willis, H. Q.	*Costa Mesa*	16
Willison, E. E.	*Merced*	13
Willits, E. K.	*San Francisco*	23
Willmott, A. C.	*Los Angeles*	10
Wills, C. A.	*Oakland*	1
Wills, I.	*Santa Barbara*	27

NAME	CITY	COUNTY SOCIETY NO.
Willson, L. R.	*Fresno*	4
Wilmar, A. H.	*Paso Robles*	25
Wilmeth, O. F.	*Oakland*	1
Wilson, C. A.	*Los Angeles*	10
Wilson, C. G.	*Palo Alto*	28
Wilson, D. R.	*San Jose*	28
Wilson, G.	*Sacramento*	19
Wilson, H. F.	*San Francisco*	23
Wilson, H. H.	*Los Angeles*	10
Wilson, H. R.	*Modesto*	34
Wilson, H. S.	*North Hollywood*	10
†Wilson, J. B.	*San Francisco*	23
Wilson, J. Cornell	*San Jose*	28
Wilson, John C.	*Los Angeles*	10
Wilson, J. D.	*Berkeley*	1
Wilson, J. M.	*Pasadena*	10
Wilson, J. W.	*San Francisco*	23
Wilson, J. W., Jr.	*Los Angeles*	10
Wilson, K. R.	*Santa Barbara*	27
Wilson, Llewellyn E.	*Anaheim*	16
Wilson, Lloyd E.	*San Francisco*	23
Wilson, R. D.	*Los Angeles*	10
Wilson, W. A.	*Los Angeles*	10
Wimmer, S. D.	*Los Angeles*	10
Wimp, W. H.	*Laguna Beach*	16
Windesheim, E.	*Berkeley*	1
Wineberg, A. C.	*Oakland*	1
Wineland, A. J.	*Los Angeles*	10
Winn, W. A.	*Springville*	36
Winnard, W. F. R.	*Los Angeles*	10
Winslow, A. L.	*Oakland*	1
Winter, W. G.	*Olive View*	10
Winterberg, W. H.	*San Francisco*	23
Winternitz, C. D.	*San Francisco*	23
Winters, W. P.	*San Diego*	22
Wiper, T. B.	*San Francisco*	23
Wirth, R. G.	*La Verne*	10
Wise, D. C.	*Pittsburg*	3
Wise, P. L.	*San Jose*	28
Wisner, F. P.	*Marysville*	39
Wissner, L. O.	*Modesto*	34
Witherbee, H. R.	*Los Angeles*	10
Witherbee, O. O., Jr.	*Los Angeles*	10
Witter, C. B.	*Los Angeles*	10
Woelz, E.	*San Francisco*	23
Wold, A. P.	*Oakland*	1
Wolf, G. L.	*San Francisco*	23
Wolf, R. W.	*San Francisco*	23
Wolfe, H. H.	*Fort Bragg*	12
Wolfes, E.	*San Francisco*	23
Wolff, E.	*Los Angeles*	10
Wolff, E.	*San Francisco*	23
Wolff, F. S.	*San Francisco*	23
Wolff, M. J.	*Los Angeles*	10
Wolff, R.	*San Rafael*	11
Wolfsen, L. H.	*Modesto*	34
Wolfsohn, J. M.	*San Francisco*	23
Wolfsohn, M.	*Monterey*	14
Wolfson, I. E.	*Los Angeles*	10
Wolfson, S.	*Hollywood*	10
Wolpe, L. Z.	*Los Angeles*	10
Woo, H. B.	*San Francisco*	23
Wood, A. E.	*Watsonville*	29
Wood, C. H.	*Glendora*	10
Wood, C. L.	*St. Helena*	15
Wood, D., Jr.	*Palo Alto*	28
Wood, D. A.	*San Francisco*	23
Wood, D. A.	*San Francisco*	23
Wood, F. W.	*Alhambra*	10
Wood, G. A.	*Palo Alto*	28
Wood, G. J.	*St. Helena*	15
Wood, G. N., Jr.	*Palo Alto*	28
Wood, H. A.	*Beaumont*	18
Wood, J. A.	*Anaheim*	16
Wood, L. D.	*Banning*	18
Wood, L. L.	*Los Angeles*	10
Wood, O. T.	*Red Bluff*	35
Wood, R. F.	*National City*	22
Wood, W. A.	*Oakland*	1
Woodard, D. S.	*Watsonville*	29
Woodhull, C. G.	*Los Angeles*	10
Woodhull, F. E.	*Los Angeles*	10
Woodhull, R. A.	*Los Angeles*	10
Woodruff, R. P.	*Cotati*	33
Woods, D. L.	*Los Angeles*	10
Woods, F. E.	*Temple City*	10
Woods, L.	*Oakland*	1
Woods, N. C.	*Alhambra*	10
Woods, R. A.	*Los Angeles*	10
Woolf, M. S.	*San Francisco*	23
Woolfan, E. B.	*Los Angeles*	10
Woolford, J. S.	*Eureka*	5
Woolsey, C. H.	*San Francisco*	23
Woolsey, J. H.	*Woodland*	38
Woolston, W. J.	*Pasadena*	10
Workman, R. A.	*Pacific Grove*	14
Woro, B.	*Chowchilla*	13
Worster, W. W.	*San Gabriel*	10
Worthington, L. C.	*Bakersfield*	7
Worthington, R. L.	*San Diego*	22
Wortman, A. V.	*Pasadena*	10
Wright, A.	*Los Angeles*	10
Wright, C. A.	*Los Angeles*	10
Wright, J. M.	*Pasadena*	10
Wrlght, K. D.	*Santa Monica*	10
Wright, La V.	*San Francisco*	23
Wright, R. W.	*Palo Alto*	28
Wright, W. B., Jr.	*Long Beach*	10
Wright, W. M.	*Los Angeles*	10
Wright, W. R.	*Los Angeles*	10
Wriglcy, G. C.	*Sonora*	24
Wyckoff, H. A.	*San Francisco*	23
Wyers, R. E.	*Spadra*	10
Wylie, C. A.	*San Bernardino*	21
Wylie, C. R.	*Ventura*	37
Wyne, P. S.	*San Francisco*	23
Wynns, H. LeR.	*Berkeley*	1

— Y —

NAME	CITY	COUNTY SOCIETY NO.
Yabroff, S. W.	*Oakland*	1
Yaker, D. N.	*Los Angeles*	10
Yant, J. H.	*Sacramento*	19
Yates, J. E.	*Sacramento*	19
Yeagle, R. P.	*Santa Ana*	16
Yee, J. J.	*Oakland*	1
Yerxa, C. W.	*Los Angeles*	10
Yoakam, F. A.	*Moorpark*	37
Yocom, F. W.	*San Luis Obispo*	25
Yodcr, E. H.	*Los Angeles*	10
Yoell, R. A.	*San Francisco*	23
Yost, F. O.	*Los Angeles*	10
Young, B. A.	*Long Beach*	10
Young, C. S.	*Los Angeles*	10
Young, D. D.	*Santa Ana*	16
Young, E. L.	*San Diego*	22
Young, F. B.	*Long Beach*	10
Young, H. M.	*San Diego*	22
Young, J. E.	*Fresno*	4
Young, J. H.	*San Diego*	22
Young, J. P.	*Lemoore*	8
Young, J. W.	*Beverly Hills*	10
Young, M. L.	*North Hollywood*	10
Young, N. A.	*Huntington Park*	10
Young, R. A.	*Oakland*	1
Yuskls, A. S.	*La Jolla*	22

— Z —

NAME	CITY	COUNTY SOCIETY NO.
Zahry, N. J.	*Bishop*	40
Zaiser, H. E.	*Orange*	16
Zanger, H. G.	*San Jose*	28
Zeff, M. G.	*Berkeley*	1
Zeiler, A. H.	*Los Angeles*	10
Zeiler, J.	*Los Angeles*	10
Zeimer, I. S.	*Stockton*	24
†Zelinsky, F.	*Los Angeles*	10
Zeller, W. C.	*Visalia*	36
Zelman, S.	*Redlands*	21
Zide, H. A.	*Los Angeles*	10
Zieber, R. L.	*Santa Rosa*	33
Zimmerer, S. R.	*Mecca*	18
Zimmerman, H.	*Sacramento*	19
Zimmermann, W. T.	*Los Angeles*	10
Zink, W. C.	*Tulare*	36
Zinnamon, B. L.	*Juneau, Alaska*	33
Zirkle, T. I.	*Loma Linda*	21
Ziskind, E.	*Los Angeles*	10
Ziskind, E. S.	*Los Angeles*	10
Zobel, A. J.	*San Francisco*	23
Zobel, J. F.	*San Francisco*	23
Zochert, L. W.	*La Mesa*	22
Zombro, F. B.	*Los Angeles*	10
Zook, A. J.	*Burbank*	10
Zorb, G. A.	*Los Angeles*	10
Zukerman, S. N.	*San Francisco*	23
Zukovich, G. E.	*San Diego*	22
Zumwalt, E. R.	*Tulare*	36
Zumwalt, F. H.	*San Francisco*	23
Zumwalt, R. H.	*San Francisco*	23

* * *

II. ASSOCIATE MEMBERS

NAME	CITY	COUNTY SOCIETY NO.
Cummins, W. T.	*San Francisco*	23
Leake, C. D.	*San Francisco*	23
Rusk, G. Y.	*San Francisco*	23
Weiss, C.	*San Francisco*	23
Saunders, J. B. DeC. M.	*San Francisco*	23

* * *

III. HONORARY MEMBERS

NAME	CITY	COUNTY SOCIETY NO.
King, J. C.	*Pasadena*	18

* * *

IV. RETIRED MEMBERS

NAME	CITY	COUNTY SOCIETY NO.
Allen, F. M.	*San Diego*	22
Bertola, M.	*San Francisco*	23
Bogue, H. A.	*Ontario*	21
Brown, A.	*San Francisco*	23
Brown, H. A.	*La Jolla*	1
Buchanan, R. A.	*Lodi*	24
Burnham, C. J.	*Berkeley*	1
Clark, J.	*Gilroy*	28
Collins, A. W.	*San Francisco*	23
Cushman, R. A.	*Cloverdale*	12
Davis, B.	*Los Gatos*	13
Deacon, G.	*Pasadena*	10
DePuy, E. S.	*Oakland*	1
Derbyshire, A. L.	*San Diego*	2
Dillingham, F. S.	*Los Angeles*	10
Dunsmoor, N. C.	*Los Angeles*	10
Elliott, F. P.	*San Diego*	22
Ely, L. W.	*San Francisco*	28
Evans, G. H.	*Berkeley*	23
Falrchild, C. H.	*Woodland*	38
Fleming, E. W.	*Los Angeles*	10
Fuller, R. N.	*Tulare*	36
Gilbert, W. H.	*West Los Angeles*	10
Graham, L.	*Newberry*	21
Gunn, H.	*Monticello*	10
Hablutzel, C. E.	*San Jose*	28
Harbert, E.	*Stockton*	24
Harvcy, R. J.	*Anaheim*	16
Henderson, J. J.	*San Francisco*	23
Hogan, J. J.	*Vallejo*	23
Houston, A. J.	*Los Angeles*	23
Hyman, S.	*Los Altos*	23
Jcan, G. W.	*St. Petersburg, Florida*	27
Johnson, D. D.	*Grass Valley*	17
King, H. R.	*Winters*	38
Kohlmoos, H. J.	*Oakland*	1
La Fontaine, E. C.	*San Francisco*	23
Levison, C. G.	*Sausalito*	23
Lindsay, W. K.	*Sacramento*	19
Livingston, W. R.	*Moorpark*	37
Loomis, F. M.	*Oakland*	1
Lorini, R.	*Paris, France*	22
Lyman, T.	*Sacramento*	19
MacDonald, E. A.	*Beverly Hills*	21
MacLaughlin, W. E.	*Los Angeles*	10
Martine, A.	*La Jolla*	22
McDaniel, J. L.	*San Fernando*	10
McKee, A. B.	*Redwood City*	23
McVcy, C. L.	*Oakland*	1
Meininger, L. L.	*New York, N. Y.*	28
Melvin, J. T.	*Porterville*	36
Nielsen, J. C. E.	*Pacific Beach*	22
O'Connor, J. H.	*San Francisco*	23
Palmer, C. B.	*Lagunitas*	23
Pope, E. W.	*Carmel*	23
Porter, E. B.	*Altadena*	22
Power, H.	*Palo Alto*	28
Quinn, W.	*San Francisco*	23
Rogers, F. L.	*Long Beach*	10
Rothganger, G.	*Oakland*	1
Schmelz, C. J.	*Guerneville*	33
Shattinger, C.	*Los Altos*	28
Shreck, J. A.	*Redlands*	21
Siebe, E. B.	*San Francisco*	23
Smith, J. F.	*Los Altos*	23
Somers, H.	*Morgan Hill*	23
Spalding, A. B.	*San Francisco*	23
Spiro, H.	*San Francisco*	23
Spriggs, G. A.	*Lomita*	23
Taylor, M. C.	*San Francisco*	24
Tickell, A. H.	*Nevada City*	17
Tully, J. J.	*Alhambra*	24
Van Dalsem, W. S.	*San Jose*	28
Ward, M. W.	*San Francisco*	38
Waterman, H. J.	*Berkeley*	23
Welty, C. F.	*San Francisco*	28
Whiffen, R. A.	*San Jose*	28
Williams, E. H.	*San Francisco*	23
Williamson, M. A.	*Lone Pine*	7
Winslow, T. H.	*Oakland*	1
Worthington, G. B.	*San Diego*	22
Yager, W. L.	*Los Angeles*	10
Yates, E. M.	*Santa Rosa*	33
Young, E. N.	*San Diego*	22

• • •

V. ELECTED TO RETIRED MEMBERSHIP IN 1940

NAME	CITY	COUNTY SOCIETY NO.
Fortier, R. M.	*Berkeley*	14
Jordan, P. A.	*San Jose*	28
Mahan, L. B.	*San Diego*	22
McManus, F. P.	*Esparto*	38
Remington, L. D.	*Monrovia*	10
Scott, A. J., Jr.	*Los Angeles*	10
Terry, W. I.	*San Francisco*	23
Van Dalsem, S. B.	*San Jose*	28
Wagner, A. F.	*Los Angeles*	10

* * *

VI. NEW MEMBERS SINCE JANUARY 1, 1940

(Jan. 1, 1940 to March 1, 1940, inclusive)

NAME	CITY	COUNTY SOCIETY NO.
Aiken, S. D.	*San Francisco*	23
Akamatsu, G. T.	*Walnut Grove*	19
Alpert, C. D.	*El Monte*	10
Baraff, A. A.	*Los Angeles*	10
Barnes, H. O.	*Los Angeles*	10
Barshop, N.	*Los Angeles*	10
Benefield, M. L.	*Long Beach*	10
Bennett, T. C.	*Los Angeles*	10
Best, A. A.	*Los Angeles*	10
Biermer, H.	*San Mateo*	26
Blanche, D. W.	*Los Angeles*	10
Blood, R. H.	*Los Angeles*	10
Blotky, M. J.	*Los Angeles*	10
Bond, E. C.	*Hanford*	8
Brandsma, M.	*Beverly Hills*	10
Brownfield, B.	*Los Angeles*	10
Bruson, S.	*Los Angeles*	10
Burger, R. A.	*Los Angeles*	10
Chambers, J. V.	*Sacramento*	19

NAME	CITY	COUNTY SOCIETY NO.
Cole, C. C.	*Long Beach*	10
Cole, O. W.	*Long Beach*	10
Collings, C. W.	*Los Angeles*	10
Denny, L. W.	*Davenport*	29
Dieffenbacher, P. F.	*Vallejo*	32
Dillon, J. R.	*Sacramento*	19
Dollinger, G. G.	*San Gabriel*	10
Faier, H. I.	*Los Angeles*	10
Farthing, T. E.	*San Mateo*	26
Fort, W. A.	*Vallejo*	32
Frary, R.	*Watsonville*	29
Gazzaniga, D. A.	*Los Angeles*	10
Gelber, A.	*Los Angeles*	10
Gianotti, E. F.	*Walker Mine*	9
Gordon, G.	*Beverly Hills*	10
Greenwell, J. O.	*French Camp*	24
Hadley, R. C.	*Los Angeles*	10
Haft, S. S.	*Los Angeles*	10
Hayhurst, J. O.	*Inglewood*	10
Hayhurst, W. O.	*Inglewood*	10
Hoover, B. R.	*Los Angeles*	10
Hume, P. B.	*San Francisco*	23
Jacobs, N.	*Sierra Madre*	10
Jeffery, R. L.	*Los Angeles*	10
Jennings, P. F.	*Berkeley*	1
Jones, G. E.	*Los Angeles*	10
Kaller, M. B.	*Long Beach*	10
Kasanin, J.	*San Francisco*	23
Kirk-Foster, E. M.	*Los Angeles*	10

NAME	CITY	COUNTY SOCIETY NO.
Kupka, E.	*Olive View*	10
Lapin, M.	*Los Angeles*	10
La Ray, A. M.	*Los Angeles*	10
LeDuc, I. E.	*San Diego*	22
Levey, P.	*Los Angeles*	10
Lobel, C. S.	*Los Angeles*	10
Luck, J. V.	*Los Angeles*	10
Ludden, J. A., Jr.	*Watsonville*	29
Macmillan, J. K.	*Santa Monica*	10
McDonald, D.	*Berkeley*	1
Marquess, M. D.	*Santa Cruz*	29
McCool, S. G.	*Olive View*	10
McDonald, F. J.	*Bakersfield*	7
McKenzie, W. E.	*Los Angeles*	10
Morgenstern, H. M.	*Chico*	2
Murray, C. J.	*Los Angeles*	10
Olson, F. A.	*Fortuna*	5
Padden, E. H.	*Oakland*	1
Peterfy, R. A.	*Los Angeles*	10
Pobirs, F. W.	*Los Angeles*	10
Pohlman, D. A.	*Los Angeles*	10
Potasz, T. M.	*Los Angeles*	10
Pucci, U. J.	*Sacramento*	19
Purdy, R. C.	*Los Angeles*	10
Quillen, E. D.	*Los Angeles*	10
Rea, S. L.	*Ukiah*	12
Rydholm, C.	*Los Angeles*	10
Saul, W.	*Orange*	16
Sbarbaro, V. E.	*Oakland*	1

NAME	CITY	COUNTY SOCIETY NO.
Schmidt, H.	*Chico*	2
Schultz, W. W.	*Puente*	10
Schulze, E. S.	*San Mateo*	26
Scott, B. V.	*Oakland*	1
Seymon, M. A.	*Beverly Hills*	10
Shachtman, J. M.	*Los Angeles*	10
Shaffer, S. A.	*Los Angeles*	10
Shulte, W. K.	*Santa Cruz*	29
Silverglade, A.	*Oakland*	1
Simmer, E. G.	*Vallejo*	32
Simonds, R.	*Los Angeles*	10
Smith, E. T.	*Glendale*	10
Stark, V. E.	*Los Angeles*	10
Staub, J. G.	*Pomona*	10
Stewart, A. O.	*North Hollywood*	10
Tillotson, M. H.	*Sacramento*	10
Togasaki, T.	*Sacramento*	19
Topic, J. R.	*Nevada City*	17
Varanini, E. E., Jr.	*Sacramento*	19
Vaught, J. L.	*Firebaugh*	4
Waters, G. W.	*San Jose*	28
Webb, R. F.	*Pasadena*	10
Williams, L. A.	*Los Angeles*	10
Witten, P.	*San Fernando*	10
Wood, C. M.	*Grass Valley*	17
Woodruff, H. N.	*Cotati*	33
Wong, T. A.	*Los Angeles*	10
Yarbrough, J. D.	*Los Angeles*	10
Zelman, J.	*Murphys*	24

In Memoriam

Deceased Members—Year 1939

NAME	CITY	COUNTY SOCIETY NO.
Alden, Bertram Francis, May 14, 1939	*San Francisco*	23
Baker, Morgan Dillon, November 13, 1939	*San Jose*	28
Bathurst, Edwin William, March 8, 1939	*Etna*	31
Beck, John A., October 28, 1939	*Salinas*	14
Bennett, Earl Leslie, October 12, 1939	*Long Beach*	4
Blodgett, Walter LeRoy, October 25, 1939	*Calistoga*	15
Bollig, Harold Lewis, March 21, 1939	*Los Angeles*	10
Botsford, Mary Elizabeth, June 18, 1939	*San Francisco*	23
Brown, Robert, September 13, 1939	*San Francisco*	23
Browning, Charles Clifton, September 27, 1939	*San Marino*	10
Burke, Garry Richman, June 20, 1939	*Alameda*	1
Clark, Isaac Sherman, August 3, 1939	*Long Beach*	10
Colburn, Jefferson M., September 15, 1939	*Riverside*	18
Collins, Foster Kyle, September 18, 1939	*Los Angeles*	10
Cottrell, Charles C., August 15, 1939	*Scotia*	5
Coulter, Herbert M., June 16, 1939	*South Pasadena*	10
Cross, William Walter, July 12, 1939	*Oakland*	1
Cutler, Oran Idnire, September 15, 1939	*Loma Linda*	21
Day, Robert Verne, April 30, 1939	*Los Angeles*	10
Dickson, Ernest Charles, August 24, 1939	*San Francisco*	23
Domann, Arthur Henry, December 7, 1939	*Orange*	16
Drucks, Edward Sax, January 9, 1939	*Oakland*	1
Edson, Philips Josiah, July 6, 1939	*San Marino*	10
Ferry, Francis C., May 25, 1939	*Hollywood*	10
Gallwey, John, October 16, 1939	*San Francisco*	23
Gay, Henry Milus, November 6, 1939	*Pasadena*	10
Gibbs, Dozier Henry, July 10, 1939	*Los Angeles*	10
Gibbs, Roy Struble, October 30, 1939	*San Bernardino*	21
Hart, Morton E., March 23, 1939	*San Francisco*	23
Hawkins, Charles Lewis, January 14, 1939	*Taft*	7
Henke, George Benjamin, January 25, 1939	*Ontario*	21
Hodges, Walter A., July 22, 1939	*Pasadena*	10
Hromadka, August B., October 26, 1939	*Santa Monica*	10
Hughes, Ephraim George, July 7, 1939	*Long Beach*	10
Kahn, Adolph J., March 29, 1939	*Lomita*	10
Kilgore, Allen M., September 25, 1939	*Hollywood*	10
King, Cora Smith, November 21, 1939	*Hollywood*	10
Leonard, Alexander T., July 2, 1939	*San Francisco*	23
Lowell, George C., March 27, 1939	*San Anselmo*	11
Lumley, Clinton Grant, February 16, 1939	*Huntington Park*	10
Mangan, Patrick Joseph, May 31, 1939	*San Francisco*	23
McHugh, Thomas R., October 21, 1939	*Los Angeles*	10
McKee, William Clifford, April 21, 1939	*Los Angeles*	10
McLellan, George Hudson, July 14, 1939	*San Diego*	22
Miller, Charles Miner, Jr., August 27, 1939	*Olive View*	10
Mohs, Oscar Kemper, June 11, 1939	*San Francisco*	23
Myers, Cortland, November 27, 1939	*Los Angeles*	10
Natzler, Adolph, July 4, 1939	*Los Angeles*	10
Newkirk, Harris D., January 1, 1939	*Anaheim*	16
Nottage, Herbert Piercy, September 15, 1939	*Ontario*	21
Ormsby, Elon A., March 24, 1939	*Centerville*	1
Penzotti, Richard Benjamin, November 6, 1939	*Oakland*	1
Plymire, David Brandley, October 15, 1939	*San Francisco*	23
Poage, Charles Allen, May 3, 1939	*Colusa*	38
Rea, Samuel Leroy, June 8, 1939	*Ukiah*	12
Rood, Vernon V., November 16, 1939	*Grass Valley*	17
Ruggles, Howard E., December 29, 1939	*San Francisco*	23
Scanland, John Milton, March 14, 1939	*Imola*	15
Scheier, Ralph B., February 25, 1939	*San Francisco*	23
Shea, John Joseph, August 19, 1939	*San Diego*	22
Teass, Chester James, December 23, 1939	*San Luis Obispo*	25
Tobias, Elliott Benald, August 2, 1939	*San Francisco*	23
Up de Graff, Thad S., August 3, 1939	*Pasadena*	10
Van Eman, Orley H., August 25, 1939	*Los Angeles*	10
Waller, Julian Lloyd, November 15, 1939	*San Francisco*	23
Wilson, Horace P., December 26, 1939	*Whittier*	10
Zantiny, William George, April 12, 1939	*Long Beach*	10

Deceased Members—Year 1940

(January 1 to March 1)

Barclay, Henry Aretas, January 24, 1940	*San Diego*	22
Boardman, Walter Whitney, February 11, 1940	*San Francisco*	23
Brimhall, Silas Johnson, January 30, 1940	*Oakland*	1
Burrall, George Merriman, January 14, 1940	*Los Angeles*	10
Foshay, Arthur Wellesley, January 13, 1940	*Oakland*	1
Kile, Robert Francis, January 31, 1940	*San Francisco*	23
Love, Edward C., January 18, 1940	*Oakland*	15
Moore, Albert William, January 20, 1940	*Los Angeles*	10
Pettis, John Hibbard, January 28, 1940	*Fresno*	4
Powell, Barton Jerome, Sr., January 15, 1940	*Stockton*	24
Slattery, James Ward, January 19, 1940	*Mountain View*	28
Taussig, Laurence R., February 11, 1940	*San Francisco*	23
Wilkinson, Allan Marshall, February 1, 1940	*Hollywood*	10

PRESIDENTS OF THE CALIFORNIA MEDICAL ASSOCIATION

1856-1940

NAME	YEAR
*B. F. Keene	1856
*H. Gibbons, Jr.	1857
*A. B. Stout	1858
*R. B. Ellis	1859
No sessions (1859-1870)	
*T. M. Logan	1870
*H. Gibbons, Sr.	1871
*G. A. Shurtleff	1872
*T. H. Pinkerton	1873
*J. M. Browne	1874
*A. B. Nixon	1875
*William Fitch Cheney	1876
*Washington Ayer	1877
*H. S. Orme	1878
*A. W. Saxe	1879
*F. W. Todd	1880
*G. G. Tyrrell	1881
*L. C. Lane	1882
*L. E. Oatman	1883
*R. B. Cole	1884
*W. P. Gibbons	1885
*W. S. Thorne	1886
*R. H. Plummer	1887
*James Simpson	1888
*Walter Lindley	1889
*W. R. Cluness	1890
*O. O. Burgess	1891
*W. E. Taylor	1892
*C. G. Kenyon	1893
*G. L. Simmons	1894
*W. LeMoyne Wills	1895
*Henry Gibbons, Jr.	1896
*Cephas L. Bard	1897
*William Watt Kerr	1898
*George Chismore	1899
*Thomas Ross	1900
*William J. G. Dawson	1901
*F. B. Carpenter	1902
*H. Bert. Ellis	1903
*Frank L. Adams	1904
*R. F. Rooney (first term)	1905
*R. F. Rooney (second term—San Francisco Fire)	1906
George H. Evans 78, The Uplands, Berkeley	1907
*Wesley W. Beckett	1908
*James H. Parkinson	1909
John C. King 990 Atchison Street, Pasadena	1910
*Thomas W. Huntington	1911
O. D. Hamlin 389 Thirtieth Street, Oakland	1912
*F. C. E. Mattison	1913
*H. M. Sherman (first term)	1914
*H. M. Sherman (second term—A. M. A. Meeting)	1915
George H. Kress 450 Sutter Building, San Francisco	1916
*J. H. Barbat	1917
*C. Van Zwalenburg	1918
*H. A. L. Ryfkogel	1919
*John C. Yates	1920
John H. Graves 997 Valencia Street, San Francisco	1921
*H. G. Brainerd	1922
*Thomas C. Edwards	1923
*Granville MacGowan	1924
Edward N. Ewer 411 Thirtieth Street, Oakland	1925
*William T. McArthur	1926
*Percy T. Phillips	1927
William H. Kiger 1930 Wilshire Boulevard, Los Angeles	1928
Morton R. Gibbons 350 Post Street, San Francisco	1929
Lyell C. Kinney 1831 Fourth Street, San Diego	1930
Junius B. Harris 1127 Eleventh Street, Sacramento	1931
*Joseph M. King	1932
George G. Reinle 532 Fifteenth Street, Oakland	1933
Clarence G. Toland 1930 Wilshire Boulevard, Los Angeles	1934
Robert A. Peers Colfax, California	1935
Edward M. Pallette 1930 Wilshire Boulevard, Los Angeles	1936
Howard Morrow 384 Post Street, San Francisco	1937
William W. Roblee 202 Mission Inn Rotunda, Riverside	1938
Charles A. Dukes 426 Seventh Street, Oakland	1939
Harry H. Wilson (President-Elect) 1919 Wilshire Boulevard, Los Angeles	1940

---

* Deceased

EDITOR'S NOTE

For many years, the California Medical Association has printed annually a Membership Directory, some issues having more than two hundred pages. In recent years, the Board of Medical Examiners of the State of California, with headquarters at Business and Professional Building, 1020 N Street, Sacramento, has also printed a directory, containing the name, date of birth, years of licensures in different states, and the office address of every physician and surgeon licensed under its jurisdiction. The State Board Directory has also contained much other information concerning the Medical Practice Act, and narcotic and other laws related to healing-art practice in California. A copy of each year's directory is sent to every physician and surgeon who has a license to practice in California.

Directories of the California Medical Association brought off the press in the past have also presented historical and other information of similar nature.

In order to avoid duplication of printing and other costs, the California Medical Association in the last few years has printed a membership roster giving the names of members and the city or location in which they practice, with key numbers to indicate county medical society membership. This information, when used in connection with that given in the directory of the State Board of Medical Examiners, should answer all ordinary needs.

For additional information, inquiry should be made of the secretaries of the California Medical Association or the Board of Medical Examiners of the State of California.

For reference convenience, California and Western Medicine *is printing this Membership Roster, containing the names of all members through date of March 1, 1940, as a supplement to its March issue. For possible future use, members are advised to place this Membership Roster Supplement in their library files.*

SUPPLEMENT TO

CALIFORNIA
AND
WESTERN MEDICINE

Official Journal of the California Medical Association

FOUR FIFTY SUTTER, ROOM 2004, SAN FRANCISCO

VOLUME 52
NUMBER 4

APRIL, 1940

50 CENTS A COPY
$5.00 A YEAR

THE N.Y. ACADEMY
OF MEDICINE
APR 17 1940
LIBRARY

I

Annual Session Program

Coronado, California, May 6–9, 1940

Sixty-Ninth Annual Meeting

INDEX

PAGE
President's Salutation 1
Photographs of Guest Speakers and Officers . 2
Roster of Officers and Committees . . . 6
Members of the House of Delegates . . . 8
Registration Information 9
House of Delegates Meetings 10
Program: By Days 11
General Meetings 12

PAGE
Section Meetings and Programs . . . 14
(For index of Section Programs, see box on page 14.)
Other Meetings 28
Scientific Exhibits and Films 30
Entertainment 30
Technical Exhibits 31
Woman's Auxiliary 34
Transportation Information 36
San Diego and Coronado 37

II

Pre-Convention Bulletin

Reports of Officers, Committees and Component County Societies

INDEX

PAGE
Reports of General Officers 38
Reports of District Councilors 62
Reports of Councilors-at-Large 64
Reports of Standing Committees 65
Reports of Special and Council Committees 72

PAGE
Reports of Secretaries of Scientific Sections 81
Reports of Secretaries of Component County Societies 82
Addenda 92

Owned and Published Monthly by the California Medical Association
Copyright, 1940, by the California Medical Association
"Entered as second-class matter at the post office at San Francisco, under the Act of March 3, 1879." Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 10, 1918.

Charles A. Dukes, M. D.
President, California Medical Association
1940

SALUTATION
FROM PRESIDENT DUKES

To Members of the California
Medical Association—

Greetings:

We return this year, on May 6, to one of the garden spots of California, Hotel del Coronado. The California Medical Association offers you during the four-day session some very interesting scientific programs; also a program of entertainment for which San Diego Society is justly famed.

Come, for the warmth of this invitation is extended to every member of the California Medical Association, and to his family.

The scientific program has been arranged to meet the needs of general practitioners and specialists, with general meetings in the mornings and section meetings in the afternoons.

We have entered a difficult period, but I believe that the California Physicians' Service is a lasting and substantial method of budgeting medical and hospital costs. Let us all pull together.

May I express my appreciation of the hearty coöperation given your President during this, a most interesting year.

Cordially,

Charles A. Dukes,
President.

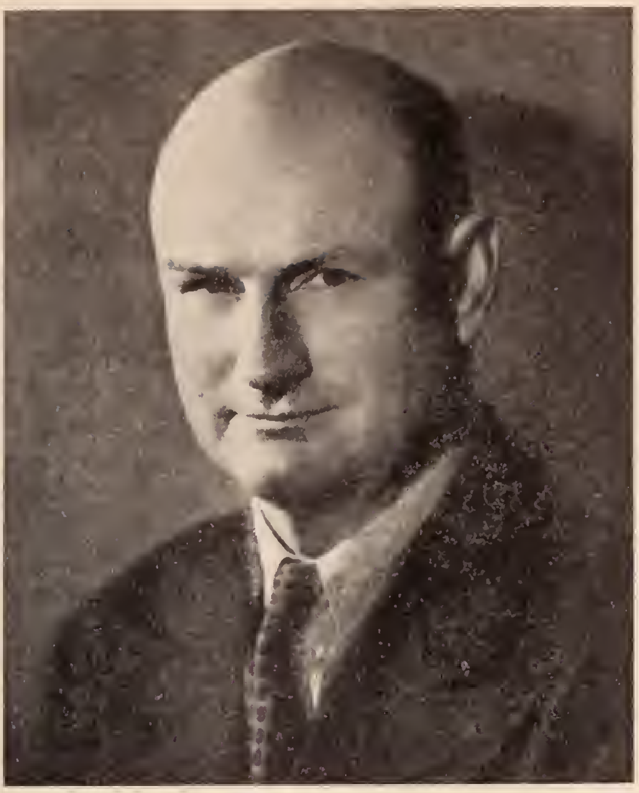
GUEST SPEAKERS AT THE SIXTY-NINTH ANNUAL SESSION CALIFORNIA MEDICAL ASSOCIATION

Speakers at General Meetings

I. S. RAVDIN, M. D.
Harrison Professor of Surgery
University of Pennsylvania

E. H. RYNEARSON, M. D.
Division of Medicine, Mayo Clinic
Assistant Professor, Mayo Foundation

W. H. BUEERMANN, M. D.
Director, Multnomah Medical Service Bureau



HARRY H. WILSON
President-Elect

SECTION OFFICERS

WILLIAM H. BARROW
Chairman, General Medicine

CLARENCE E. REES
Chairman, General Surgery

JOHN N. EWER
Chairman, Obstetrics and Gynecology

RUSSEL V. LEE
Secretary, General Medicine

FREDERICK S. FOOTE
Secretary, General Surgery

C. F. FLUHMANN
Secretary, Obstetrics and Gynecology

SECTION OFFICERS

DEWEY R. POWELL C
Chairman, Eye, Ear, Nose and Throat

ADENA C. DUTTON C
Chairman, Anesthesiology

NELSON PAUL ANDERSON C
Chairman, Dermatology and Syphilology

HARRY J. WILEY C
Secretary, Eye, Ear, Nose and Throat

CHARLES F. McCUSKEY C
Secretary, Anesthesiology

JULIUS R. SCHOLTZ C
Secretary, Dermatology and Syphilology

WILBUR J. COX C
Secretary, Industrial Medicine and Surgery

ROY W. HAMMACK C
Secretary, Pathology and Bacteriology

R. B. RANEY C
Secretary, Neuropsychiatry

SECTION OFFICERS

GEORGE H. SANDERSON
Chairman, Industrial Medicine and Surgery

PAUL H. GUTTMAN
Chairman, Pathology and Bacteriology

GEORGE S. JOHNSON
Chairman, Neuropsychiatry

HARTZELL H. RAY
Chairman, Pediatrics

JOHN A. DOUGHERTY
Chairman, Urology

ROBERT R. NEWELL
Chairman, Radiology

W. W. BELFORD
Secretary, Pediatrics

LYLE G. CRAIG
Secretary, Urology

CARL D. BENNINGHOVEN
Secretary, Radiology

Part I

PROGRAM

THE SIXTY-NINTH ANNUAL SESSION *of the* CALIFORNIA MEDICAL ASSOCIATION

TO BE HELD AT

HOTEL DEL CORONADO, CORONADO

MAY 6–9, 1940

OFFICERS AND COMMITTEES, 1940

GENERAL OFFICERS

Charles A. Dukes, Oakland, President
Harry H. Wilson, Los Angeles, President-Elect
William W. Roblee, Riverside, Past President
Lowell S. Goin, Los Angeles, Speaker of House of Delegates
Dewey R. Powell, Stockton, Vice-Speaker of House of Delegates
Karl L. Schaupp, San Francisco, Chairman of Council
Charles A. Dukes, Oakland, Vice-Chairman of Council
Philip K. Gilman, Chairman, Executive Committee
George G. Reinle, Oakland, Chairman, Committee on Public Relations
George H. Kress, San Francisco, Secretary-Treasurer–Editor
Hartley F. Peart, San Francisco, General Counsel
Hubert T. Morrow, Los Angeles, Associate General Counsel

COUNCILORS

First District

Calvert L. Emmons, Ontario (1941)
Imperial, Orange, Riverside, San Bernardino and San Diego Counties

Second District

George D. Maner, Los Angeles (1942)
Los Angeles, Mono, and Inyo Counties

Third District

Louis A. Packard, Bakersfield (1940)
Kern, San Luis Obispo, Santa Barbara, and Ventura Counties

Fourth District

Axcel E. Anderson, Fresno (1941)
Calaveras, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, Stanislaus, Tulare, and Tuolumne Counties

Fifth District

C. Kelly Canelo, San Jose (1942)
Monterey, San Benito, San Mateo, Santa Clara and Santa Cruz Counties

Sixth District

Karl L. Schaupp, San Francisco (1940)
San Francisco County

Seventh District

Oliver D. Hamlin, Oakland (1941)
Alameda and Contra Costa Counties

Eighth District

Frank A. MacDonald, Sacramento (1942)
Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Sutter, Tehama, Yolo, and Yuba Counties

Ninth District

Henry S. Rogers, Petaluma (1940)
Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma, and Trinity Counties

Councilors-at-Large

Frederick N. Scatena, Sacramento (1940)
E. Earl Moody, Los Angeles (1941)
C. O. Tanner, San Diego (1942)
William H. Kiger, Los Angeles (1940)
Philip K. Gilman, San Francisco (1941)
Elbridge J. Best, San Francisco (1942)

Delegates and Alternates to American Medical Association

Delegates	*Sessions*	*Alternates*
Elbridge Best San Francisco	(1940–1941)	Robert S. Stone San Francisco
Lyell C. Kinney San Diego	(1940–1941)	Bon O. Adams Riverside
Lowell S. Goin Los Angeles	(1940–1941)	Roy E. Thomas Los Angeles
George G. Reinle Oakland	(1940)	Frank R. Makinson Oakland
Edward M. Pallette Los Angeles	(1940)	William H. Kiger Los Angeles
Robert A. Peers Colfax	(1940)	F. F. Gundrum Sacramento
William R. Molony, Sr. Los Angeles	(1940)	John C. Ruddock Los Angeles

STANDING COMMITTEES

Executive Committee

The President, the President-Elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Chairman of the Committee on Public Relations, the Past President, the Secretary-Treasurer, and the Editor. (Philip K. Gilman, chairman; George H. Kress, Secretary.)

Auditing Committee

Philip K. Gilman (Chairman), San Francisco	1940
O. D. Hamlin, Oakland	1940
Elbridge J. Best, San Francisco	1940

Members of the Auditing Committee are appointed each year by the Chairman of the Council.

Committee on Associated Societies and Technical Groups

John V. Barrow (Chairman), Los Angeles	1940
Edwin L. Bruck, San Francisco	1941
Willard H. Newman, San Diego	1942

Committee on Health and Public Instruction

Benjamin W. Black, Oakland	1940
Roy E. Thomas (Chairman), Los Angeles	1941
William Dock, San Francisco	1942

Committee on History and Obituaries

A. Elmer Belt, Los Angeles	1940
Frank R. Makinson (Chairman), Oakland	1941
J. Marion Read, San Francisco	1942
Secretary ex officio	
Editor ex officio	

Committee on Hospitals, Dispensaries, and Clinics

Karl L. Schaupp, San Francisco	1940
George I. Dawson, Napa	1941
J. Norman O'Neill (Chairman), Los Angeles	1942

Committee on Industrial Practice

Harry E. Zaiser, Orange	1940
Morton R. Gibbons, San Francisco	1941
Donald Cass (Chairman), Los Angeles	1942

Committee on Medical Defense

John P. Nuttall, Santa Monica	1940
George G. Reinle (Chairman), Oakland	1941
William J. Van Den Berg, Sacramento	1942

Committee on Medical Economics

Edward M. Pallette, Sr., Los Angeles	1940
John H. Graves (Chairman), San Francisco	1941
L. W. Hines, Santa Rosa	1942

Committee on Medical Education and Medical Institutions

John B. Doyle, Los Angeles	1940
B. O. Raulston, Los Angeles	1941
L. R. Chandler (Chairman), San Francisco	1942

Committee on Membership and Organization

G. Dan Delprat, San Francisco	1940
George D. Maner (Chairman), Los Angeles	1941
Dewey R. Powell, Stockton	1942

Committee on Postgraduate Activities

Dwight L. Wilbur (Chairman), San Francisco	1940
F. E. Clough, San Bernardino	1941
H. E. Henderson, Santa Barbara	1942

Committee on Publications

Ralph B. Eusden (Chairman), Long Beach	1940
Ruggles A. Cushman, Talmage	1941
Francis E. Toomey, San Diego	1942
Secretary ex officio	
Editor ex officio	

Committee on Public Policy and Legislation

E. T. Remmen, Glendale	1940
Junius B. Harris (Chairman), Sacramento	1941
T. Henshaw Kelly, San Francisco	1942
President ex officio	
President-Elect ex officio	

Committee on Scientific Work

George H. Kress, Secretary of the California Medical Association (Chairman), ex officio	
Lemuel P. Adams, Oakland	1940
J. Homer Woolsey, Woodland	1941
Howard F. West, Los Angeles	1942
Russell V. Lee, Secretary of Section on General Medicine, ex officio	
Frederick S. Foote, Secretary of Section on General Surgery, ex officio	

Committee on Public Relations

The Committee on Public Relations consists of the chairmen of the following standing committees and of certain general officers of the Association, all serving ex officio. The chairman of the committee is George G. Reinle, the secretary is George H. Kress. The director of the Department of Public Relations is George H. Kress.

Roy E. Thomas, Chairman, Committee on Health and Public Instruction.
J. Norman O'Neill, Chairman, Committee on Hospitals, Dispensaries, and Clinics.
Donald Cass, Chairman, Committee on Industrial Practice.
George G. Reinle, Chairman, Committee on Medical Defense.
George D. Maner, Chairman, Committee on Membership and Organization.
John H. Graves, Chairman, Committee on Medical Economics.
Junius B. Harris, Chairman, Committee on Public Policy and Legislation.
Alson R. Kilgore, Chairman, Cancer Commission.
Dwight L. Wilbur, Chairman, Committee on Postgraduate Activities.
Charles A. Dukes, President of the California Medical Association.
Harry H. Wilson, President-Elect
George H. Kress, Secretary-Treasurer

Cancer Commission

Alson R. Kilgore (Chairman), San Francisco	1942
Henry J. Ullmann, Santa Barbara	1942
Clarence J. Berne, Los Angeles	1942
Charles A. Dukes, Oakland	1940
Lyell C. Kinney (Vice-Chairman), San Diego	1940
Otto H. Pflueger (Secretary), San Francisco	1940
Orville Meland (Secretary for Southern Section), Los Angeles	1941
A. Herman Zeiler, Los Angeles	1941
Gertrude Moore, Oakland	1941

Communications for the Cancer Commission should be addressed to the Secretary, Otto H. Pflueger, M. D., Room 2004, 450 Sutter Street, San Francisco.

SPECIAL COMMITTEES

Committee on Arrangements (Annual Session)

C. O. Tanner (Chairman)	San Diego
Ray C. Lounsberry	San Diego
Victor C. Bernardini	San Diego
Alfred J. Cooper	San Diego
Association Secretary ex officio	

Committee on Medical Research

Philip Gilman (Chairman)	San Francisco
Charles A. Dukes	Oakland
Loren R. Chandler	San Francisco

Committee on Public Health Education

Frank R. Makinson (Chairman)	Oakland
Karl L. Schaupp, Secretary	San Francisco
Samuel Ayres, Jr.	Los Angeles
Thomas A. Card	Riverside
Lowell S. Goin	Los Angeles
Junius B. Harris	Sacramento
Dewey R. Powell	Stockton
Charles A. Dukes (ex officio)	Oakland

Ross Marshall, Public Relations Counsel

Committee on Survey

Elbridge J. Best (Chairman)	San Francisco
George D. Maner	Los Angeles
Dewey R. Powell	Stockton

Committee on Syphilis

Howard Morrow (Chairman)	San Francisco
Charles W. Barnett	San Francisco
William H. Goeckerman	Los Angeles

Committee on Standards, Hours, and Compensation for Municipal, County, State, and Federal Medical Employees

William Voorsanger (Chairman)	San Francisco
L. S. Alesen	Los Angeles
Robert S. Kneeshaw	San Jose

Committee on Life Membership

Robert A. Peers (Chairman)	Colfax
G. W. Walker	Fresno
A. B. Cooke	Los Angeles

Committee on Needy Members

Axcel E. Anderson (Chairman)	Fresno
Elizabeth Mason Hohl	Los Angeles
Robert A. Peers	Colfax

MEMBERS OF HOUSE OF DELEGATES—37th ANNUAL SESSION

TOTAL DELEGATES (167)

DELEGATES EX OFFICIO (22)

Charles A. Dukes, Oakland.......President
Harry H. Wilson, Los Angeles.......President-Elect
William W. Roblee, Riverside.......Past President
Lowell S. Goin, Los Angeles..Speaker of House of Delegates
Dewey R. Powell, Stockton.......Vice-Speaker of House of Delegates
George H. Kress, San Francisco.......Secretary-Treasurer-Editor
C. L. Emmons, Riverside (1941).......Councilor 1st District
George D. Maner, Los Angeles (1942)..Councilor 2nd District
Louis A. Packard, Bakersfield (1940)..Councilor 3rd District
Axcel E. Anderson, Fresno (1941).......Councilor 4th District
C. Kelly Canelo, San Jose (1942).......Councilor 5th District
Karl L. Schaupp, San Francisco (1940).......Councilor 6th District
Oliver D. Hamlin, Oakland (1941).......Councilor 7th District
Frank A. MacDonald, Sacramento (1942).......Councilor 8th District
Henry S. Rogers, Petaluma (1941).......Councilor 9th District
E. Earl Moody, Los Angeles (1941).......Councilor-at-Large
C. O. Tanner, San Diego (1942).......Councilor-at-Large
William H. Kiger, Los Angeles (1940)....Councilor-at-Large
P. K. Gilman, San Francisco (1941).......Councilor-at-Large
Elbridge J. Best, San Francisco (1942)....Councilor-at-Large
Frederick N. Scatena, Sacramento (1940).......Councilor-at-Large
George G. Reinle, Oakland.......Chairman, Committee on Public Relations

ELECTED DELEGATES (145)

Alameda County (11)

Delegates	*Alternates*
Lemuel P. Adams	Dorothy Allen
A. A. Alexander	W. F. Holcomb
Leonard Barnard	Lester B. Lawrence
Frank H. Bowles	Theodore C. Lawson
W. W. Crane	C. J. Lunsford
F. C. Cracaw	Harold P. Maloney
Norman B. Leet	Roy F. Nelson
Paul Michael	Paul C. Sampson
Robert Peers	Helen J. Snook
Fletcher B. Taylor	Douglas Stafford
L. H. Taylor	Edwin M. Taylor

Butte County (1)

Delegates	*Alternates*
N. T. Enloe	J. O. Chiapella

Contra Costa County (2)

Delegates	*Alternates*
Kaho Daily	
Solomon Weil	

Fresno County (3)

Delegates	*Alternates*
C. A. James	Bryson E. Cox
L. R. Nielson	Neil J. Dau
G. W. Walker	R. R. Scott

Humboldt County (1)

Delegates	*Alternates*
C. C. Falk, Sr.	John N. Chain

Imperial County (1)

Delegates	*Alternates*
L. C. House	Philip Hodgkin

Inyo-Mono County (1)

Delegates	*Alternates*
William Russell	Harvey W. Crook

Kern County (2)

Delegates	*Alternates*
C. S. Compton	Eric F. Colby
F. J. Gundry	Wm. H. Moore

Kings County (1)

Delegates	*Alternates*
P. K. Edmunds	W. F. Chamlee

Lassen-Plumas-Modoc County (1)

Delegates	*Alternates*
W. D. McKnight	B. S. Holm

Los Angeles County (51)

Delegates	*Alternates*
L. A. Alesen	Marden Alsberge
C. Max Anderson	William N. Anderson
E. Vincent Askey	Edward S. Bennett
John Martin Askey	A. A. Blatherwick
Samuel Ayres, Jr.	Peter H. Blong
Wilbur Bailey	H. B. Breitman
Clifford L. Bartlett	Frank J. Breslin
John V. Barrow	W. H. Brownfield
Karl M. Bonoff	John W. Budd
Lewis T. Bullock	O. W. Butler
E. M. Burns	Edward N. Butt
T. D. Caruso	W. E. Costolow
Donald Cass	Kenneth S. Davis
Donald Charnock	George Dock
A. B. Cooke	John B. Doyle
Lyle G. Craig	Robert H. Fagan
Jay J. Crane	Henry Gernand
Walter R. Crane	William M. Gibbs
John W. Crossan	Scott D. Gleeten
Harold Cummings	William M. Happ
William H. Daniel	Herold P. Hare
Edward B. Dewey	Charles M. Hayes
Wallace Dodge	Edward W. Hayes
Ralph B. Eusden	Elizabeth Mason Hohl
Paul A. Ferrier	John C. Irwin
Donald J. Frick	John C. Jones
Orrie Ghrist	W. P. Kroger
W. L. Halverson	Paul C. Lawyer
Roy W. Hammack	Llewellyn R. Lewis
Carl R. Howson	John P. Lordan
E. Eric Larson	Louis E. Martin
William R. Molony, Sr.	Paul A. McMaster
Orville N. Meland	Herbert S. Mooney
Carl L. Mulfinger	Glenn E. Myers
John P. Nuttall	Thomas Chalmers Myers
Frank Otto	Clarence H. Nelson
Edward N. Pallette	J. Norman O'Neill
Burrell O. Raulston	Edward C. Pallette
Edward N. Reed	Paul A. Quaintance
Edmund T. Remmen	V. DeMott Sedgwick
John C. Ruddock	Reginald H. Smart
Edward Ruth	John Stephens
Harlan Shoemaker	Philip Stephens
Henry Snure	Raymond Swinney
Joseph B. Stevens	Harold L. Thompson
Roy E. Thomas	Packard Thurber
Donald Tollefson	Harold Whalman
Robert A. Walker	Robert W. Wilcox
George D. Wells	Harold R. Witherbee
Howard West	Clifford A. Wright
Harry J. Wiley	Charles A. Young

Marin County (1)

Delegates	*Alternates*
Carl W. Clark	Harry N. Hensler

Mendocino-Lake County (1)

Delegates	*Alternates*
Walter Rapaport	Lew K. Van Allen

Merced County (1)

Delegates	*Alternates*
E. A. Jackson	Max Brannan

Monterey County (2)

Delegates	*Alternates*
L. P. Davlin	Dwight Bissell
John Sharp	J. B. McCarthy

Napa County (1)

Delegates	*Alternates*
George I. Dawson	D. H. Murray

Orange County (3)

Delegates	*Alternates*
Dexter R. Ball	F. Harold Gobar
Harry G. Huffman	Merrill W. Hollingsworth
G. Wendell Olson	Milo K. Tedstrom

Placer County (1)

Delegates	*Alternates*
Lucas W. Empey	Mildred E. Thoren

Riverside County (2)

Delegates	*Alternates*
N. K. Bear	Ray B. McCarty
A. L. Bramkamp	Thomas A. Card

Sacramento County (3)

Delegates	*Alternates*
M. L. Azevedo	Paul Guttman
Wayne Pollock	H. M. Kanner
Ray M. Wallerius	Ralph Teall

San Benito County (1)

Delegates	*Alternates*
John Haruff	J. M. O'Donnell

San Bernardino County (4)

Walter S. Cherry	M. G. Beaver
A. D. Neubert	A. L. Weber
Delbert B. Williams	T. I. Zirkle
Marcus D. White	Arthur E. Varden

San Diego County (6)

A. J. Cooper	D. E. Corbin
Hall G. Holder	W. L. Garth
S. J. McClendon	E. M. MacKay
W. H. Newman	J. G. Omelvena
B. R. Simpson	P. E. Wedgewood
F. E. Toomey	Joseph Weinberger

San Francisco County (19)

Frederic C. Bost	H. Glenn Bell
Howard A. Brown	Zera A. Bolin
Jesse L. Carr	DeWitt K. Burnham
L. R. Chandler	Norman N. Epstein
John W. Cline	Roberto F. Escamilla
G. Dan Delprat	Russell Fletcher
Howard W. Fleming	Thomas E. Gibson
Frederick S. Foote	Harold A. Hill
L. Henry Garland	Richard B. Jones
Henry Gibbons, III	Carleton Mathewson, Jr.
Warren D. Horner	Mary Jones-Mentzer
Nelson J. Howard	Charles A. Noble, Jr.
T. Henshaw Kelly	Sidney Olsen
Alson R. Kilgore	Dohrmann K. Pischel
Robert R. Newell	William Reilly
Gerald B. O'Connor	Francis Rochex
J. Marion Read	Roland P. Seitz
Robert A. Stone	Dwight L. Wilbur
William C. Voorsanger	David A. Wood

San Joaquin County (3)

J. F. Doughty	C. A. Broaddus
G. H. Sanderson	C. V. Thompson
G. H. Rohrbacher	Verne R. Ross

San Luis Obispo County (1)

J. B. V. Butler	F. R. Mugler

San Mateo County (2)

J. Garwood Bridgman	H. Wade Macomber
Hartzell H. Ray	N. D. Morrison

Santa Barbara County (3)

Delegates	*Alternates*
Harry E. Henderson	P. A. Gray
Edward L. Markthaler	W. H. Johnston
Delbert H. McNamara	Neville T. Ussher

Santa Clara County (4)

Russel V. Lee	Dudley Fagerstrom
J. B. Josephson	Horace Jones
R. Stanley Kneeshaw	Edward Liston
John H. Shephard	John C. Wilson

Santa Cruz County (1)

A. N. Nittler	A. F. Giberson

Shasta County (1)

B. F. Saylor	G. Leslie Kay

Siskiyou County (1)

C. C. Dickenson	Roy Schlappi

Solano County (1)

John W. Green	F. Burton Jones

Sonoma County (2)

C. B. Andrews	F. O. Butler
L. W. Hines	S. Z. Peoples

Stanislaus County (1)

R. Stewart Hiatt	Hans Hartman

Tehama County (1)

F. L. Doane	

Tulare County (1)

N. Miller	C. Mathias

Ventura County (1)

Arlo A. Morrison	Grundy C. Coffey

Yolo-Colusa-Glenn County (1)

J. H. Woolsey	T. H. Brown

Yuba-Sutter County (1)

Stanley R. Parkinson	R. Lucian Hamilton

* * *

REGISTRATION INFORMATION

Registration and Information. The registration and information desks are located in the main lobby, adjacent to the entrance of the dining room. All persons attending the Convention, whether members or not, are requested to register immediately on arrival. Beginning on Monday, registration secretaries will be on duty daily from 9 a. m. until 5 p. m.

Annual Session Programs. A copy of the program, a badge, and accessory announcements will be given to each member as he registers.

"Pre-Convention Bulletin." The "Pre-Convention Bulletin" appears as a supplement to the issue of CALIFORNIA AND WESTERN MEDICINE in the month preceding the annual session. Delegates and alternates are requested to read the reports of officers and committees in order to familiarize themselves with the business that will come before the House of Delegates.

Badges. Four kinds of badges will be issued by the registration bureau:

1. *Members.* Only active, associate, retired, or honorary members of the California Medical Association will be issued the usual membership badge.
2. *Guests.* A guest badge will be issued to all fraternal delegates and visiting physicians who are attending this year's session.
3. *Delegates and Alternates.* The usual official badges for delegates and alternates will be issued.
4. *Officers.* Official badges are provided for all officers and members of the Council.

President's Dinner Tickets. Tickets for the dinner to the President must be gotten at the hotel desk. Members who are registered as guests at the hotel headquarters must also secure special tickets at the hotel desk.

Woman's Auxiliary. Members of the Auxiliary will register at the desk of the Woman's Auxiliary. At Coronado the Woman's Auxiliary registration desk will be on the veranda, near the main entrance.

Guests and Visitors. All guests and visitors are requested to register. All general meetings and scientific meetings are open to visitors and guests.

Entertainment. The Registration clerks will give information thereon. For entertainment features, see "Pre-Convention Bulletin" and the notices on the bulletin boards.

Announcements. Please register on arrival and secure program and special announcements.

The program as given in this "Pre-Convention Bulletin" indicates the tentative arrangements. These are subject to change. A copy of the final program, which will be given to each member as he registers, contains additional information on matters not appearing in the "Pre-Convention Bulletin."

Bulletin Boards. Special announcements will be placed on the bulletin boards.

Visit the *commercial exhibits.*

Consult bulletin boards daily for special notices.

Consult diagram for *meeting places of Scientific Sections.*

Suggestions and Constructive Criticism. The officers and committees have tried to do everything possible to make the session a success. Suggestions and constructive criticism calculated to make future sessions more useful will be welcomed. Complaints of whatever character should be promptly made at the registration desk, where they will receive attention.

I—HOUSE OF DELEGATES MEETINGS

37th ANNUAL SESSION

The House of Delegates will convene in the Crown Dining Room on Monday evening, at 8 p. m., and again in the same room on Wednesday afternoon of May 8, at 4 p. m. The evening meeting on Wednesday evening will be held in the Auditorium Ballroom on the lobby floor.

Speaker, Lowell S. Goin, *Los Angeles* *Vice-Speaker,* Dewey R. Powell, *Stockton*
Secretary, George H. Kress, San Francisco

FIRST MEETING

Monday, May 6, 8 p. m., Crown Room

Order of Business

1. Call to order.
2. Report of Committee on Credentials.
3. Roll call.
4. Announcement and approval of Reference Committees.[*]
    - (*a*) Committee on Credentials.
    - (*b*) Reference Committee on the Reports of Officers and Standing Committees.
    - (*c*) Reference Committee on the Report of the Council and the Report of the Secretary-Treasurer.
    - (*d*) Reference Committee on Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business.
5. President's address—Charles A. Dukes.

    Reports: [†]
6. Annual report of the Council—Karl L. Schaupp, Chairman.
7. Report of the Trustees Of The California Medical Association—Karl L. Schaupp, President.
8. Report of the Auditing Committee—Philip K. Gilman, Chairman.
9. Report of Secretary-Treasurer—George H. Kress.
10. Report of Editor-Journal Business Manager, George H. Kress.
11. Report of the Director of the Department of Public Relations—George H. Kress.
12. Report of General Counsel—Hartley F. Peart.
13. Reports of Standing and Special Committees:

    A. Standing Committees.
    - Executive Committee—Philip K. Gilman.
    - Committee on Associated Societies and Technical Groups—John V. Barrow.
    - Committee on Health and Public Instruction—Roy E. Thomas.
    - Committee on History and Obituaries—Frank R. Makinson.
    - Committee on Hospitals, Dispensaries, and Clinics—J. Norman O'Neill.
    - Committee on Industrial Practice—Donald Cass.
    - Committee on Medical Defense—George G. Reinle.
    - Committee on Medical Economics—John H. Graves.
    - Committee on Medical Education and Medical Institutions—Loren R. Chandler.
    - Committee on Membership and Organization—George D. Maner.
    - Committee on Postgraduate Activities—Dwight L. Wilbur.
    - Committee on Publications—Ralph Eusden.
    - Committee on Public Policy and Legislation—Junius B. Harris.
    - Committee on Scientific Work—George H. Kress.
    - Committee on Public Relations—George G. Reinle.
    - Cancer Commission—Alson R. Kilgore.
    - Committee on Public Health Education: Special Assessment—Frank R. Makinson.
    - California Physicians' Service—Alson R. Kilgore.

    B. Special Committees.
    - Committee on Public Health Education—Frank R. Makinson.
    - Committee on Survey of Association Offices.
    - Committee on Syphilis—Howard Morrow.
    - Committee on Life Membership—Robert A. Peers.
    - Committee on Needy Members—Axcel E. Anderson.
    - Committee on Governmental Employees, William C. Voorsanger.
14. Unfinished Business.

    Proposed amendment to Constitution—In re: Nomination and election of district councilors.
15. Resolutions and New Business.

    (Note: *All resolutions must be in writing, in triplicate, and be handed to the Secretary at time of presentation.*)
16. Approval of Minutes.
17. Adjournment of the First Meeting of the House.

SECOND MEETING[*]

Wednesday, May 8, 4 p. m., Crown Room

Order of Business

1. Call to order.
2. Supplemental Report of Credentials Committee.
3. Roll Call.
4. Secretary's anouncement of Council's selection of place for the 1941 annual session.
5. Election of Officers:
    - (*a*) President-Elect.
    - (*b*) Speaker.
    - (*c*) Vice-Speaker.
    - (*d*) Councilors:
        - Third District—Louis A. Packard, Bakersfield (term expiring).
        - Sixth District—Karl L. Schaupp, San Francisco (term expiring).
        - Ninth District—Henry S. Rogers, Petaluma (term expiring).
    - (*e*) Councilors-at-Large:
        - William H. Kiger, Los Angeles (term expiring).
        - Frederick N. Scatena, Sacramento (term expiring).
    - (*f*) Delegates to the American Medical Association—Incumbents:
        - George G. Reinle, Oakland (term expiring).
        - Edward M. Pallette, Sr., Los Angeles (term expiring).

---

[*] Committees will be announced in programs to appear later.

Excerpt from the California Medical Association By-Laws: Chapter III, Section 6, Paragraphs (*a*) and (*b*).

"Section 6 (*a*). Appointment of Committee on Credentials and three Reference Committees.

Prior to or at the beginning of an annual session, the Speaker of the House shall appoint from the members thereof the following committees:

1. Committee on Credentials.
2. Reference Committee on the Reports of Officers and Standing Committees.
3. Reference Committee on the Report of the Council and the Report of the Secretary-Treasurer.
4. Reference Committee on Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business.

(*b*) Membership of Credentials and Reference Committees.

Each of the aforesaid committees shall consist of three members, the chairman of each to be designated by the Speaker.

The Speaker, the House concurring, shall refer said reports, resolutions, and business to the respective Reference Committees, but may allocate among them any of said reports, resolutions or portions thereof, and other business, to avoid duplication and to expedite the business of the House of Delegates.

The Reference Committees shall present written reports dealing with and making recommendations on all matters submitted to them. The report of each committee shall be read by its chairman first as a whole, and the House of Delegates shall then act and vote upon the report as a whole or section by section, as it may deem best."

[†] Reports of officers, standing and special committees appear in full text in the "Pre-Convention Bulletin," printed as an appendix to the Official Journal.

[*] The second meeting will *recess* at such time in the afternoon as may be deemed best, to meet again at 8 p. m. in the ballroom auditorium, on the lobby floor.

Robert A. Peers, Colfax (term expiring).
William R. Molony, Sr., Los Angeles (term expiring).

(*g*) Alternates to the American Medical Association—
Incumbents:

Frank R. Makinson, Oakland (term expiring).
William H. Kiger, Los Angeles (term expiring).

F. F. Gundrum, Sacramento (term expiring).
John C. Ruddock, Los Angeles (term expiring).

6. Announcement and Approval of Members of Standing Committees Elected by the Council.

7. Report of Reference Committees:

(*a*) Report of Reference Committee on "Reports of Officers and Standing Committees" (Reference Committee No. 1).

(*b*) Report of Reference Committee on "Report of the Council and Report of the Secretary-Treasurer" (Reference Committee No. 2).

(*c*) Reference Committee on "Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business" (Reference Committee No. 3).

8. Unfinished Business.

9. Presentation of Officers:

President.
President-Elect.
Speaker.
Vice-Speaker.

10. Presentation of President's Certificate to Charles A. Dukes.

11. Approval of Minutes.

12. Adjournment.

II—PROGRAM: BY DAYS

See, also, special programs

Sunday, May 5

9:00 a. m. to 4:30 p. m.—Pathologic Conference (under auspices of the Cancer Commission).

10:00 a. m.—Radiologic Conference (under auspices of the Cancer Commission).

10:00 a. m.—Dermatologic-Pathologic Conference.

12:00 noon to 5:00 p. m.—Scientific and commercial exhibits.

2:00 p. m.—Conference of County Society Secretaries.

7:30 p. m.—Council meeting.

Monday, May 6

10:00 a. m.—First General Meeting: President's and other addresses.
1:30 p. m.—Section meetings.
4:15 p. m.—Meeting of "Medical Society of the State of California."
8:00 p. m.—House of Delegates.*

Tuesday, May 7

7:45 a. m.—Past Presidents' Breakfast.

9:00 a. m.—General Meeting (medical).

11:15 a. m.—Clinical-Pathological Conference.

1:00 p. m.—Special luncheons.

1:00–6:00 p. m.—Recreation. (Golf, fishing, and other sports.) Tuesday afternoon is set aside for entertainment features. No section meetings on Tuesday afternoon.

7:30 p. m.—President's dinner, reception, and dance.

Wednesday, May 8

9:00 a. m.—General Meeting (surgical).

1:30 p. m.—Section Meetings.

4:00 p. m.—House of Delegates.

8:00 p. m.—House of Delegates.*

Thursday, May 9

9:00 a. m.—General Meeting (general survey).
1:30 p. m.—Section Meeting (surgical).

* * *

Note.—Council meets daily during the annual session.

Watch bulletin board for hours during which film and other demonstrations will be given in the Scientific Exhibits Section.

Utilize every opportunity to visit the commercial and technical exhibits. Exhibitors will appreciate your interest.

Swimming Pool and Tennis Courts, Coronado

---

* In order to permit the House of Delegates to be called to order at 8 p. m., all delegates are requested to register with the Credentials Committee between 7:30 p. m. and 8 p. m. at each meeting. For Wednesday afternoon meeting of the House of Delegates, register between 3:30 and 4 p. m.

SCIENTIFIC ASSEMBLY—GENERAL AND SECTION MEETINGS

III—GENERAL MEETINGS

All General Meetings will be held in the Ballroom, on the main or lobby floor, Hotel del Coronado

First General Meeting
Monday, May 6, 10 a. m.

Address of Welcome—Joseph Weinberger, M.D., President of the San Diego County Medical Society.

Address of President—Charles A. Dukes, M.D., Oakland, President of the California Medical Association.

Greetings from the Woman's Auxiliary—Mrs. Frederick N. Scatena, Sacramento, President of the Woman's Auxiliary to the California Medical Association.

Report of Committee on Policy and Legislation—Junius B. Harris, M.D., Sacramento, Chairman.

Report on California Physicians' Service:

Problems and Progress—Ray Lyman Wilbur, M. D., President of the California Physicians' Service.

Seven Years of Operation—W. H. Buermann, M. D., Multnomah Medical Service Bureau, Portland, Oregon. (Lantern slides.)

What Next—Alson R. Kilgore, M. D., Secretary of the California Physicians' Service.

Second General Meeting
Tuesday, May 7, 11:15 a. m.

President Charles A. Dukes, Presiding
Russel V. Lee, Director

The Relationship of Radiology to the Physical World and to Society—Robert R. Newell, M. D., Stanford University Hospital, San Francisco.

The author compares x-rays to light and other radiations. He shows why they are useful in study of crystalline structure (engineering, biology), and how they make visible the invisible, with special reference to the strategems employed in medical roentgen diagnostics. He shows the physical foundation of their use in therapy, and ventures a prediction as to future developments. He traces briefly with growth of radiology as a medical specialty and comments on the relation of radiologists to other medical practitioners. He notes that radiology is one large cause for the increasing cost of medical care.

Endocrinology: A Critical Appraisal—Edward H. Rynearson, M. D., Mayo Clinic, Rochester, Minnesota.

More than one thousand articles are being written each year on various aspects of the endocrine glands. How much is fact and how much is fallacy? What important contributions have been made in experimental laboratories? How many of these have been successfully applied to man? Questions such as these have prompted the author to present a critical appraisal of the present state of our knowledge regarding the endocrine glands. The discussion will be given from the standpoint of the physician or surgeon who is not himself actively engaged in this specialty but who is interested in knowing what is new and what is true.

Biological Engineering—Ray Lyman Wilbur, M.D., President, Stanford University, California.

Fundamentally, the responsibility of the doctor is to understand life processes and to be able to guide and control them as much as is possible with existing information. Chemistry and physics have vastly changed our day-to-day medical practice. The training of physicians as good biological engineers means a considerable revamping of the premedical and medical courses, which are largely based on past experience rather than a projection of the responsibilities ahead.

Clinical-Pathological Conference—Conducted by Arthur L. Bloomfield, M. D., Professor of Medicine, Stanford Medical School, San Francisco; and Alvin G. Foord, M. D., Associate Professor of Pathology, University of Southern California Medical School, Los Angeles.

Note.—Protocols of the cases under discussion, with complete clinical histories and laboratory findings, will be distributed. These case histories will be discussed by Doctor Bloomfield and differential diagnoses presented, following which the pathological findings will be presented and discussed.

The three cases may be summarized briefly as follows:

1. White female, age fifty-five, illness of one year's total duration, with ascites, mild fever, leukopenia, and slight jaundice.
2. White male, age fifty-two, with prolonged upper abdominal pain without evidence of gastro-intestinal or biliary tract disease. Death two years after onset.
3. White male, age fifty-six, with unexplained loss of weight and anemia for one year, and terminal azotemia.

Third General Meeting
Wednesday, May 8, 10 a. m.

Biliary Tract Disease: A Symposium

Newer Physiology of the Biliary Tract and Its Application to Biliary Tract Disease—Leon Goldman, M.D., University of California Hospital, San Francisco.

Mechanism of symptoms from gall-bladder, bile ducts, and sphincter of Odi explained on physiological basis. Mechanism of pressure relationships of different parts of tract, particularly the sphincter of Odi before and after surgery discussed. Indication for various types of dietary and bile salt therapy are considered.

Chronic Gall-Bladder Disease—The Preparation of the "Bad Risk" Patient—H. Glenn Bell, M. D., University of California Hospital, San Francisco.

Time is essential in preparing these patients for surgery; two weeks or longer may be required, depending on the condition of the patient. Tests of the function of the liver and kidneys, and careful study of the cardiac output are imperative. A high caloric diet in the form of easily assimilated glucose, such as fortified fruit juices and candy, is of value.

A Clinical Study of Acute Cholecystitis—Clayton G. Lyon, M. D., Fitzhugh Building, San Francisco.

A review of one hundred and fifty-five cases of acute cholecystitis treated surgically, with an analysis of the clinical and pathological findings. A study of the mortality factors as they are affected by early and delayed surgical intervention, with an effort to evolve a plan of diagnosis and management.

The Development and Clinical Use of Vitamin K—Garnett Cheney, M. D., 210 Post Street, San Francisco. (By invitation.)

Early work entirely in chicks. Coagulation defect found to be the same in obstructive jaundice in man, and in hemorrhagic disease of new-born in infant. Indication for oral and parenteral use in patients.

Case studies of vitamin K therapy in hepatitis, obstructive jaundice, gall-bladder disease, dietary deficiencies, and intestinal disorders.

The Evaluation of the X-Ray in the Diagnosis of Diseases of the Gall-Bladder—Kenneth S. Davis, M. D., St. Vincent's Hospital, Los Angeles. (By invitation.)

The paper will consist of a lantern-slide demonstration in which the limitations of the x-ray as well as its useful points will be shown, in the diagnosis of diseases of the gall-bladder.

Factors Involved in the Care of the Patient Seriously Ill with Liver Disease—I. S. Ravdin, M. D., University of Pennsylvania Medical School, Philadelphia, Pennsylvania. (Guest speaker.)

The relation of diet in conditioning the liver to minimal and maximal injury following anesthesia will be discussed. A rational dietary program will be outlined. The selection of the anesthetic, the type of incision and the extent of the surgical procedure will be reviewed. The method we have used in the pre- and postoperative care of these patients, together with the end-results, will be presented.

⁂

Note.—The first five speakers are allowed twenty minutes each, with no discussion following. The guest speaker is allowed sixty minutes, the remaining twenty minutes to be taken up by a round-table discussion from the floor, including all speakers, and initiated by questions from the floor.

Fourth General Meeting

Thursday, May 9, 10 a. m.

RECENT ADVANCES IN MEDICINE AND SURGERY

The Newer Therapy in Gastro-Intestinal Diseases—Fred H. Kruse, M. D., San Francisco.

The most interesting advances seem to be those in the field of research as to the causes and treatment of peptic ulcer. The neurogenic factor, acid-chyme factor, the effect of lesions of the brain, alterations in hormonal activity, and abnormal functioning of the autonomic nervous system are of primary importance in the therapy of disorders of the stomach and intestinal tract. Recognition of peptic ulcer of the esophagus as related to hiatus hernia and the short esophagus. Modern changes in the use of antacids, treatment of peptic hemorrhage, liberalizations of diets, and meeting vitamin requirements.

Gastritis, proved by gastroscopy, types, and therapy.

The modern viewpoint in the treatment of jaundice, and its complications, particularly bleeding. Consideration of cirrhosis of the liver, liver toxins, deficient diets, fat metabolism, and the modern use of proteins, carbohydrates, salt, and vitamins in the therapy of cirrhosis.

Effects of small bowel resection in regional ileitis, absorptive aids, advances in treatment of ileus and obstruction. Summary of the newer therapeutic aids in the treatment of colonic disorders.

Some Nutritional Problems of the Surgical Patient—I. S. Ravdin, M. D., Philadelphia.

Hypoproteinemia and a deficiency of the labile stores of protein in the body are of serious significance to the surgical patient. Wound healing may be retarded, gastric emptying delayed, and parenchymal injury may be increased in the presence of protein deficiency. I shall review our experimental and clinical experiences in the presence of protein deficiency and shall discuss the means we have used to correct this condition.

Recent Advances in Surgery—Loren R. Chandler, M. D., San Francisco.

Outstanding advances in surgery which have won recognition and general use will be presented. Many of these will be given honorable mention, but the principles, techniques, and experience of selected subjects will be summarized.

Changing Concepts of Coronary Artery Disease—John J. Sampson, M. D., San Francisco.

The clinical syndrome of cardiac infarction was recognized almost sixty years after the first important experimental and pathological studies had been made on occlusion of the coronary arteries, and another fifteen years passed before there was a general recognition of that disease by the practicing physicians. Statistics as to frequency of this lesion in any sample population are still unavailable.

In the past few years experimental work on the coronary circulation and careful injection of the normal and diseased coronary arteries in man have led to the realization that failure of the supply of adequate blood to a normal or overworking heart leads to the development of a functionally useful collateral arterial system as an auxiliary to the existing channels. Signs of failure of the heart or angina pectoris occur if such a system is inadequate. However, it may be so perfect as to prevent infarction even when one or more coronary arteries are completely occluded. Thus, "silent" coronary artery occlusion is now recognized as a common lesion. It is believed that a diagnosis may be made from a history of sudden development of angina pectoris or congestive failure. The need for special care of the patient during the time required for the collateral blood supply to develop is emphasized.

The dynamics of the coronary circulation is discussed in relation to shock, aortic valve disease, anemia, etc. Causes other than arteriosclerosis for disease of the coronary arteries, and the social, racial, and public health aspects of coronary arteriosclerosis with the problem of prevention are discussed.

The Evaluation of the Newer Therapy in Pneumonias—Roy Thomas, M. D., Los Angeles.

Brief review of the results of specific serum therapy in pneumococcus pneumonias. Chemotherapy. Results of treatment with the sulfonamide group of drugs, sulfapyridine and sulfathiazole in pneumonias due to the pneumococcus and Friedlander's bacillus, and the treatment of staphylococcus pneumonias with sulfamethylthiazole alone and in combination with polyvalent staphylococcus antitoxin. Undesirable side effects of the sulfonamide group will be mentioned and their treatment discussed. Résumé of the results of chemotherapy on the pneumonia service at the Los Angeles General Hospital for the past year.

The Changing Treatment in Acute Infections—Paul Hamilton, M. D., Los Angeles.

Recent chemical and serological advances have changed the entire aspect of therapy in the field of communicable diseases. Infections due to streptococci, meningococci, gonococci, and pneumococci now have highly effective specific treatment in sulfanilamide and its derivatives; convalescent human serum is very effective in certain conditions; and improved symptomatic treatment has lowered the death rate in several instances. These newer developments are outlined for the different diseases involved and results compared with those of earlier methods.

IV—SECTION MEETINGS

SCIENTIFIC SECTION PROGRAMS

(Numbers in parenthesis after each section indicate sequence reference numbers of papers read in each section.)

I.—General Medicine (1–14) 14
II.—General Surgery (15–30) 16
III.—Obstetrics and Gynecology (31–41) 17
IV.—Eye, Ear, Nose, and Throat (42–57) 18
V.—Anesthesiology (58–62) 20
VI.—Dermatology and Syphilology (63–75) 21
VII.—Industrial Medicine and Surgery (76–84) 22
VIII.—Neuropsychiatry (85–90) 23
IX.—Pathology and Bacteriology (91–96) 24
X.—Pediatrics (97–100) 25
XI.—Radiology (101–104) 26
XII.—Urology (105–116) 27

CALIFORNIA MEDICAL ASSOCIATION
COMMITTEE ON SCIENTIFIC WORK

Rules Regarding Papers and Discussions at the Annual Sessions

Upon the recommendation of the Executive and Program Committees the following rules regarding annual session papers have been adopted by the Council:

1. The maximum time that may be consumed for any paper is fifteen minutes, provided that not to exceed ten minutes' latitude, at the discretion of the Section or presiding chairman, may be allowed. This rule does not apply to papers by Guest Speakers.

2. Motions from the floor to extend the time of an author may be entertained by the presiding officer.

3. The maximum time permitted any individual to discuss a paper is four minutes. This also applies to the author in closing his discussion. No speaker may discuss any one subject more than once.

4. A copy of each and every paper presented at the state meeting must be in the hands of the chairman or secretary of the section, or in the hands of the general secretary, before the paper is presented.

5. All papers read at the annual meeting may be published in full in CALIFORNIA AND WESTERN MEDICINE as soon after the meeting as space will permit. Owing to lack of space in the OFFICIAL JOURNAL, it is not possible to print all papers that are presented at an annual session. An essayist who wishes to offer his paper to some other medical publication should make written application to the Committee on Publication, c/o California Medical Association, 450 Sutter Street, San Francisco.

6. Articles are accepted for publication on condition that they are contributed solely to CALIFORNIA AND WESTERN MEDICINE. Authors desiring to publish their papers elsewhere than in the JOURNAL may have their manuscripts returned to them upon written request to the editor.

7. No paper will be accepted by the General Program Committee or by Section program committees, unless accompanied by a synopsis of not to exceed fifty words.

8. Papers shall not be "read by title."

9. No member may present more than one paper at any one annual session; provided that a member may be a collaborator on more than one paper, if these papers are presented by different speakers.

A member may not present a paper in each of two succeeding years.

Not more than one member of a firm will be permitted to present a paper in an annual session of the same year.

10. Failure on the part of an author to present a paper precludes acceptance of future papers from that writer for a period of two years, unless the author explains to the satisfaction of the Program Committee his inability to fulfill his obligation.

Section Papers: How Numbered

For convenience in reference, papers are numbered in serial sequence for the entire session, instead of in separate sequence for each section.

Business Meetings of Sections

Time of business meetings and elections of officers of sections will be scheduled on section blackboards by section secretaries, and through preliminary announcements by section chairmen.

Unless otherwise announced, the business meetings of each section and the election of officers will be held immediately after the reading of the second paper on the second day's section program.

Section officers are expected to keep minutes of business meetings, and to send a copy to the California Medical Association, 450 Sutter Street, San Francisco, for the official files.

I

GENERAL MEDICINE SECTION

WILLIAM H. BARROW, M. D., *Chairman*
1400 Medico-Dental Building, San Diego

RUSSEL V. LEE, M. D., *Secretary*
300 Hamilton Avenue, Palo Alto

First Meeting

Monday, May 6, 1:30 p. m.

A SYMPOSIUM: ON CONVULSIVE STATES

This will be a joint meeting with the Neuropsychiatry Section.

Paper No. 1:

Epilepsy, a General Survey—James A. Cutting, M. D., Agnew State Hospital, Agnew.

The economic and social problem of caring for an estimated 500,000 epileptics is a serious one. Diagnosis is often difficult, especially in incipient cases. Fainting, syncope, fits, and convulsions are closely associated. There is a great diversity of possible etiological factors and the underlying mechanism shows much variation. Convulsions produced by metrazol are demonstrated with moving pictures.

Paper No. 2:

Differential Diagnosis and Management of Convulsive States—Lucas W Empey, M. D., 106 Vernon Street, Roseville.

A working theory consistent with present day knowledge will be presented briefly. A discussion of the differential diagnosis and management will place emphasis on individualization with selection of treatment to fit the patient. Three cases will be presented in order to illustrate this principle. Each case required a different treatment as was brought out by careful study of each individual case, yet all three might be classified as idiopathic epilepsy.

The subject will be presented from the point of view of the practitioner who is called upon to treat early, noninstitutional cases.

Paper No. 3:

Convulsions in Pregnancy—Alice F. Maxwell, M. D., University of California Hospital, San Francisco.

Pregnant women may suffer from convulsions due to accidental complications of pregnancy, *i. e.*, brain tumor, meningitis, epilepsy, uremia, etc. In addition, convulsive seizures may occur from dysfunction entirely specific for pregnancy per se. This discussion will be limited to a consideration of eclampsia. The cause of eclampsia is not known, yet prophylactic and empirical measures have helped reduce its incidence. The residual latent pathology and the high maternal and fetal mortality of pregnancy toxemia demand recognition of its etiology and the establishment of rational preventive therapeutics.

Paper No. 4:

The Pathologic Physiology and Anatomy of the Convulsive State—Cyril B. Courville, M. D., White Memorial Hospital, Los Angeles.

A convulsion is an evidence of a disturbed functional state of the motor and allied cortical centers and the central gray masses. This state is accompanied by acute changes in the blood supply of the cortex which accounts for the transitory anoxemia responsible for the seizure. In a large number of cases, an organic lesion constitutes an essential source of the irritating stimulus. When this lesion can be localized and its true nature discovered, the physician is in a position to apply appropriate therapeutic measures.

Paper No. 5:

Surgical Aspects of the Convulsive States—Howard C. Naffziger, M. D., and O. W. Jones, Jr., M. D., University of California Hospital, San Francisco.

Evidence is offered of the incidence of organic changes in the brain in convulsive states as well as the frequency of gross lesions and of surgical conditions. Atrophy of the brain, congenital malformations, tumors of the brain, abscesses and traumatic scars of the brain are discussed and the results of surgical treatment of the convulsive states from such causes are presented.

Paper No. 6:

The Convulsive State—Frederick A. Fender, M. D., Stanford University Hospital, San Francisco.

The salient points of the preceding papers are reviewed briefly, and from them are distilled workable concepts of the convulsive state and of the mechanisms at work in the individual seizure. The problems presented by the study of the convulsive state are recalled, and the two main plans of attack of investigations current throughout the world are outlined. Recently developed techniques used in these studies are described. The outlook for the future in the light of work under way is stated.

⁂

Second Meeting

Tuesday, May 7, 9:30 a. m.

Paper No. 7:

The Relationship of Radiology to the Physicol World ond to Society—Robert R. Newell, M. D., Stanford University Hospital, San Francisco.

The author compares x-rays to light and other radiations. He shows why they are useful in study of crystalline structure (engineering, biology), and how they make visible the invisible, with special reference to the strategems employed in medical roentgen diagnostics. He shows the physical foundation of their use in therapy and ventures a prediction as to future developments. He traces briefly the growth of radiology as a medical specialty and comments on the relation of radiologists to other medical practitioners. He notes that radiology is one large cause for the increasing cost of medical care.

Paper No. 8:

Endocrinology: A Critical Appraisal—Edward H. Rynearson, M. D., Mayo Clinic, Rochester, Minn.

More than one thousand articles are being written each year on various aspects of the endocrine glands. How much is fact and how much is fallacy? What important contributions have been made in experimental laboratories? How many of these have been successfully applied to man? Questions such as these have prompted the author to present a critical appraisal of the present state of our knowledge regarding the endocrine glands. The discussion will be given from the standpoint of the physician or surgeon who is not himself actively engaged in this specialty but who is interested in knowing what is new and what is true.

Business Recess

Business meeting ond election of officers.

Paper No. 9:

Biological Engineering—Ray Lyman Wilbur, M. D., President, Stanford University, California.

Fundamentally, the responsibility of the doctor is to understand life processes and to be able to guide and control them as much as is possible with existing information. Chemistry and physics have vastly changed our day-to-day medical practice. The training of physicians as good biological engineers means a considerable revamping of the premedical and medical courses, which are largely based on past experience rather than a projection of the responsibilities ahead.

⁂

Third Meeting

Wednesday, May 8, 1:30 p. m.

Paper No. 10:

Diagnosis and Treotment of Chronic Fotigue Without Obvious Causes—Barclay E. Noble, M. D., 523 West Sixth Street, Los Angeles.

Using case reports, the symptoms, findings and laboratory tests, as well as a simple treatment (which is usually physiological), will be discussed in relation to mild hypoglycemia, mild nonmyxedematous low basal metabolic rate, moderate neutropenia, hyperperistalsis without gastrointestinal complaints, baciluria or chronic cystitis without complaints, high cholesterol with a normal basal rate, and mild hypotension. More questions will be raised than answered, and it is hoped that some of the rather striking results will provoke considerable thought and discussion.

Paper No. 11:

Dissecting Aneurysm—Eugene S. Kilgore, M. D., 490 Post Street, San Francisco.

Dissecting aneurysm is less rare than is commonly supposed. In the past it has seldom been recognized before death, its clinical manifestations being often confused with those of coronary thrombosis or acute disturbances in the abdomen or nervous system. But its clinical recognition is destined to become common, as the complex clinical picture is resolved by a better understanding of the morbid anatomy and physiology of the condition.

Paper No. 12:

The Use of Different Types of Insulin in Diabetes—Solomon Strouse, M. D., 2210 West Third Street, Los Angeles.

We assume that the objective of treatment of diabetes mellitus is a return to normal life with the diet as near normal as possible, and the paper will deal with the best means of obtaining this objective. The use and limitation of protamine zinc insulin, regular insulin and crystalline insulin will be discussed.

Paper No. 13:

Chairmon's Address: Participotion in Sports, ond the Heart of the Mon Over Forty—William H. Barrow, M. D., and Roy A. Ouer, M. D., 1400 Medico-Dental Building, San Diego.

An electrocardiographic study of the heart before and immediately after such exercise as handball and tennis in a group of men over forty years of age, compared with a control group of men under forty. A correlation of these findings with cardiac efficiency tests and the effects of smoking in both groups.

Paper No. 14:

Obesity, an Omnipresent Problem—Edward H. Rynearson, M. D., Mayo Clinic, Rochester, Minn.

No physician has any problem which presents itself with more regularity than obesity. Is obesity a problem in endocrinology? Is obesity always harmful? Are there individuals who "simply can't reduce"? Can any drugs or hormones be used in treatment? These and other questions will be asked. The final question will be, What practical treatment is effective?

II

GENERAL SURGERY SECTION

Clarence E. Rees, M. D., *Chairman*
2001 Fourth Avenue, San Diego

Frederick S. Foote, M. D., *Secretary*
490 Post Street, San Francisco

Frank J. Breslin, M. D., *Assistant Secretary*
2007 Wilshire Boulevard, Los Angeles

First Meeting

Monday, May 6, 1:30 p. m.

Paper No. 15:

Immediate Management of Surface Injuries—Gerald Brown O'Connor, M. D., 490 Post Street, San Francisco.

A presentation of the general principles to be applied in the immediate care of surface injuries, as well as the specific procedures employed by the author, in dealing with these problems in specified local areas.

Paper No. 16:

Plastic Reconstruction Following Malignancy of the Face—William S. Kiskadden, M. D., 2007 Wilshire Boulevard, Los Angeles.

A series of cases of malignancy of the face are presented. The history of these cases is usually that of repeated, inadequate and ineffectual treatment. The treatment has been excision, desiccation, cautery excision, radium and x-ray.

It is the author's belief that the reason for recurrence lies in inadequate therapy based on fear of a poor cosmetic result. Plastic surgeons must be prepared to reconstruct any cured defect. (Lantern slides.)

Paper No. 17:

The Relief of Pain About the Head and Neck—Howard A. Brown, M. D., Fitzhugh Building, San Francisco.

A consideration of the various neuralgias and their treatment, and the relief of pain resulting from malignant tumors of the head and neck.

Paper No. 18:

The Control of Fluid and Electrolyte Balance in Surgical Patients—Harlan Shoemaker, M. D., 1930 Wilshire Boulevard, Los Angeles.

Reviews of the loss of water due to lack of supply and lack of water balance, and also of loss of water from lungs, kidneys, colon and into the subcutaneous tissues as well as intraperitoneally.

The effects on the water balance by sugar, nitrogen, and fats, by the interrelation of enzymes, colloids and electrolites—the enzymes from the saliva, stomach secretions and pancreas, the colloids of the fixed tissues of the body, and the four major electrolites, sodium, calcium, potassium and magnesium, with further relation to their acid and base ratio, or hydrogen ion concentration.

Some reference is made to fistula, jejunum and ileum, to sections of the stomach, colon, ileo-sigmoidostomy and colonic fistulas.

Paper No. 19:

Appendicitis in Alameda County—A Ten-Year Survey—Theodore C. Lawson, M. D., 3115 Webster Street, Oakland, and Arthur J. Hunnicutt, M. D., Alameda County Hospital, Oakland.

A survey of the appendicitis problem in Alameda County from 1928 to 1938, with special reference to the preoperative use of laxatives; and the comparison of results obtained from immediate operation of the late ruptured cases in comparison to the mortality rates noted by Ochsnerization followed by incision and drainage of the localized abscess.

Paper No. 20:

Primary Carcinoma of the Lung: The Importance of Early Diagnosis in Increasing Operability and Curability—Report of Three Successful Pneumonectomies—Paul Samson, M. D., and Emile Holman, M. D., Stanford University School of Medicine, San Francisco.

The incidence of primary carcinoma of the lung is approximately 10 per cent of all carcinomata. This approaches the incidence of carcinomata of the large bowel. Cases which formerly masqueraded as obscure infections, unresolved pneumonias, pneumonitis, and pulmonary abscess are found at autopsy to be on the basis of a primary carcinoma of the lung. It is important that such cases be recognized before this stage of a complicating infection obscures the picture. Initial symptoms of persistent cough, blood-streaked sputum, and increasing weakness should lead to further diagnostic procedures at a stage when the probable carcinoma can be removed. Technical advances increasing operability and survival following pneumonectomy are presented.

⁂

Second Meeting

Wednesday, May 8, 1:30 p. m.

Paper No. 21:

Chairman's Address—Clarence E. Rees, M. D., 2001 Fourth Avenue, San Diego.

Business Recess

Business meeting and election of officers.

Paper No. 22:

Traumatic Rupture of the Liver; a Critical Analysis of Fifty Cases Studied in the Los Angeles County General Hospital—J. Norman O'Neill, M. D., 209 Wilshire Building, 1930 Wilshire Boulevard, Los Angeles.

Morbidity. Factors influencing mortality. Types of injury. History, symptoms and physical findings. Mechanism and location of rupture. Laboratory findings. Blood picture. X-ray. Abdominal puncture. Diagnosis. Newer diagnostic aids. Methods of liver hemostasis. Associated injury to thoracic or other abdominal viscera. Treatment. Significance of shock concerning operative intervention. Postoperative measures. Complications.

Paper No. 23:

Mucoid Carcinoma of the Breast—Charles M. Fox, M. D., 910 Medico-Dental Building, San Diego.

Definition: Usually an adenocarcinoma with mucoid degeneration of the stroma or cells. (Ewing.)

Incidence: Comparatively rare—1.66 per cent of 2,944 cancers. (Gaabe.)

Diagnosis: Early diagnosis is made by biopsy; late diagnosis may be suspected from the gross appearance of the tumor.

Prognosis: In general, slower growing than other carcinomas, due to mucoid changes in the stroma which interfere with nutrition. (Ewing.)

Treatment: As in other breast tumors, early and radical operation. Report of three cases.

Paper No. 24:

The Use of the Blood Bank in Transfusions—Newton Evans, M.D., Ida Heissig, M. D. and Isabel Brown, M. D., Los Angeles County General Hospital, Los Angeles. (By invitation.)

Routine refrigeration and storage of blood for transfusions has been employed at the Los Angeles County Hospital for a period of two years. Approximately 8,500 transfusions given during this period. Description of methods. Impressions regarding advantages and unfavorable results.

Section Aides:
Francis Paul O'Hara, San Diego; Joseph Jerome O'Hara, San Diego; John Wells, San Diego.

Paper No. 25:

A "Transfusion Service" as a Substitute for the "Blood Bank"—C. M. Hyland, M. D., Children's Hospital, Los Angeles. (By invitation.)

This paper deals briefly with the blood bank and some of its disadvantages. The greater merits of fresh blood are discussed and the establishment of a transfusion service which would make fresh blood, also liquid and Lyophile serum of all types, available to doctors on short notice is recommended.

⁂

Third Meeting

Thursday, May 9, 1:30 p. m.

Paper No. 26:

The Operative Supportive Treatment of Varicose Ulcers—R. Stanton Sherman, M. D., 516 Sutter Street, San Francisco; from Division of Surgery, University of California Medical School; M. Lawrence Montgomery, M. D., 516 Sutter Street, San Francisco.

Varicose ulcers are due to incompetence of saphenous, femoral (postthrombotic) or perforator veins and resultant edema and cell death. Healing follows correction or control of these factors by proper use of vein ligations, sclerosing solution injection and sponge rubber adhesive tape support of lower leg for elimination of edema.

Paper No. 27:

The Immediate Repair of Severed Tendons—Martin W. Debanham, M. D., 490 Post Street, San Francisco.

Authorities have discouraged the immediate suture of severed tendons because it was said to increase the incidence of infection. In our 260 cases (680 tendons) infection played a minor rôle in the poor results. An analysis of our failures enabled us to gradually increase the percentage of good results in our series.

Paper No. 28:

Silk: Its Effect and Fate in Intestinal Anastomosis. An Experimental Study—Carl L. Hoag, M. D., and John W. Moore, M. D., 384 Post Street, San Francisco.

Tissue reaction in the stomach and intestine; healing with and without infection; migration and fate of sutures; comparison when continuous silk, continuous catgut, interrupted silk and combinations of catgut and silk are used.

Paper No. 29:

The Comparative Merits of Resections and of the Mickulicz (Paul) Operation on the Colon—Montague S. Woolf, M. D., 384 Post Street, San Francisco.

Herewith are presented a discussion of the above topic as deduced in use from operations at the University of California Hospital. A twenty years' survey of mortality and morbidity is included and recommendations are made for a more definite use of such operations.

Paper No. 30:

The End-Results of Thyroidectomy—Leonard Dobson, M. D., Hall Seely, M. D., and Hugh Rose, M. D., Stanford University Hospital. San Francisco.

Three hundred forty consecutive thyroidectomies, performed between 1926 and 1939, were followed for from six months to thirteen years. The routine pre- and postoperative care is outlined along with a brief description of the usual operative technique employed. A study is made of the postoperative complications. The end-results obtained by thyroidectomy are presented and discussed.

III

OBSTETRICS AND GYNECOLOGY SECTION

John N. Ewer, M. D., *Chairman*
411 Thirtieth Street, Oakland

William Benbow Thompson, M. D., *Vice-Chairman*
1930 Wilshire Boulevard, Los Angeles

C. F. Fluhmann, M. D., *Secretary*
Stanford University Hospital, San Francisco

First Meeting

Monday, May 6, 1:30 p. m.

A Symposium on Analgesia and Anesthesia in Obstetrics

This will be a joint meeting with the Section on Anesthesiology.

Paper No. 31:

Inhalation Anesthesia—J. A. Moffitt, M. D., 800 North Hobart Boulevard, Los Angeles.

A brief discussion of the inhalation agents used in obstetrics, indicating which are most suitable for specific obstetrical problems, stressing their use as a means of protection to the mother and baby in emergencies, and offering some suggestions as to technique of administration.

Paper No. 32:

Drugs Administered Orally or by Hypodermic Injection—Martin F. Bancroft, M. D., Rees-Stealy Clinic, San Diego.

The advantages and disadvantages of various drugs are discussed from the standpoint of their pharmacology, the routine of their administration, and the results obtained. Consideration is given to the oral administration of the barbiturates, bromides, chloral hydrate, paraldehyde, and evipal, and to the hypodermic injection of the barbiturates, morphin, scopolamin, and magnesium sulphate.

Paper No. 33:

Drugs Given per Rectum—Walter H. Drane, M. D., 1930 Wilshire Boulevard, Los Angeles.

A discussion of ether, paraldehyde, sigmoidol, avertin, and epival—their proper use, dangers, and an evaluation of just what may be expected from them alone or in combination with other drugs—with personal observations as to their safety and effectiveness.

Paper No. 34:

Local and Regional Anesthesia in Obstetrics—Eleanor B. Rodgerson, M. D., 2317A L Street, Sacramento.

A short discussion of the types of local and regional anesthesia used in obstetrics—infiltration, pudendal block, parasacral block, caudal, transsacral, and spinal anesthesia. Special reference to pudendal and parasacral blocks, their methods of administration, advantages, disadvantages, and case histories.

Discussion by A. J. Wineland, M. D., Los Angeles; John A. Stiles, M. D., San Francisco; William B. McGee, M. D., San Diego; H. M. Kanner, M. D., Sacramento.

Paper No. 35:

Injuries Resulting from Faulty Positions of the Patient on the Operating Table—Dorothy A. Wood, M. D., University of California, Surgical Department.

A presentation of a moving picture showing how injuries may be given to the ulnar nerve by insufficient

---

Section Aides:
A. V. Pettit, San Francisco; M. F. Bancroft, San Diego.

padding under the elbows, how poorly padded shoulder braces may damage the brachial plexus, and how the lithotomy position may cause back strain and certain types of leg holders may cause injury to the peroneal nerves, etc.

Paper No. 36:

The Treatment of Poisoning from Hypnotics—E. A. Rovenstine, M. D., New York. (By invitation.)

A clinical report of methods of treatment and results obtained in barbiturate poisoning.

⁂

Second Meeting

Wednesday, May 8, 1:30 p. m.

Paper No. 37:

The Fallacy of Calcium Therapy for Dental Caries in Pregnancy—William E. Hunter, M. D., 1930 Wilshire Boulevard, Los Angeles.

(1) Enamel and dentine are not bone from which calcium can be withdrawn. (2) There is no evidence to prove that faulty calcium metabolism is the cause of dental caries. (3) The incidence of caries in parous and nonparous women is the same. (4) The indiscriminate employment of calcium in pregnant women to prevent caries is unjustifiable.

Discussion by Robert S. Smylie, M. D., San Diego.

Paper No. 38:

The Treatment of Retrodisplacements of the Uterus—A. V. Pettit, M. D., 2000 Van Ness Avenue, San Francisco.

Discussion of the physical factors which determine the position of the uterus. Symptomatology of retrodisplacements. Analysis of surgical procedures used in the past to correct uterine retroposition. Discussion of their value. Present attitude in the surgical treatment of retrodisplacements.

Discussion by H. N. Shaw, M. D., Los Angeles.

Paper No. 39:

Chairman's Address: The Middle Road—John N. Ewer, M. D., 411 Thirtieth Street, Oakland.

A plea for rational rather than empiric treatment in obstetrics and gynecology, and avoidance of both the radical and the ultraconservative viewpoints.

Business Recess

Business meeting and election of officers.

Paper No. 40:

Stilboestrol: A Synthetic Estrogenic Preparation—Sheldon Payne, M. D., and E. Kost Shelton, M. D., 921 Westwood Boulevard, Los Angeles.

A new synthetic drug, Stilboestrol, is found to be a potent preparation, effective by mouth as well as by parenteral injection and fulfilling the therapeutic qualifications of the natural estrins. Ease of administration and low cost recommend it for estrin substitution, but the untoward side effects in 20 per cent of the patients treated may limit its usefulness.

Discussion by P. G. Fuerstner, M. D., 450 Sutter Street, San Francisco.

Paper No. 41:

Pruritus Ani and Vulvae: Etiology and Treatment—Rachelle Seletz, M. D., 802 Roosevelt Building, Los Angeles.

A study is made of one hundred cases. Pruritus ani is given primary consideration and pruritus vulvae is included not only because of their frequent coexistence, but in order to bring out their relationship to mycotic infections. The rôle played by rectal and vaginal pathology is evaluated and constant predisposing factors are pointed out. Under treatment, the following topics are discussed: Immediate relief and protection of the injured skin by a new combination of dyes. General measures to control predisposing factors. Care of the local rectal and vaginal pathology. Preventive measures for subsequent control.

Discussion by Charles R. Caskey, M. D., Los Angeles.

⁂

IV

EYE, EAR, NOSE, AND THROAT SECTION

Dewey R. Powell, M. D., *Chairman*
242 North Sutter Street, Stockton

Warren D. Horner, M. D., *Vice-Chairman*
490 Post Street, San Francisco

Harry J. Wiley, M. D., *Secretary*
2701 Florence Street, Huntington Park

First Meeting

Monday, May 6, 1 p. m.

Paper No. 42:

Sympathetic Ophthalmia—Roy H. Parkinson, M. D., 626 Flood Building, San Francisco.

Report of case. Brief review of literature. Comments of consultants.

Discussion by David Harrington, M. D., San Francisco.

Paper No. 43:

The Management and Treatment of Pituitary Tumors—Leo J. Adelstein, M. D., 1930 Wilshire Boulevard, Los Angeles.

The impaired visual acuity and field defects found in pituitary tumors are of such vital importance that their early recognition and treatment are imperative. The most conservative outline of management should include irradiation checked by frequent visual field studies. If clinical improvement is not promptly forthcoming surgical intervention should not be delayed.

Discussion by Stephen Seech, M. D., Los Angeles, and Lowell S. Goin, M. D., Los Angeles.

Paper No. 44:

Recent Contributions to Ophthalmology—Jerome W. Bettman, M. D., 450 Sutter Street, San Francisco.

The more promising contributions to the advancement of the various divisions of ophthalmology will be reviewed. Emphasis will be placed on those articles which have appeared during the past year.

General discussion.

Paper No. 45:

Chronic Dacryocystitis—Indications for and Results from Nonsurgical Treatment—Ben. L. Bryant, M. D., 2007 Wilshire Boulevard, Los Angeles.

The subject of Chronic Dacryocystitis is discussed with special emphasis on determination of the underlying cause and consequent differentiation of the cases to be treated surgically and those meriting nonsurgical treatment. A further report is given of the results in both groups and the technique of the modified endonasal operation is described.

Discussion by Clinton B. Wilson, M. D., Los Angeles, and Carrol Weeks, M. D., Los Angeles.

Section Aide:
Warren D. Horner, San Francisco.

Paper No. 46:

Corneal Scars—George L. Kilgore, M. D., 625 Bank of America Building, San Diego.

A discussion of cause, pathology, progress and end results. Medical and surgical treatment. Special emphasis will be placed on corneal pealing as applied to the practice of the average ophthalmologist. The paper will be concluded with a moving picture of the actual pealing of a cornea.

Discussion by George P. Landegger, M. D., Los Angeles.

Paper No. 47:

Roentgen Therapy in the Treatment of Absolute Glaucoma—A. J. Williams, M. D., 450 Sutter Street, San Francisco.

The report of a series of cases of absolute glaucoma in which x-ray therapy had been used as a method of treatment.

Discussion by David O. Harrington, M. D., San Francisco.

Paper No. 48:

Medical Complications in Postoperative Eye Cases.—Gordon E. Hein, M. D., San Francisco Hospital, San Francisco.

Medical complications in postoperative eye cases as seen by the internest. Diagnosis, treatment, and general discussion.

Discussion by Warren D. Horner, M. D., San Francisco.

Paper No. 49:

Congenital Absence of Abduction Accompanied by Paralysis of the Muscles of the Face—Avery Morley Hicks, M. D., 490 Post Street, San Francisco.

This paper describes and discusses this disfiguring congenital anomaly and reports seven cases. Alfred Graefe was the first to report a case but Moebuis' name is more frequently associated with this condition by virtue of his excellent descriptions of the disease in 1888.

Discussion by K. C. Brandenburg, M. D., Long Beach.

Paper No. 50:

A Proposed Ocular Policy for the Public Schools Submitted for Approval by the Ophthalmologists of the County Medical Association in the State of California—Rodman Irvine, M. D., Suite 700, Roosevelt Building, Los Angeles.

School authorities are handicapped in deciding proper ocular procedures by conflicting ophthalmological suggestions. Unqualified groups motivated by selfish interests exert an influence far from scientific. This paper endeavors to show a scientific manner in which this problem should be treated.

General discussion.

⁂

Second Meeting

Wednesday, May 8, 1 p. m.

Business Recess

Business meeting and election of officers.

Paper No. 51:

Sinus Infections: Their Relationship to Respiratory Disease—Ferris Arnold, M. D., Long Beach.

Infections of the nasal accessory sinuses are important etiologic factors in respiratory disease. The pathway of extension is by means of the lymph and glandular systems. Are the bacterial proteins known as allergens activating agents? Treatment should include restoration of normal breathing space, removal of infected material and supportive measures.

Discussion by George F. Keiper, M. D., Los Angeles, and Gilbert J. Roberts, M. D., Pomona.

Paper No. 52:

Abscess of the Larynx—Howard E. Clark, M. D., 576 Hartnell Street, Monterey.

Acute suppuration of the larynx in this generation is a rarity. In typhoid fever, cases were frequent and a considerable volume of literature accumulated. Fulminating case is presented with autopsy report. The assumption is made that death was caused by acapnia and suggestions made for postoperative treatment of tracheotomies.

Discussion by Curtis Gorham, M. D., Monterey; George Kieper, M. D., Los Angeles; and Howard P. House, M. D., Los Angeles.

Paper No. 53:

Unilateral Eighth Nerve Loss from Botulism—Orrie Ghrist, M. D., 210 North Central, Glendale.

Three botulism case reports: (1) Loss of one eighth nerve (we have found no such case previously reported). (2) Case in which exposure to anterior poliomyelitis confused the diagnosis. (3) Typical case. Short discussion of botulism.

Discussion by S. Von Christiersen, M. D., San Francisco, and Ray M. Moose, M. D., San Bernardino.

Paper No. 54:

Fibroma of the Nasopharynx—G. W. Walker, M. D., 532 T. W. Patterson Building, Fresno.

Nasal pharyngeal fibroma is a formidable surgical condition. Rapid growth, comparatively inaccessible location, dense tissue resisting easy operating. Specific kind of vessels tend toward bleeding, which is hard to control. Radium treatment simplifies eradication.

Discussion by R. E. Ashley, M. D., San Francisco, and Harold A. Fletcher, M. D., San Francisco.

Paper No. 55:

Intracranial Complications of Tonsillar Origin—H. James Hara, M. D., 436 South Boyle Avenue, Los Angeles.

Intracranial complications of tonsillar origin are rare. The study is based on thirty cases of cavernous sinus thrombosis, twenty of meningitis, ten of brain abscess, five of cerebral hemorrhage, and four other rarer forms of involvement. Two case reports are given from the author's own practice. The paper also discusses poliomyelitis following adenotonsillectomy.

Discussion by Albert T. Bower, M. D., Glendale; David Higbee, M. D., San Diego; C. B. Courville, M. D., Los Angeles.

Paper No. 56:

Osteomyelitis of the Bones of the Face in a Thirteen-Year-Old Diabetic Girl; Recovery—Matthew N. Hosmer, M. D., Albert D. Davis, M. D., DeWitt K. Burnham, M. D., San Francisco.

Illness began as an acute left pansinusitis. It did not respond to treatment because of advanced diabetes. The process spread until nasal bones became involved. It then spread to the maxilla, the lower turbinate, bony septum, and orbit. Globe destroyed. Enucleation necessary. Diabetes controlled and infection subsided. Management of nasal process and control of diabetes described. Plastic results shown in colored moving pictures.

Discussion by Kenneth C. Brandenburg, M. D., Long Beach, and W. S. Kiskadden, M. D., Los Angeles.

Paper No. 57:

Report: Ear, Nose and Throat Fees and Fee Schedules for Health Service, Industrial Liability and Compensation Insurance Cases.

Note: At the May, 1939, meeting, a committee was appointed to study and make a report on the subject, *Ear, Nose, and Throat Fees and Fee Schedules for Health Service, Industrial Liability and Compensation Insurance Cases.* Russell Fletcher, M. D., San Francisco, chairman of this committee, suggests that a report be made at the May meeting in Coronado. Owing to the fact that we did not know that this committee was ready to make a report until after the program had been filled, we are unable to give them a scheduled place. However, your officers feel that this subject is of vital importance and interest to every man belonging to this Section, so we are arranging to listen to Russell Fletcher, M. D., on Wednesday afternoon following the reading of the already scheduled papers. We urge everyone to stay and hear this paper and enter into the discussion which will follow.

⁂

V

ANESTHESIOLOGY SECTION

Adena C. Dutton, M. D., *Chairman*
2400 Pacific Avenue, San Francisco

Charles F. McCuskey, M. D., *Secretary*
1561 Pueblo Drive, Glendale

First Meeting

Monday, May 6, 1:30 p. m.

This will be a joint meeting with the Obstetrics Section.

Already Listed as Paper No. 31.

Inhalation Anesthesia—J. A. Moffitt, M. D., 800 North Hobart Boulevard, Los Angeles.

A brief discussion of the inhalation agents used in obstetrics, indicating which are most suitable for specific obstetrical problems, stressing their use as a means of protection to the mother and baby in emergencies, and offering some suggestions as to technique of administration.

Already Listed as Paper No. 32.

Drugs Administered Orally or by Hypodermic Injection—Martin F. Bancroft, M. D., Rees-Stealy Clinic, San Diego.

The advantages and disadvantages of various drugs are discussed from the standpoint of their pharmacology, the routine of their administration, and the results obtained. Consideration is given to the oral administration of the barbiturates, bromides, chloral hydrate, paraldehyde, and evipal, and to the hypodermic injection of the barbiturates, morphin, scopolamin, and magnesium sulphate.

Already Listed as Paper No. 33.

Drugs Given per Rectum—Walter H. Drane, M. D., 1930 Wilshire Boulevard, Los Angeles.

A discussion of ether, paraldehyde, sigmoidol, avertin, and epival—their proper use, dangers, and an evaluation of just what may be expected from them alone or in combination with other drugs—with personal observations as to their safety and effectiveness.

Already Listed as Paper No. 34.

Local and Regional Anesthesia in Obstetrics—Eleanor B. Rodgerson, M. D., 2317A L Street, Sacramento.

A short discussion of the types of local and regional anesthesia used in obstetrics—infiltration, pudendal block, parasacral block, caudal, transsacral, and spinal anesthesia. Special reference to pudendal and parasacral blocks, their methods of administration, advantages, disadvantages, and case histories.

Discussion by A. J. Wineland, M. D., Los Angeles; John A. Stiles, M. D., San Francisco; William B. McGee, M. D., San Diego; H. M. Kanner, M. D., Sacramento.

Already Listed as Paper No. 35.

Injuries Resulting from Faulty Positions of the Patient on the Operating Table—Dorothy A. Wood, M. D., University of California, Surgical Department.

A presentation of a moving picture showing how injuries may be given to the ulnar nerve by insufficient padding under the elbows, how poorly padded shoulder braces may damage the brachial plexus, and how the lithotomy position may cause back strain and certain types of leg holders may cause injury to the peroneal nerves, etc.

Already Listed as Paper No. 36.

The Treatment of Poisoning from Hypnotics—E. A. Rovenstine, M. D., New York. (By invitation.)

A clinical report of methods of treatment and results obtained in barbiturate poisoning.

⁂

Second Meeting

Wednesday, May 8, 1:30 p. m.

Paper No. 58:

Chairman's Address: History of the Anesthesia Department at Stanford University Hospital—Adena Dutton, M. D., San Francisco.

Paper No. 59:

Anesthesia for Ano Rectal Surgery—David N. Yaker, M. D., 727 West Seventh Street, Los Angeles.

A comparative study of various anesthetic agents and methods used for ano rectal surgery based on the author's personal experience and personal communications from proctologists and anesthetists.

Paper No. 60:

Carbon Dioxide Therapy—Mayo H. Soley, M. D., 532 West Poplar Street, San Mateo; Karolina B. Jump, M. D., Mills Memorial Hospital, San Mateo; Nathan W. Schock, Ph. D., San Francisco.

Recent work has shown two important facts in regard to the use of carbon dioxide therapeutically: First, carbon dioxide is much more effective as a respiratory stimulant when it is administered in high concentrations of oxygen. Second, high concentrations probably cause cerebral anoxemia and therefore should not be used to stimulate respiration. This knowledge may be applied in all therapeutic problems concerning the use of carbon dioxide. Thus, in the asphyxiated newborn, oxygen should be given in order to render the respiratory center more sensitive to the high concentrations of carbon dioxide already present in the blood. In carbon monoxide poisoning oxygen should be mixed with the carbon dioxide, which should be given in concentrations preferably no higher than 7 per cent. In postoperative use, the concentrations of carbon dioxide should not exceed 5 to 7 per cent.

Section Aides:

W. LeRoy Garth, San Diego; A. J. Wineland, Los Angeles.

Paper No. 61:

Recent Studies on Absorption of Carbon Dioxide from Anesthetic Mixtures—E. A. Rovenstine, M. D., New York.

The chemistry, physics and bacteriology of absorption technique are discussed with a report of experiments having clinical application.

Paper No. 62:

Subarachnoid Block with Pontocain—W. LeRoy Garth, M. D., 233 A Street, San Diego.

It has been seven years since pontocain was introduced for use in "spinal" anesthesia, but it was not until a little over a year ago that the greatly improved "nyphanoid" form of the drug was introduced. In this form the principal advantage of a longer duration of anesthesia is retained, while the chief disadvantages, especially the failure to take effect immediately, have been overcome. So extremely satisfactory are the results obtained that the drug may well be used routinely for subarachnoid block, displacing all other agents, including procain.

Business Recess

Business meeting and election of officers.

VI

DERMATOLOGY AND SYPHILOLOGY SECTION

Nelson Paul Anderson, M. D., *Chairman*
2007 Wilshire Boulevard, Los Angeles

Frederick G. Novy, Jr., M. D., *Vice-Chairman*
411 Thirtieth Street, Oakland

Julius R. Scholtz, M. D., *Secretary*
1930 Wilshire Boulevard, Los Angeles

First Meeting

Monday, May 6, 1:30 p. m.

A Symposium on Eczema of Infancy and Early Childhood

This will be a joint meeting with the Section on Pediatrics.

Paper No. 63:

Chairman's Address—Cutaneous Disorders in the Newborn—N. P. Anderson, M. D., 2007 Wilshire Boulevard, Los Angeles.

Paper No. 64:

Classification—Kendal Frost, M. D., 1930 Wilshire Boulevard, Los Angeles.

By the term eczema, we designate the eruptions which are characterized by itching, redness, vesiculation, weeping, and in chronic states by thickening and fissuring. They may vary in cause from sensitivity to contact substances, or to protein substances ingested or inhaled. Seborrheic dermatitis produces many of these eruptions. There are also infections by bacteria, yeasts and molds which complicate this subject. The problem in infancy is the same as in adult life.

Paper No. 65:

Pediatric Management—Crawford Bost, M. D., 490 Post Street, San Francisco.

The care of infantile eczema rests primarily with the pediatrician. Successful management must include strict attention to details. Early recognition, prompt and proper local treatment are not always sufficient therapeutic measures. The addition of dietary and environmental control often results in complete clearing and perhaps prophylaxis from further allergic manifestations.

Paper No. 66:

Diet as Method of Control—Albert H. Rowe, M. D., and Carl L. Mauser, M. D., 2940 Summit Street, Oakland.

Food allergy most commonly causes infantile eczema, decreasing in favor of inhalant and less often contact allergy with advancement of childhood. Skin reactions may reveal allergic foods. Usually negative reactions make diet trial unnecessary. Soy bean substitutes for milk, goat's milk or cow's milk, with other foods which infrequently cause allergy are used for diet trial. Protection of nutrition, accurate preparation of the diet, and prolonged coöperation are imperative.

Paper No. 67:

Skin Testing—Application—Hyman Miller, M. D., 672 South Westlake Avenue, Los Angeles.

A proper evaluation of the skin test in allergic eczema depends on its proper use. When the limitations of the method are well known and interpretations are made in the light of these limitations, skin testing is difficult to replace with any other known procedure.

Paper No. 68:

Dermatologic Management—Frederick G. Novy, Jr., M. D., 411 Thirtieth Street, Oakland.

This paper will be a discussion of the uses of various types of local therapy, with special consideration to the treatment of the four conditions generally grouped under the term "infantile eczema."

Discussion to be opened by William H. Goeckerman, M. D., 727 West Seventh Street, Los Angeles.

Second Meeting

Wednesday, May 8, 1:30 p. m.

Paper No. 69:

Scleroderma with Bullae—H. J. Templeton, M. D., 3115 Webster Street, Oakland.

This paper describes the case of a white woman, aged 23, with coin-sized lesions on the back, chest, and abdomen typical in appearance of morphea. Superimposed on these, however, were bullae in various stages of evolution and involution. These were observed over a period of many months, during the course of which new bullae were observed. A microscopic study of the lesions is presented.

A review of the literature reveals only a few brief reports of bullous lesions in scleroderma. These are discussed. Possible explanations for the development of the bullae are proposed.

Discussants—W. H. Goeckerman, M. D., Los Angeles; C. R. Anderson, M. D., Los Angeles.

Paper No. 70:

The Mechanism of Pruritus—Ben A. Newman, M. D., 3875 Wilshire Boulevard, Los Angeles.

In this paper the recent experimental and clinical investigations of the physiology of itching is reviewed. The new facts and theories are integrated into a unified

---

Section Aides:
Hiram D. Newton, M. D., San Diego; Philip K. Allen, M. D., San Diego.

presentation of the mechanism of pruritus, from the peripheral, central and metabolic aspects.

Discussants—John B. Doyle, M. D., Los Angeles (by invitation); Hiram D. Newton, M. D., San Diego.

Business Recess

Business meeting and election of officers.

Paper No. 71:

Thrombocyte Deficit—Preliminary Report—M. T.-R. Maynard, M. D., and Nell Hollinger, A. B., 241 East Santa Clara Street, San Jose (by invitation).

Regional platelet counts show considerable variation in diseases of the extremities with certain skin changes. A preliminary report is made of illustrative cases and the theoretical considerations are discussed. A new approach is made to the treatment of lichenifications and nutritional changes in areas of platelet deficit.

Discussants—Walter F. Schwartz, M. D., Pasadena; Arthur Fletcher Hall, M. D., Santa Monica.

Paper No. 72:

Changes in Circulation of the Skin in Infiltrative Cutaneous Carcinoma—Harry Campbell, M. D., 1930 Wilshire Boulevard, Los Angeles.

This is a record of a case in which carcinoma was found retroperitoneally and was manifested in patches involving the thigh. Infra-red photographs revealed sufficient change in the cutaneous circulation to warrant recording the case.

Discussants—H. E. Alderson, M. D., San Francisco; Samuel Ayres, Jr., Los Angeles.

Paper No. 73:

Divided Doses of Typhoid Antigen H in the Treatment of Neurosyphilis—George V. Kulchar, M. D., and John F. Card, M. D., 450 Sutter Street, San Francisco.

A method of producing therapeutic fever by means of divided doses of typhoid flagellar (H) antigen is described and the clinical and serological results obtained in the treatment of 125 patients with various forms of neurosyphilis are reported.

Discussants—Charles Barnett, M. D., and N. N. Epstein, M. D., San Francisco.

Paper No. 74:

Comparison of the Clinical and Pathological Diagnosis of Cutaneous Malignancy—Frances A. Torrey, M. D., and Edward Levin, M. D., University of California Hospital, San Francisco.

A review of approximately two thousand biopsies taken from 1931 to 1940 by the staff of the Dermatology Department of the University of California Medical School, both in their private practice and in the clinic.

This is a statistical study to compare the clinical diagnosis of epithelioma with the histologic findings. The distribution of the types of epithelioma is discussed. The importance of a biopsy in cutaneous growths, clinically both benign and malignant, is stressed.

Discussants—Arne Ingels, San Francisco, and John Budd, Los Angeles (by invitation).

Paper No. 75:

Epidermophytosis Treated by Various Boron Preparations—Report on Results with Borax—Arne Ely Ingels, M. D., 490 Post Street, San Francisco.

Two hundred cases of epidermophytosis of the feet, groins, armpits and body treated on the alkaline principle with borax, etc., and responses to the same in comparison with other fungicides. A brief résumé of cultural behavior of fungi implanted in media with borax.

Discussants—Paul D. Foster, Los Angeles; Ervin Epstein, Oakland.

VII

INDUSTRIAL MEDICINE AND SURGERY SECTION

George H. Sanderson, M. D., *Chairman*
242 North Sutter Street, Stockton

John S. Stephens, M. D., *Vice-Chairman*
1136 West Sixth Street, Los Angeles

Wilbur J. Cox, M. D., *Secretary*
450 Sutter Street, San Francisco

First Meeting

Monday, May 6, 1:30 p. m.

Symposium: Plastic Surgery in the Field of Industrial Surgery

This symposium was arranged to cover present-day therapy in the field of acute and old traumatic plastic surgery. The papers will be well illustrated by lantern slides.

This symposium will be conducted in the form of a round-table discussion. The speakers whose names are listed will take their places at a table and answer pertinent questions put by the other members sitting at the table. Physicians in the audience are invited to send up additional questions in writing, for consideration and answer. Owing to the informal nature of the symposium, no abstracts are given for the individual participants.

Paper No. 76:

The Use of Skin Grafts in Burns—Harry M. Blackfield, M. D., 350 Post Street, San Francisco.

Paper No. 77:

The Treatment of Burns—Horace M. McCorkle, M. D., University of California Hospital, Parnassus and Third Avenue, San Francisco.

Paper No. 78:

The Problem of Wound Healing—Alois E. Moore, M. D., 2120 Fourth Avenue, San Diego.

Paper No. 79:

The Early Treatment of Injuries to the Soft Tissues and Bones of the Face—Albert D. Davis, M. D., 384 Post Street, San Francisco.

Paper No. 80:

The Immediate and Late Care of Tendon and Nerve Injuries of the Hand—Joseph H. Boyes, M. D., 2007 Wilshire Boulevard, Los Angeles.

⁂

Second Meeting

Wednesday, May 8, 1:30 p. m.

Paper No. 81:

The Rationale of Fasciotomy in the Treatment of Low Back Pain—Keene O. Haldeman, M. D., and Ralph Soto-Hall, M. D., 350 Post Street, San Francisco.

An anatomical and classical study of the rôle played by lesions of the fascia of the thigh and back in the production of low back pain, with a review of cases to determine the end-results and indications for fasciotomy.

Paper No. 82:

Recurrent Dislocation of the Shoulder—Frederic C. Bost, M. D., and Verne Inman, M. D., 384 Post Street, San Francisco.

Recently, Bankart has reviewed an operation which he first performed for this condition in 1915. The important feature of this operation is the etiological factors responsible for recurrent dislocations.

We have performed six such operations and in each case demonstrated this factor. This is a report of the results of this type of operation and a review of the end-results of other operations for recurrent dislocations.

Business Recess

Business meeting and election of officers.

Paper No. 83:

Treatment of Fractures of the Patella by Partial Excision of the Fragments—Lionel D. Prince, M. D., 384 Post Street, San Francisco.

The author reports a series of twelve fractures of the patella treated by partial excision of the distal fragment or fragments. In all the cases there has been rapid restoration of function in the knee joint with a shortening of the convalescence. The method affords a distinct advantage over the technique of approximating and suturing the fragments, the success of which depends upon union in a bone with low osteogenetic properties. A new technique is offered.

Paper No. 84:

Interval Hemorrhage—Report of Twenty-five Cases—Emil Seletz, M. D., 727 West Seventh Street, Los Angeles.

Since the vast majority of head injuries are of necessity treated by the industrial surgeon, this paper deals with the diagnosis and management of the only real surgical emergency in head injuries: the interval or delayed intracranial hemorrhage.

A detailed study is charted of twenty-five cases of operated interval hemorrhage.

Differential diagnostic signs between interval hemorrhage and other types of head injuries are stressed.

A new diagnostic sign that is consistently present in the comatose patient with intracranial bleeding is introduced.

The necessity for immediate surgical intervention (once the diagnosis is established) is emphasized.

VIII

NEUROPSYCHIATRY SECTION

George S. Johnson, M. D., *Chairman*
Stanford University Hospital, San Francisco

R. B. Raney, M. D., *Secretary*
727 West Seventh Street, Los Angeles

First Meeting

Monday, May 6, 1:30 p. m.

Symposium on Convulsive States

This will be a joint meeting with the Section on General Medicine.

Already Listed as Paper No. 1.

Epilepsy, a General Survey—James A. Cutting, M. D., Agnew State Hospital, Agnew.

The economic and social problem of caring for an estimated 500,000 epileptics is a serious one. Diagnosis is often difficult, especially in incipient cases. Fainting, syncope, fits, and convulsions are closely associated. There is a great diversity of possible etiological factors and the underlying mechanism shows much variation. Convulsions produced by metrazol are demonstrated with moving pictures.

Already Listed as Paper No. 2.

Differential Diagnosis and Management of Convulsive States—Lucas W Empey, M. D., 106 Vernon Street, Roseville.

A working theory consistent with present day knowledge will be presented briefly. A discussion of the differential diagnosis and management will place emphasis on individualization with selection of treatment to fit the patient. Three cases will be presented in order to illustrate this principle. Each case required a different treatment as was brought out by careful study of each individual case, yet all three might be classified as idiopathic epilepsy.

The subject will be presented from the point of view of the practitioner who is called upon to treat early, noninstitutional cases.

Already Listed as Paper No. 3.

Convulsions in Pregnancy—Alice F. Maxwell, M. D., University of California Hospital, San Francisco.

Pregnant women may suffer from convulsions due to accidental complications of pregnancy, *i. e.*, brain tumor, meningitis, epilepsy, uremia, etc. In addition, convulsive seizures may occur from dysfunction entirely specific for pregnancy per se. This discussion will be limited to a consideration of eclampsia. The cause of eclampsia is not known, yet prophylactic and empirical measures have helped reduce its incidence. The residual latent pathology and the high maternal and fetal mortality of pregnancy toxemia demand recognition of its etiology and the establishment of rational preventive therapeutics.

Already Listed as Paper No. 4.

The Pathologic Physiology and Anatomy of the Convulsive State—Cyril B. Courville, M. D., White Memorial Hospital, Los Angeles.

A convulsion is an evidence of a disturbed functional state of the motor and allied cortical centers and the central gray masses. This state is accompanied by acute changes in the blood supply of the cortex which accounts for the transitory anoxemia responsible for the seizure. In a large number of cases, an organic lesion constitutes an essential source of the irritating stimulus. When this lesion can be localized and its true nature discovered, the physician is in a position to apply appropriate therapeutic measures.

Already Listed as Paper No. 5.

Surgical Aspects of the Convulsive States—Howard C. Naffziger, M. D., and O. W. Jones, Jr., M. D., University of California Hospital, San Francisco.

Evidence is offered of the incidence of organic changes in the brain in convulsive states as well as the frequency of gross lesions and of surgical conditions. Atrophy of the brain, congenital malformations, tumors of the brain, abscesses and traumatic scars of the brain are discussed and the results of surgical treatment of the convulsive states from such causes are presented.

Already Listed as Paper No. 6.

The Convulsive State—Frederick A. Fender, M. D., Stanford University Hospital, San Francisco.

The salient points of the preceding papers are reviewed briefly, and from them are distilled workable concepts of the convulsive state and of the mechanisms at work in the individual seizure. The problems presented by the study of the convulsive state are recalled, and the two main plans of attack of investigations

---

Section Aides:
Franklin G. Lindemulder, San Diego; Jesse L. Henderson, Pasadena; William T. Grant, Los Angeles; Karl O. Von Hagen, Los Angeles.

current throughout the world are outlined. Recently developed techniques used in these studies are described. The outlook for the future in the light of work under way is stated.

⁂

Second Meeting

Wednesday, May 8, 1:30 p. m.

Paper No. 85:

Chairman's Address: Psychosomatic Medicine—George S. Johnson, M. D., Stanford University Hospital, San Francisco.

A consideration of the relationships in the field of medicine.

Paper No. 86:

Cerebral Hemorrhage—John B. Doyle, M. D., 1930 Wilshire Boulevard, Los Angeles.

The problems presented by intracerebral hemorrhage, by bleeding from aneurysms of the cerebral vessels, congenital and acquired and by bleeding resulting from blood dyscrasias are discussed. Illustrative cases are presented.

Business Recess

Business meeting and election of officers.

Paper No. 87:

The Rôle of Cauda Equina Tumors in the Production of Constipation and Acquired Megacolon—William C. Boeck, M. D., 2210 West Third Street, Los Angeles.

The subject is discussed from the standpoint of the pathologic physiology involved in the production of symptoms. A case is reported showing the remarkable restoration of both colonic and bladder following the removal of a cyst of the spinal cul-de-sac and subsequent bilateral lumbar sympathectomy. (Lantern slides and motion picture.)

Paper No. 88:

Gonadotropic Hormone (Gonadogen) Therapy of Postpartum Psychosis—F. G. Lindemulder, M. D., Rees-Stealy Clinic, San Diego.

This report concerns three cases of postpartum psychosis in which treatment with a gonadotropic hormone (Gonadogen) produced gratifying results. All three patients were primiparas. In the first case the infant was stillborn; in the second case cesarean section was performed; in the third case delivery was normal. All three patients presented the characteristic hallucinations, delusions, or depressions of psychosis. In each case the usual methods of psychiatric therapy had resulted in no improvement. In each case gonadotropic hormone therapy resulted in rapid dissolution of the psychosis. All three patients have returned to their homes and are mentally clear at the present time.

Paper No. 89:

Discussion Groups as an Adjunct to Psychotherapy—Melvin R. Somers, M. D., and Pearl S. Pouppirt, M. D., 490 Post Street, San Francisco.

The results of three years' experience with group psychotherapy of selected types of psychoneuroses. The method is especially applicable to groups of six to fourteen people and to cases presenting difficulties in group adjustment. It partially solves the problem of caring for the psychoneurotic in the lower income brackets or those whose working hours preclude frequent office visits. After a preliminary period of reeducation along psychoanalytic and psychobiologic lines, clinical case histories are presented for discussion under the guidance of the psychiatrist. Methods which have proven successful in handling groups are discussed in detail.

Paper No. 90:

Metrazol Therapy in Psychotic Depressions—An Analysis of Thirty-five Treated and Thirty-five Control Cases—Eugene Ziskind, M. D., Esther Somerfeld Ziskind, M. D., Louis Ziskind, M. D., 2007 Wilshire Boulevard, Los Angeles.

Results of metrazol therapy in thirty-five psychotic depressions compared with a similar number of untreated cases. Analysis will include in addition to evaluation of therapeutic results, incidence and severity of complications, particularly in reference to fractures and memory defects. Electroencephalographic findings will be commented on.

◆

IX

PATHOLOGY AND BACTERIOLOGY SECTION

Paul H. Guttman, M. D., *Chairman*
1127 Eleventh Street, Sacramento

Roy W. Hammack, M. D., *Secretary*
657 South Westlake Avenue, Los Angeles

John W. Budd, M. D., *Assistant Secretary*
2131 West Third Street, Los Angeles

First Meeting*

Monday, May 6, 1:30 p. m.

Paper No. 91:

Chairman's Address: Uveo-Parotitis—Clinical and Pathological Consideration—Paul H. Guttman, M. D., 1127 Eleventh Street, Sacramento, and Ralph Teall, M. D., 2626 L Street, Sacramento.

A case of uveo-parotitis in a male will be considered with a review of the clinical manifestations and a description of the pathological changes found from sections obtained by means of biopsy. A critical review of the literature will be presented, with particular reference to the etiology of the disease.

Paper No. 92:

Hodgkin's Disease: The Duration of Life Relative to Histopathology and to X-ray Treatment—David G. Mason, M. D., St. Luke's Hospital, San Francisco.

A brief statistical analysis of 212 cases in which the initial lymph node histo-pathology is correlated with the duration of life and in which the percentage of cases living, three, five and ten years, with and without x-ray, is presented.

Business Recess

Business meeting and election of officers.

Paper No. 93:

Paroxysmal Nocturnal Hemoglobinura (Marchiafava-Micheli Syndrome)—Arthur A. Marlow, M. D., and E. F. F. Copp, M. D., Scripps Metabolic Clinic, La Jolla.

A discussion of the four types of endogenous hemoglobinuria and their differentiation. Review of present knowledge and etiology of hemolytic anemia with paroxysmal nocturnal hemoglobinuria. Report of case with studies concerning changes in acid-base equilibrium and possible immunological factors.

Section Aides:
Rawson J. Pickard, M. D., San Diego; Harold S. Sumerlin, M. D., San Diego.

* The Section on Pathology and Bacteriology will hold only one meeting at the Coronado annual session. Members are requested to read the "Other Meetings" programs, listed for Sunday, May 5.

Paper No. 94:

The Comparative Value of Liver Function Tests in Cirrhosis of the Liver—Horace B. Cates, M. D., 1930 Wilshire Boulevard, Los Angeles.

Following peritoneoscopy and liver biopsy on forty cases proved to have cirrhosis liver function tests were made. The degree of accuracy of the hippuric acid, bromsulphthalein, cholesterol and esters, and the albumin globulin ratio, are compared. The sensitivity of the bromsulphthalein test in acute hepatitis upon chronic alcoholics is presented.

Paper No. 95:

The Hour of Death—Emil Bogen, M. D., Olive View Sanitarium, Olive View.

The exact time of occurrence in the more than sixteen thousand deaths reported in Los Angeles during the year 1935 shows interesting variations. More deaths were reported during the daytime than at night, especially from cardio-vascular and respiratory diseases, while deaths from diabetes and from poisonings were reported more often during the nighttime. Deaths from auto accidents, poisonings and circulatory diseases increase during the week-end, when deaths from operative conditions are at a minimum. Possible precipitating factors affecting the exact time of death from various conditions are suggested.

Paper No. 96:

Glycogen in the Walker Rat Tumor—Howard A. Ball, M. D., San Diego County Hospital, San Diego.

Correlation of biochemical and histological findings in relation to tumor size and rate of growth and the effect of hypophysectomy.

X

PEDIATRICS SECTION

Hartzell H. Ray, M. D., *Chairman*
23 Second Avenue, San Mateo

W. W. Belford, M. D., *Secretary*
601 Medico-Dental Building, San Diego

John J. Miller, M. D., *Assistant Secretary*
2000 Van Ness Avenue, San Francisco

First Meeting

Monday, May 6, 1:30 p. m.

A Symposium on Eczema of Infancy and Early Childhood

This will be a joint meeting with the Section on Dermatology.

Already Listed as Paper No. 63.

Chairman's Address—Cutaneous Diseases of the Newborn—N. P. Anderson, M. D., 2007 Wilshire Boulevard, Los Angeles.

Already Listed as Paper No. 64.

Classification—Kendal Frost, M. D., 1930 Wilshire Boulevard, Los Angeles.

By the term eczema, we designate the eruptions which are characterized by itching, redness, vesiculation, weeping, and in chronic states by thickening and fissuring. They may vary in cause from sensitivity to contact substances, or to protein substances ingested or inhaled. Seborrheic dermatitis produces many of these eruptions. There are also infections by bacteria, yeasts and molds which complicate this subject. The problem in infancy is the same as in adult life.

Already Listed as Paper No. 65.

Pediatric Management—Crawford Bost, M. D., 490 Post Street, San Francisco.

The care of infantile eczema rests primarily with the pediatrician. Successful management must include strict attention to details. Early recognition, prompt and proper local treatment are not always sufficient therapeutic measures. The addition of dietary and environmental control often results in complete clearing and perhaps prophylaxis from further allergic manifestations.

Already Listed as Paper No. 66.

Diet as Method of Control—Albert H. Rowe, M. D., and Carl L. Mauser, M. D., 2940 Summit Street, Oakland.

Food allergy most commonly causes infantile eczema, decreasing in favor of inhalant and less often contact allergy with advancement of childhood. Skin reactions may reveal allergic foods. Usually negative reactions make diet trial unnecessary. Soy bean substitutes for milk, goat's milk or cow's milk, with other foods which infrequently cause allergy are used for diet trial. Protection of nutrition, accurate preparation of the diet, and prolonged coöperation are imperative.

Already Listed as Paper No. 67.

Skin Testing—Application—Hyman Miller, M. D., 1136 West Sixth Street, Los Angeles.

A proper evaluation of the skin test in allergic eczema depends on its proper use. When the limitations of the method are well known and interpretations are made in the light of these limitations, skin testing is difficult to replace with any other known procedure.

Already Listed as Paper No. 68.

Dermatologic Management—Frederick G. Novy, Jr., M. D., 411 Thirtieth Street, Oakland.

This paper will be a discussion of the uses of various types of local therapy, with special consideration to the treatment of the four conditions generally grouped under the term "infantile eczema."

Discussion to be opened by William H. Goeckerman, M. D., 727 West Seventh Street, Los Angeles.

Second Meeting

Wednesday, May 8, 1:30 p. m.

Paper No. 97:

The Broader Aspects of Pediatrics—Oscar Reiss, M. D., 2200 West Third Street, Los Angeles.

Pediatricians are being increasingly questioned by patients concerning behavior difficulties and problems. These questions require authentic replies. The pediatrician must become more cognizant of the relationship between the physical and emotional. An attempt is made to describe the structure of mental hygiene and how a thorough understanding of this will enable the pediatrician to meet many of his problems in a more comprehensive manner.

Discussant—Ernst Wolff, M. D., San Francisco.

Paper No. 98:

Pulmonary Overexpansion in Infancy and Early Childhood—Ray A. Carter, M. D., Los Angeles County General Hospital, Los Angeles.

The lungs of infants and small children show, roentgenographically, relatively low aeration and expansion for various anatomic, physiologic and technical reasons. In certain diseases and mechanical conditions, evidence of overaeration and overexpansion is seen.

This is a useful roentgen sign, whose absence or presence may at times be a determining factor in diagnosis.

Discussant—Oscar Reiss, M. D., Los Angeles.

Business Recess

Business meeting and election of officers.

Paper No. 99:

A Clinical Study of the Encephalitis Cases in the San Joaquin—R. J. van Wagenen, M. D., 2014 Tulare Street, Fresno.

A description is given of this equine form of encephalitis as it has appeared in man. A short résumé is given of the research work done on this new infectious disease.

Discussants—C. M. Hyland, M. D., Los Angeles; Chester Mead, M. D., Bakersfield.

Paper No. 100:

Sulfapyridine Therapy in Pneumonia of Childhood—A Review of One Hundred Twenty-six Cases—E. Earl Moody, M. D., 829 South Alvarado, Los Angeles.

Clinical, x-ray, and typing methods prove cases. Low mortality proves drug efficiency. Symptomatic reactions, effects on blood, kidneys, complications of drug reviewed. Effect of drug evaluated on group, classified as to age, type of pneumococcus, presence of bacteremia, complications of disease. Blood concentration inconstant. Rectal and oral therapy compared.

Discussants—S. J. McClendon, M. D., San Diego; Howard Cooder, M. D., Los Angeles.

XI

RADIOLOGY SECTION

Robert R. Newell, M. D., *Chairman*
Stanford University Hospital, San Francisco

Carl D. Benninghoven, M. D., *Secretary*
Mills Memorial Hospital, San Mateo

Ray A. Carter, M. D., *Assistant Secretary*
Los Angeles County General Hospital, Los Angeles

First Meeting

Monday, May 6, 1:30 p. m.

Paper No. 101:

A Comparison of Skin Reactions Produced by Two Hundred KV and One Thousand KV Radiations—Robert S. Stone, M. D., and J. Maurice Robinson, M. D., University of California Medical School, San Francisco. Paper to be read by Doctor Robinson.

The authors undertook to determine whether or not similar skin reactions could be produced by high-voltage radiations of widely different qualities when using the protracted fractionated method of treatment. Patients with uterine cancer were chosen, as each side of the pelvis could be cross-fired separately. The right side was treated with 200 kv radiations (hvl 1.05 Cu) and the left with 1,000 kv radiations (hvl 9.5 Cu).

Discussion by William E. Costolow, M. D., Los Angeles.

Paper No. 102:

Low Voltage Contact Roentgen Therapy (Chaoul Therapy)—John W. Crossan, M. D., Lowell S. Goin, M. D., and Joseph Jellen, M. D., 2301 Bellevue Avenue, Los Angeles. To be presented by John W. Crossan, M. D.

The basic principles of contact low voltage roentgen therapy, or so-called chaoul therapy, are described with a brief résumé of the physics involved. The method has a limited field of application and the possible uses are described. The technique of application is given and the doses which we have employed are mentioned. This paper is intended as a preliminary presentation.

Paper No. 103:

The Correlation of the Histogenesis and the Roentgenographic Changes in Osteogenic Neoplasms—J. Vernon Luck, M. D., 1930 Wilshire Boulevard, Los Angeles.

The roentgenographic picture as observed during the development of benign and malignant osteogenic neoplasms is analyzed in terms of the pathology. The histology and histogenesis of each tissue present in these tumors is demonstrated simultaneously with the roentgenogram of the tissue.

Discussion by Lowell S. Goin, M. D., and Paul E. McMaster, M. D., Los Angeles.

Paper No. 104:

Body Section Roentgenography in Pulmonary Tuberculosis—W. R. Oeschsli, M. D., Olive View Sanatorium, Olive View.

Eight months' experience with a simply and inexpensively constructed planigraphic attachment in proving or disproving cavitation and in depicting various other types of tuberculous involvement of the lungs.

Discussion by Robert Powers, M. D., Palo Alto.

Business Recess

Business meeting and election of officers.

Intersection Radiology Papers*

Pediatric Section

Pulmonary Overexpansion in Infancy and Early Childhood—Ray A. Carter, M. D., Los Angeles County General Hospital, Los Angeles.

Eye, Ear, Nose and Throat

Roentgen Therapy in the Treatment of Absolute Glaucoma—A. J. Williams, M. D., 450 Sutter Street, San Francisco.

General Meeting

The Evaluation of the X-ray in the Diagnosis of Diseases of the Gall Bladder—Kenneth S. Davis, M. D., St. Vincent's Hospital, Los Angeles.

XII

UROLOGY SECTION

John A. Dougherty, M. D., *Chairman*
3115 Webster Street, Oakland

Lyle G. Craig, M. D., *Secretary*
65 North Madison Avenue, Pasadena

First Meeting

Monday, May 6, 1:30 p. m.

Paper No. 105:

Pyelitis—Etiology, Symptomatology, and Recent Developments in Treatment—William H. Barnes, M. D., First National Bank Building, Chico.

The subject of pyelitis, although old, still offers plenty of problems for investigation and treatment. This paper deals only with that phase of the infection associated with pyogenic organisms, the variation in symptomatic responses, and observations in recent chemotherapeusis.

Discussion opened by Ralph B. Mullenix, M. D., San Diego, and by A. J. Scholl, M. D., Los Angeles.

Section Aides:
Wilbur Bailey, M. D., Los Angeles; Richard T. Taylor, M. D., Los Angeles.

Section Aides:
Edgar C. Lee, M. D., San Diego; James A. May, M. D., San Diego; Ralph B. Mullenix, M. D., San Diego.

* For days and hours of the three papers listed below, see Section programs and also General Meetings, pages 12 and 13.

Paper No. 106:

Prostatic Surgery—Clyde W. Collings, M. D., 3875 Wilshire Boulevard, Los Angeles.

Observations upon the relief of prostatic obstruction during the past fifteen years. Present-day feeling among American and European urologists as to transurethral and open prostatectomy methods. The problem of the clinic as compared to the private patient. Preoperative study, various surgical techniques, postoperative care, and end results. (Motion picture.)

Discussion opened by Hermon C. Bumpus, M. D., Pasadena.

Paper No. 107:

Progress in the Examination of Semen Relative to Fertility—Lewis Michelson, M. D., 490 Post Street, San Francisco.

Examinations in the past have been superficial and haphazard. Study must include total and differential count, endurance, and grade of motility of spermatozoa, and other properties of ejaculate. These results must be correlated with other laboratory and clinical findings to determine grade of fertility. Technique, charts, case reports, and lantern slides.

Discussion opened by Chester MacKay, M. D., Los Angeles.

Paper No. 108:

Rupture of the Lower Urinary Tract—J. Salem Rubin, M. D., and Lester A. Riskind, M. D., 1930 Wilshire Boulevard, Los Angeles.

Rupture of the urethra and urinary bladder is discussed and illustrated with two unusual cases to emphasize: (1) Etiology. (2) Need for early recognition to permit immediate surgical intervention. (3) Occasional lack of history or direct evidence of rupture. (4) Unusual complications and associated conditions. (5) Important medico-legal aspects.

Discussion opened by T. I. Buckley, M. D., Oakland, and A. J. Scholl, M. D., Los Angeles.

Paper No. 109:

Persistence of the Gonococcus in Urethral Tissues—James R. Dillon, M. D., 490 Post Street, San Francisco.

More or less adopted theory that the gonococcus dies out spontaneously in the urethral tissues in a few months. Presentation of a group of cases of proven recrudescences of gonorrheal urethritis many years after apparent cure; covering clinical pathology, recrudescences, treatment, and eventual positive cure.

Discussion opened by Elmer Belt, M. D., Los Angeles.

Paper No. 110:

Chairman's Address: Analysis of Causes of Death in Prostatectomy—John A. Dougherty, M. D., 3115 Webster Street, Oakland.

This is a résumé of eighty-seven deaths following prostatectomy occurring in hospitals in the Bay region. A critical survey of the histories has been made, with comments on the preoperative and postoperative courses.

⁂

Second Meeting

Wednesday, May 8, 1:30 p. m.

Paper No. 111:

Vaginal Ureterolithotomy; Report of Eight Cases—R. Theodore Bergman, M. D., 947 West Eighth Street, Los Angeles.

The literature is briefly reviewed. Indications for vaginal ureterolithotomy are presented. Operative technique successfully used is described, and eight cases reported upon whom the operation has been done. Lantern slides demonstrating the technique, and a few statistics will be included.

Discussion opened by Samuel K. Bacon, M. D., Hollywood.

Paper No. 112:

Uretero-Intestinal Implantation: Clinical Summary of Recent Experiences—Frank Hinman, M. D., 384 Post Street, San Francisco.

Introduction, with brief discussion of indications. Detailed clinical report of last sixteen cases, all living. Six had carcinomas of the bladder or urethra, and nine benign conditions. Of these, five were exstrophy, two extensive fibrosis, one vesical tuberculosis, and one vesico-vaginal fistula. Discussion of the above with respect to condition, preparation (particularly as to preliminary nephrostomy), and technique of both the implantation and the subsequent cystectomy.

Discussion opened by Lloyd R. Reynolds, M. D., San Francisco.

Business Recess

Business meeting and election of officers.

Paper No. 113:

Studies in the Lymphatics of the Bladder—Tracy O. Powell, M. D., 1052 West Sixth Street, Los Angeles.

The lymphatics of human bladders have been injected, cleared, and prepared for study. The lymphatic mechanism within the bladder wall and the course of important collecteurs are clearly visualized. Findings, correlated with information available from medical literature, are discussed from the clinical standpoint. Explanation of certain postoperative bladder disorders will be considered.

Discussion opened by Alvin G. Foord, M. D., Pathologist of the Huntington Memorial Hospital, Pasadena.

Paper No. 114:

Some Observations on Fibrous Cavernositis—Edward W. Beach, M. D., Medico-Dental Building, Sacramento.

An appeal to the general practitioner (urologists having been initiated) for wider recognition of this morbid entity, to promote better understanding for the sufferer and his symptom complex. The paper treats principally of the clinical aspects, but offers no infallible or personalized remedy for Blitzkrieg on the disease. Fifteen personal cases are reviewed.

Discussion opened by Miley B. Wesson, M. D., San Francisco, and Orville N. Meland, M. D., Los Angeles.

Paper No. 115:

The Relation Between Ureteral Length and Body Height in Children—Donald A. Charnock, M. D., 727 West Seventh Street, and R. Wendell Coffelt, M. D., Resident in Pathology, Children's Hospital, Los Angeles.

With the increasing interest in children's urology, a study of the relation between ureteral length and body height has been undertaken, using autopsy material. Ureteral length has been compared to body height and trunk length from the symphysis to the sternal notch. The latter has been found the more accurate. This preliminary report is accompanied by charts and lantern slides.

Discussion opened by C. M. Hyland, M. D., Pathologist of the Children's Hospital, Los Angeles.

Paper No. 116:

Treatment of Eunuchoidism by Pellet Implantation of Methyl Testosterone—Gerson R. Biskind, M. D., 2200 Post Street, and Bernard Strauss, M. D., 450 Sutter Street, San Francisco.

An improved, simplified technique for the administration of testosterone crystals in pellet form is described. Discussion of the advantages of this method, and comparison with methods currently employed. Presentation of illustrative cases.

Discussion opened by A. A. Kutzmann, M. D., Los Angeles.

V—OTHER MEETINGS

I

PATHOLOGICAL CONFERENCE: CANCER COMMISSION

Sunday, May 5, 9:30 a. m.

The next Microscopic Conference of the Cancer Commission of the California Medical Association will be held at the Hotel del Coronado, San Diego, on Sunday, May 5, at 9:30 a. m.

In order that the Committee in charge of the Conference may go over the cases that are sent in, we are asking that if you have a case which you would like to present, you send in two or three sample slides and a case history for the Committee's perusal as soon as possible. The Committee in charge of this meeting consists of Dr. Rawson J. Pickard (chairman), Dr. Howard Ball, Dr. James D. Edgar, Dr. H. A. Thompson, and Dr. H. S. Sumerlin.

If a case is accepted, the Committee will notify you and ask that you make up a set of sixty slides for distribution. The Committee is particularly anxious to obtain slides which are made of properly fixed material, so that the slides will be satisfactory for diagnosis.

We are interested in getting the cases ready several weeks before the meeting, and would appreciate receiving sample slides and histories as early as possible. We feel that if slides can be sent to the pathologists throughout the state at least two weeks before the meeting, the cases can be diagnosed more satisfactorily and the discussion will be much more interesting. In the past, material has always been sent in so late that it has been difficult to get the slides out, and some of the participants have had to go without slides.

Will you kindly give this matter your prompt attention in order that the programs may be as interesting as possible. Kindly send your preliminary history and slides to the Chairman of the Committee, Dr. Rawson J. Pickard, 520 E Street, San Diego. He will notify you if your case is accepted, following action by his committee.

P. S.—Bring your own microscope. Send your reservation to the Secretary of the Cancer Commission, Dr. Otto H. Pflueger, 384 Post Street, San Francisco.

II

RADIOLOGICAL CONFERENCE: CANCER COMMISSION

Sunday, May 5, 9:30 a. m.

The annual Conference on Radiology will be held at the Hotel del Coronado on Sunday, May 5, beginning at 9:30 a. m. As in the past, this meeting will concern itself with diagnosis and therapy problems in radiology. The Committee arranging for this meeting consists of Dr. Lyell C. Kinney (chairman), Dr. A. B. Smith, and Dr. Otto Weiskotten. An interesting program has been arranged.

Kindly make reservations with the Chairman of the Committee, Dr. Lyell C. Kinney, at 1831 Fourth Street, San Diego.

* * *

The Cancer Commission of the California Medical Association has arranged the following program for the annual Radiological Conference to be held at the Hotel del Coronado on May 5. The morning session will consist of problems in differential diagnosis, while the session in the afternoon will be devoted to problems in therapy. Following the presentation of the case, a portion of the half-hour will be given over to questions and round-table discussion.

9:30 to 12 noon.—*Problems in Differential Diagnosis.*

Kidney Tumors—Richard Taylor, Los Angeles.
Tumors of the Spine—Ray Carter, Los Angeles.
Bone Reactions to Meningioma—Robert Newell, San Francisco.
Pulmonary Malignancy—A. B. Smith, La Jolla.
Tumors of the Cecum—Kenneth Davis, Los Angeles.

2:00 to 5 p. m.—*Problems in Therapy.*

Pituitary Tumor—L. H. Garland, San Francisco.
Hodgkin's Disease—Henry J. Ullmann, Santa Barbara.
Intra-oral Carcinoma (Gums)—George S. Sharpe, Pasadena.
Carcinoma of the Prostate—J. M. Robinson, San Francisco.
Carcinoma of the Thyroid—William Costolow, Los Angeles.
Giant Cell Tumor—John Crossan, Los Angeles.

In submitting this program the Committee expects this to be a live round-table discussion on the problems presented and hopes that each one who attends will take an active part.

The local Arrangements Committee, consisting of Dr. A. B. Smith, Dr. Otto Weiskotten, and Dr. L. C. Kinney, will appreciate your making an early reservation for the preconvention conference. For further information address Otto H. Pflueger, M. D., 384 Post Street, San Francisco.

* * *

Round-Table Discussion of Malignant and Pre-Malignant Disease of the Rectum and Anus

10:00 a. m.

Pathology.

The early and precancerous lesions, the paths of invasion of the anal and rectal malignancies, and the clinical significance will be discussed.

X-Ray-Diagnosis and Treatment.

Demonstration of films of cases of malignancy of the rectum.

Treatment of malignancies involving the anal canal and the rectum.

Clinical and Surgical Aspects.

The precancerous and early malignancies will be discussed from the standpoint of diagnosis and treatment. Usual symptoms of carcinoma and general methods of care will be discussed.

Typical illustrative cases will be presented.

Round-Table Discussion of Malignant Disease of Large Intestine

2:00 p. m.

Meeting No. 1

The pathology of malignant diseases of the colon will be discussed from the standpoint of the precancerous processes; the early lesion of carcinoma; the manner of spread through the bowel wall and lymphatics and the anatomical types of carcinoma. Colon malignancies will be compared with other types of malignant disease in the body.

X-Ray Considerations.

Demonstration of typical films of malignancy of the cecum, transverse, descending and sigmoid portions.

Differential diagnosis of diverticulitis, bands, ulcerative disease, polyposis, and strictures. Mistakes by the roentgen method and probable percentage of right diagnoses. Roentgen technique—importance of fluoroscopy, air injection, and meal versus enema.

The clinical and surgical aspects of the disease will be discussed under the following:

1. Incidence
2. Clinical course
3. Rôle of infection and obstruction
4. Consideration of methods of clinical and x-ray diagnoses
5. Surgical management of uncomplicated and problem cases will be given special consideration

III

CLINICAL MEETING ON CANCER

Sunday, May 5, 9:30 a. m.

The annual Clinical Session on Cancer will be held at the Hotel del Coronado on Sunday, May 5, beginning at 9:30 a. m. The program for this meeting will concern itself with tumors of the gastro-intestinal tract, at which time clinical and pathological aspects will be discussed. This program is being arranged by a committee under the chairmanship of Dr. A. H. Zeiler. One of the primary reasons for having this meeting is to encourage men interested in this subject to take more interest in the surgical pathology of the tumors with which they are dealing.

We wish to make it clear that this meeting is entirely separate from the meeting of the pathologists and radiologists. Please make your reservation with the secretary of the Cancer Commission, Dr. Otto H. Pflueger, 384 Post Street, San Francisco, at your earliest convenience.

IV

CONFERENCE ON SKIN PATHOLOGY

Sunday, May 5, 9:30 a. m.

Conducted by Doctors Arne Ingels, San Francisco; Samuel Ayres, Jr., Los Angeles; and Ernest Stratton, San Francisco.

A presentation of individual problem slides by members of the Section, lantern slides, and projection of microscopic sections. Individual microscopes are necessary.

For information concerning the Conference, address any member of the Committee.

V

CONFERENCE ON HEART CONDITIONS

Additional information concerning the programs, meeting places, and exhibits will appear in the annual session programs. See, also, the bulletin boards for other announcements.

Topics for California State Heart Exhibit

Mechanism of Hypertension—Meyer Friedman.

The Treatment of Hypertension—Harold H. Rosenblum.

Recent Advances in the Treatment of Heart Disease—Francis L. Chamberlain.

Peripheral Vascular Disease—M. Laurence Montgomery.

Rheumatic Heart Disease in California—Ina M. Richter.

The Heart in Diphtheria—Gordon E. Hein.

The Coronary Circulation—John J. Sampson.

The Electrocardiogram and the General Practitioner—Wilbur A. Beckett.

Heart Disease in Pregnancy—James F. Anderson.

The Therapeutic Use of Digitalis—John C. Ruddock.

The Value of Fluoroscopy in the Diagnosis of Heart Disease—Kenneth S. Davis.

Cardiac Neurosis—J. Marion Read.

The Significance and Treatment of Cardiac Irregularities—Howard F. West.

Syphilitic Heart Disease—R. Manning Clarke.

Congenital Heart Disease—Louis E. Martin.

Subacute Bacterial Endocarditis—George Houck.

VI

CONFERENCE OF SECRETARIES OF COMPONENT COUNTY MEDICAL SOCIETIES

Sunday, May 5, 2 p. m.

The annual preconvention meeting of secretaries of the component county medical societies in California will convene at 2 p. m., Dr. Robert A. Peers, Colfax, presiding. In due course, program and other information will be sent to the county society secretaries.

VII

CALIFORNIA PHYSICIANS' ART ASSOCIATION

Exhibit to be held at annual session of the California Medical Association, Hotel del Coronado, May 6 to 9.

In the neighborhood of two hundred members of the American Physicians' Art Association, located in California and adjacent states, are potential members of the newly organized California Physicians' Art Association.

In a *News Letter* and questionnaire sent out two weeks ago, we have had such remarkable response that we feel assured of at least two hundred pieces of art for our first annual exhibition in the Circus Room of the Hotel del Coronado, May 6 to 9.

Trophies.—Dr. Emil Seletz, the noted brain surgeon and sculptor of Los Angeles, has donated three loving cups for the best art piece exhibited in oils, sculpture, and handicraft. Cutter Laboratories, Berkeley, has donated a loving cup for the best in water color, and Brommel's Pharmacy a loving cup for the best in photography. We are in communication with Doctor Tanner, Chairman of the Committee on Arrangements, about the local committee in San Diego donating a perpetual loving cup as a grand prize. Ayerst, McKenna, and Harrison are offering a cup for the best etching, and E. R. Squibb and Sons are presenting a cup for the best exhibit in ceramics.

The California Physicians' Art Association is making arrangements with Balfour Jewelry Company to make some very striking plaques that will be donated by our Association for those art pieces that display unusual degree of excellence either in originality or creative ability. Also, medals will be awarded for any art piece displaying distinctive merit.

Insignia Contest.—The Association is in need of an appropriate insignia. The member who submits the most unique as well as artistic emblem will be awarded a cash prize of $20. To enter this contest, sketch the design you have to offer in black and white, mounted on white cardboard 8 by 10 inches, with your name and address printed clearly on the back and mail to the contest chairman, Dr. Paul E. Wedgewood, Medico-Dental Building, San Diego. These sketches will be exhibited at the art show.

Instructions About Shipping Art Pieces.—Properly pack all art pieces and ship by Railway Express, prepaid, to Hotel del Coronado, in care of Mr. Ernest Tiedemann. Ship pieces to arrive at the hotel between April 26 and May 1.

Dues and Hanging Fees.—Dues have been placed at one dollar and hanging fees at fifty cents, each payable to Dr. R. W. Burlingame, San Francisco Hospital, San Francisco, with a maximum number of five pieces that can be exhibited by one person. Each physician who exhibits one or more art pieces at this show will be registered as a charter member of the California Physicians' Art Association.

For further information, address: Francis H. Redewill, M. D., Executive Secretary, Flood Building, San Francisco; or Joseph C. Savage, M. D., Corresponding Secretary, 2200 West Third Street, Los Angeles.

◆

VI—SCIENTIFIC EXHIBITS AND FILMS

Mezzanine Floor and Corridor

Scientific Exhibits

As in previous years, a series of scientific exhibits will be shown by members of the Association and by affiliated organizations. Detailed information concerning such exhibits will be given in the annual session programs to be distributed at Coronado.

Among physicians who have indicated their willingness to present possible exhibits may be mentioned: H. O. Barnes, Los Angeles; Edmund P. Halley, Stockton; Fred Lindenberg, Hollywood; Albert H. Rowe, Oakland; and Arthur E. Smith, Los Angeles.

Exhibits by Organizations.—Organizations that will present exhibits include: California Physicians' Service; California Medical Association Section on Radiology; California Tuberculosis Association; and California Heart Association.

Every member of the Association who is in position to present a scientific exhibit is requested to communicate with the Association Secretary, 450 Sutter Street, San Francisco. Additional information will be forwarded concerning the scientific exhibit division.

Films

Owing to lack of space and other reasons, it will not be possible this year to put into execution plans that were considered and approved by the Committee on Scientific Work, whereby medical films (both amateur 16 mm., non-inflammable, and the professional 35 mm. types) would have been presented at specified periods throughout the better part of Monday, Tuesday, and Wednesday afternoons.

However, a limited number of medical films will be presented, the Council having designated the hours of 4 to 6 p. m. for such displays. Additional information will be given in the Coronado programs and on the bulletin boards.

Films by Members.—Members of the California Medical Association who have indicated a willingness to take part in this activity include: Conrad Baumgartner, Los Angeles; William Boyce, Los Angeles; Thomas O. Burger, San Diego; W. W. Crane, Oakland; William H. Daniel, Los Angeles; Frank S. Dolley, Los Angeles; Henry C. Gernand, Los Angeles; Frank Hinman, San Francisco; John C. Irwin, Los Angeles; Charles F. McCuskey, Glendale; Paul McMaster, Los Angeles; Orville Meland, Los Angeles; A. E. Moore, San Diego; Rupert B. Raney, Los Angeles; E. T. Remmen, Los Angeles; Carl Rusche, Los Angeles; Buell Sprague, Hollywood; Arnold Stevens, Hollywood; Harold L. Thompson.

A cordial invitation is extended to members who have produced medical films to write to the Association Secretary for information concerning the arrangements. The headquarters office desires to know the names of members who possess medical films.

◆

VII—ENTERTAINMENT*

(For places and hours of luncheons, and other entertainment features, such as golf, horses, swimming, skeet shooting, consult the bulletin boards in the lobby.)

Sunday.

Golf.

Swimming.

Horses.

Tuesday Evening.

Dinner to President Charles A. Dukes, Hotel del Coronado, 7:30 p. m., main dining room. Reservations for plates should be made at the hotel desk by noon on Tuesday. Guests of Hotel del Coronado will sign regulation cards at the tables. Reservations for tables should be made with the dining-room captain. Dining-room captain can reserve tables for parties of eight or more, but tickets must be purchased in advance for such table reservations.

Golf Tournament.

Dr. Chester Tanner, who is in charge of entertainment when the State Medical Association holds its meetings at the Hotel del Coronado from May 6 to 9, has appointed Dr. Edwin H. Kelley chairman of the golf tournament.

Solicitations have been under way from the various firms, both local and state, regarding prize donations from which a very agreeable response has been received. The tournament is to be held Tuesday afternoon, May 7, at the San Diego Country Club. Inasmuch as we wish to make the competition as fair as possible, it is suggested that each member expecting to participate bring some certification as to his handicap so that he may be placed in the proper group.

Registration for the tournament will be taken in the lobby of the hotel on Sunday and Monday preceding the meeting. The trophies will also be on display in the hotel one week prior to the meeting.

For further information, address Dr. Edwin Hal Kelley, 1205 Medico-Dental Building, San Diego.

Sea Fishing.

For those who are interested in deep-sea fishing, it would be advisable for them to telephone ahead or write a note to Dr. John T. Wells, U. S. Grant Hotel, San Diego, who will be glad to make all arrangements. It has also been arranged that the clerk in the lobby of the hotel will take reservations for deep-sea fishing as well as for golf.

---

* For entertainment features sponsored by the Woman's Auxiliary, see program of Woman's Auxiliary.

VIII—TECHNICAL EXHIBITS

A. S. Aloe Company Booths 14-15
Los Angeles

A. S. Aloe Company will exhibit a full and complete line of custom built examining and treatment room equipment made of genuine burl walnut, the most beautiful and exclusive equipment obtainable, also Steeline examining and treatment room equipment produced in our own factory. We will also exhibit our improved x-ray, complete line of instruments and physiotherapy equipment, and your everyday needs. A visit to our display places you under no obligation.

Ayerst, McKenna & Harrison, Booth 8
United States, Ltd.
Rouses Point, N. Y.

Ayerst, McKenna & Harrison (U. S.), Ltd. Makers of the orally-active, water-soluble oestrogenic hormone "Emmenin." Other products to be shown include "A. P. L." and factors of the anterior hypophysis, prepared after the technique of Dr. J. B. Collip, Department of Biochemistry, McGill University.

Don Baxter, Inc. Booth 11
Glendale

The Baxter exhibit will include Baxter's latest contribution to parenteral therapy, the Transfuso Vac for indirect blood transfusion. The Transfuso Vac is a dispensing container which employs vacuum for the drawing of donor's blood, citrates the blood as it is drawn, and provides an aseptic closed system from donor to recipient. On display will be the Pioneer intravenous solutions in the famous Baxter Vacoliter, the only dispensing container with "visible index of sterility." Baxter representatives will demonstrate these advanced techniques for parenteral therapy, and pertinent literature will be available at the Baxter booth.

The Borden Company Booth 4
New York, New York

A visit to the Borden Booth No. 4 will acquaint you with the unique virtues of Biolac, today's outstanding *liquid* infant food which enables the artificially fed baby to enjoy both nutritional and digestional advantages of the breast-fed. Also exhibited are Dryco, Special Dryco, Beta Lactose, Klim, Merrell-Soule Products, and Borden's Irradiated Evaporated Milks.

Burroughs Wellcome & Co. Booth 2
New York, New York

The Burroughs Wellcome & Co. exhibit at Booth No. 2 presents a representative group of fine chemicals and pharmaceutical preparations, together with new and important therapeutic agents of special interest to the medical profession.

Ciba Pharmaceutical Products Booth 27
Summit, New Jersey

Ciba Pharmaceutical Products, Inc., exhibit in Booth 27, will feature their well known line of specialties, including Coramine, Nupercainal, Digifoline, Trasentin, etc. Latest information, literature and reprints of recent papers by outstanding endocrinologists and investigators will be available describing Perandren and Di-Ovocylin and their clinical application where androgenic and estrogenic therapy is indicated.

Cutter Laboratories Booth 7
Berkeley

Cutter Laboratories will have on display their complete line of biologicals and closely allied specialties. The latter includes Sobisminol Mass for oral adjuvant therapy in syphilis, Dextrose Solutions in saftiflasks, and the new Cutter vacuum transfusion outfit.

General Electric X-Ray Corp. Booth 19
Los Angeles

The General Electric X-Ray Corporation exhibit will include apparatus representing the latest advances in x-ray and physical therapy along with a representative collection of some interesting radiographs.

Gerber Products Co. Booth 26
Fremont, Michigan

Ten new foods which have just been added to the Gerber Foods will be on display in the Gerber Booth No. 26. Copies of both the professional literature and the booklets for mothers are there for your examination and will be sent to you on request.

Libby, McNeill and Libby Booth 29
Chicago, Illinois

The exhibit of Libby, McNeill & Libby, Chicago, will feature a novel presentation of the story of Libby's specially homogenized Baby Foods and Libby's Homogenized Evaporated Milk. A marionette stage occupies a prominent position in the booth. The action of the puppets is synchronized with a sound slide film so that the story is both pictorial and verbal. Doctors hear the story by listening in at handily placed cradle telephones. This presentation is supplemented by illuminated photomicrographs and displays of the Libby products which are being so widely used in infant feeding.

Liebel-Flarsheim Co. Booth 10
Cincinnati, Ohio

Liebel-Flarsheim, Cincinnati, Ohio, will exhibit the well known L-F Short Wave Generators, the "Raysun" therapeutic lamp, as well as the famous Bovie Electro-Surgical units, known and used by surgeons and hospitals everywhere. In addition, other new and useful physio-therapy apparatus will be shown. Make it a point to see this new equipment and have it demonstrated to you. A cordial invitation is extended to visit Liebel-Flarsheim Booth No. 10.

Lippincott Company Booth 16
Philadelphia, Pennsylvania

Among the interesting Lippincott publications on display will be Kugelmass' "Newer Nutrition in Pediatric Practice" and Becker and Obermayer's "Modern Dermatology and Syphilology." Of similar importance is "Functional Disorders of the Foot" by Dickson and Dively which has gone into a second printing within five months of publication. Other interesting works include Thorek's "Modern Surgical Technic," Rigler's "Outline of Roentgen Diagnosis," Barborka's "Treatment by Diet" and many others.

Mead Johnson & Company Booth 3
San Francisco

Representatives of the company will be on hand to meet their medical friends and discuss with them any questions in connection with the products exhibited. Be sure to see the new products: Pectin-Agar in Dextri-Maltose and Olac. The exhibit will also include: Dextri-Maltose, Dextri-Maltose with extracts of Wheat Embryo and Yeast. Oleum Percomorphum, Cod Liver Oil fortified wi/Percomorph Liver Oil, Standardized Cod Liver Oil, Viosterol, Cod Liver Oil wi/Viosterol, Halibut Liver Oil, Viosterol in Halibut Liver Oil. Brewers' Yeast Tablets and Powder, Thiamin Chloride Tablets, Nicotinic Acid Tablets, Ascorbic Acid Tablets, Mineral Oil wi/Malt Syrup. Pablum and Cereal. Sobee, Olac, Protein Milk, Lactic Acid Milk, Casec.

The Medical Protective Company Booth 5
Wheaton, Illinois

The most exacting requirements of adequate liability protection are those of the professional liability field. The Medical Protective Company, specialists in providing protection for professional men, invites you to confer, at their exhibit, with the representative there. He is thoroughly trained in Professional Liability underwriting.

The Mennen Company Booth 9

Newark, New Jersey

The Mennen Company will exhibit their two baby products—Antiseptic Oil and Antiseptic Borated Powder. The Antiseptic Oil is now being used routinely by more than 90 per cent of the hospitals that are important in maternity work. Be sure to register at the Mennen exhibit and receive your kit containing demonstration sizes of their shaving and after-shave products; also, for the lucky number prize drawing to be held at the close of the convention for DeLuxe Fitted Leather Toilet Kits.

Merck and Company Booth 28

Rahway, New Jersey

There will be featured at the Merck booth *Sulfapyridine* (introduced as "Dagenan"; "M. & B. 693") in the treatment of pneumococcic pneumonia; *Vinethene,* an inhalation anesthetic for short operative procedures; the newer *vitamins,* and other items of interest to those attending the convention. All are cordially invited to visit the Merck booth, where Mr. S. A. Gaffney will be in charge.

Morning Milk Company Booth 1

Stockton, California

At Booth No. 1 the Morning Milk Company are exhibiting their Special Morning Milk, which is rapidly becoming the No. 1 evaporated milk for infant feeding in the State of California. Their Special Morning Milk is an ethically promoted evaporated milk with an added cod liver oil concentrate (White's). This natural fortification enhances the Vitamin D value of the milk by 400 U. S. P. units per tall (13-fluid oz.) can. It also increases the Vitamin A potency by 2,000 U. S. P. units per tall (13-fluid oz.) can. Every effort is made to distribute Special Morning Milk in strict accordance with the desires of the medical profession.

Philip Morris & Company, Ltd. Booth 25

New York, New York

Philip Morris & Company will demonstrate the method by which it was found that Philip Morris cigarettes, in which diethylene glycol is used as the hygroscopic agent, are less irritating than other cigarettes. Their representative will be happy to discuss researches on this subject, and problems on the physiological effects of smoking.

Pelton & Crane Company Booth 20

Detroit, Michigan

In Booth No. 20, Pelton & Crane Company of Detroit is showing representative items from its complete line of operating lights and sterilizers. Featured will be the popular new 6-inch office autoclave with special cabinet, and the new Twin "E & O" operating light, offering all of the advantages of a double-head spotlight suitable for all major surgery, at the lowest price ever placed on a light of this type. Exhibit in charge of Mr. Jack Fisher, who will welcome your inspection and questions.

Pet Milk Sales Corporation Booth 18

St. Louis, Missouri

The Pet Milk Company exhibit in Booth No. 18 will feature their product, "Irradiated Pet Milk." The latest information, literature and reprints of recent papers concerning the use of irradiated evaporated milk in infant feeding will be available. Attendants will be glad to answer any questions relative to the production of this product.

Petrolagar Laboratories, Inc. Booth 21

Chicago, Illinois

This year Booth No. 21 will be occupied by Petrolagar Laboratories, Inc., who offer, in addition to samples of the five types of Petrolagar, an interesting selection of descriptive literature and anatomical charts. Ask the Petrolagar representatives to show you the new Habit Time booklet. It is a welcome aid for teaching bowel regularity to your patients.

Sandoz Chemical Works Booth 12

San Francisco

Sandoz Chemical Works, Inc., San Francisco-New York, will exhibit several products of unusual merit as follows: Gynergen, for the dramatic relief of migraine; Digilanid, a new chemically pure digitalis preparation which has a striking action in restoring the efficiency of the failing heart to normal; Scillaren, contains the total glycosides of squill, a reliable cardio-diuretic; Bellergal, for the treatment of imbalance of the vegetative nervous system; Basergin and Neo-Gynergen, two new ergot products.

Schering Corporation Booth 24

Bloomfield, New Jersey

At Booth No. 24 Schering Corporation's representatives will be pleased to discuss latest developments in hormone therapy. New products on display will be Cortate (desoxycorticosterone acetate), Anteron (gonadotropic hormone from mares' serum), Pranturon (gonadotropic hormone from pregnancy urine), Pranone (orally effective progestin), as well as the other well known Schering hormone preparations—Progynon-B, Progynon-DH, Proluton, Oreton and Neo-Iopax.

E. R. Squibb and Sons Booth 23

New York, New York

Physicians attending the California Medical Association Convention are cordially invited to visit the Squibb Exhibit in Booth No. 23. The complete line of Squibb vitamin, glandular, arsenical and biological products and specialties, as well as a number of interesting new items will be featured. Well informed Squibb representatives will be on hand to welcome you and to furnish any information desired on the products displayed.

J. W. Stacey, Incorporated Booth 13

San Francisco

At Booth No. 13 J. W. Stacey, Incorporated, has a display of all new books on medicine, surgery, and the specialties, which have been issued since the showing last year. All members and their guests are cordially invited to browse at their leisure.

Frederick Stearns and Company Booth 17

Detroit, Michigan

Doctors are cordially invited to visit our attractive convention booth to view and discuss outstanding contributions to medical science developed in the Scientific Laboratories of Frederick Stearns & Company. Our professional representatives will be pleased to supply all possible information on the use of such outstanding products as Neo-Synephrin Hydrochloride for intranasal use, Mucilose (flakes and granules) for bulk and lubrication, Insulin-Stearns, Gastric Mucin, Trimax and Sulfanilamide tablets. A complete line of Vitamin products will also be displayed.

John Wyeth & Brother Booth 22

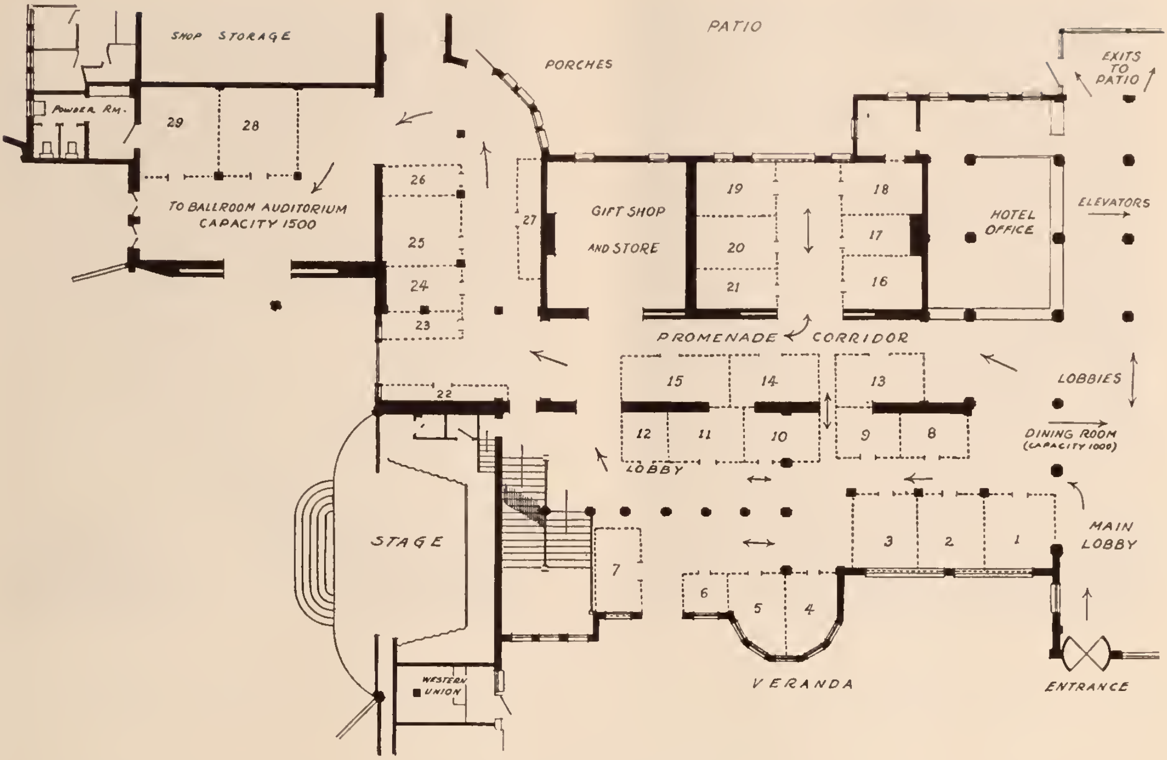
Philadelphia, Pennsylvania

John Wyeth & Brother will exhibit at Booth No. 22 Wyeth's Silver Picrate in Powder, Suppositories and Crystal form for the effective treatment of trichomonas Vaginalis Vaginitis and acute Anterior Urethritis.

Zweegman School for Medical Secretaries Booth 6

San Francisco

The Zweegman School for Medical Secretaries, located at 431 Sutter Street, San Francisco, is the original school specializing in the training and placing of medical secretaries. At Booth No. 6 the course will be thoroughly explained to those interested. Physicians desirous of obtaining the services of trained secretaries will be given every consideration. The first six volumes of the Gregg Medical Dictation Series, brought out under its supervision, includes several papers from CALIFORNIA AND WESTERN MEDICINE. Copies of these volumes will be available for study or purchase. Public stenographic services available.



ROSTER OF TECHNICAL EXHIBITORS—CALIFORNIA MEDICAL ASSOCIATION

Hotel del Coronado, May 6–9, 1940

Names of Exhibitors	Booth No.
Aloe Company, A. S., 932 South Hill Street, Los Angeles	14–15
Ayerst, McKenna & Harrison, Ltd., 781 Williams Street, Montreal, Canada	8
Baxter, Don, Inc., 1505 Gardena Avenue, Glendale	11
Borden Company, The, 350 Madison Avenue, New York	4
Burroughs Wellcome & Company, 9–11 East Forty-First Street, New York	2
Ciba Pharmaceutical Products, Summit, New Jersey	27
Cutter Laboratories, Fourth and Parker, Berkeley	7
General Electric X-Ray Corporation, 658 South Westlake, Los Angeles	19
Gerber Products Company, Fremont, Michigan	26
Libby, McNeill and Libby, U. S. Stock Yard, Chicago, Illinois	29
Liebel-Flarsheim Company, 303 West Third Street, Cincinnati, Ohio	10
Lippincott Company, 227 South Sixth Street, Philadelphia, Pennsylvania	16
Mead Johnson and Company, 670 Third Street, San Francisco	3
Medical Protective Company, The, Wheaton, Illinois	5
Mennen Company, The, 345 Central Avenue, Newark, New Jersey	9
Merck and Company, Rathway, New Jersey	28
Morning Milk Company, Continental Bank Building, Salt Lake City, Utah	1
Pelton and Crane Company, 632 Harper Avenue, Detroit, Michigan	20
Pet Milk Sales Corporation, St. Louis, Missouri	18
Petrolagar Laboratories, Inc., 8134 McCormick Boulevard, Chicago	21
Philip Morris & Company, Ltd., 119 Fifth Avenue, New York	25
Sandoz Chemical Works, 450 Sutter Street, San San Francisco	12
Schering Corporation, Bloomfield, New Jersey	24
Squibb and Sons, E. R., 745 Fifth Avenue, New York	23
Stacey, J. W., Incorporated, Flood Building, San Francisco	13
Frederick Stearns and Company, 6533 East Jefferson Avenue, Detroit	17
John Wyeth and Brother, 1118 Washington Avenue, Philadelphia, Pennsylvania	22
Zweegman School for Medical Secretaries, 431 Sutter Street, San Francisco	6

MRS. FREDERICK N. SCATENA
President, Woman's Auxiliary to the
California Medical Association
1940

MRS. G. WENDELL OLSEN
Recording Secretary, Woman's Auxiliary
to the California Medical Association
1940

IX—WOMAN'S AUXILIARY

Eleventh Annual Session

WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION

Headquarters at Hotel del Coronado, Coronado

MRS. FREDERICK A. SCATENA, *President* MRS. E. G. LINDEMULDER, *Convention Chairman*

Sunday, May 5

Arrival of delegates, members, and guests, greeted by the Hostess Committee.

3:00–7:00 p. m.—Registration at registration desk on veranda of hotel.

4:00 p. m.—Informal tea in Crown Room.

Monday, May 6

8:00 a. m.—Pre-Convention Board meeting in Crown Room.

9:00 a. m.–12 noon }
2:00 p. m.–6 p. m. } Registration.

10:00 a. m.—First general meeting of the California Medical Association. All Auxiliary members and wives of doctors are invited to attend.

12:30 p. m.—Informal luncheon at Hotel del Coronado.

2:00 p. m.—Boat trip around San Diego Bay, and Garden Tour simultaneously. Everyone will be able to take both trips.

8:00 p. m.—Reception and musicale in honor of Mrs. Dukes, wife of the president of the California Medical Association, to be held in the ballroom of the Hotel del Coronado.

Tuesday, May 7

9:00 a. m.–12 noon }
2:00 p. m.–6:00 p. m. } Registration.

9:30 a. m.—First general session of the eleventh annual convention in the Crown Room of the Hotel del Coronado, Mrs. Frederick A. Scatena presiding.

1:00 p. m.—Luncheon around the pool at the Hotel del Coronado in honor of Mrs. Frederick A. Scatena, with Mrs. Clifford A. Wright presiding. Speaker, Prof. William J. Lyons. Members of the State Advisory Board will be guests of honor.

7:30 p. m.—President's dinner and dance of the California Medical Association at the Hotel del Coronado.

Wednesday, May 8

9:00–11:00 a.m.—Registration.

9:30 a. m.—Second general session of the eleventh annual convention in the Crown Room of the Hotel del Coronado, Mrs. Frederick A. Scatena presiding. Election of officers.

1:00 p. m.—Luncheon at the House of Hospitality, Balboa Park, in honor of Mrs. A. E. Anderson, with Mrs. William Henry Sargent presiding. Speaker, Dr. George Huff.

3:00 p. m.—Sightseeing trip through Balboa Park.

4:00 p. m.—Post-Convention Board meeting.

7:45 p. m.—Play, "Birth Pangs of an Auxiliary," Crown Room of the Hotel del Coronado.

President's Report

To the Members of the Auxiliary:

Another year of activity is about to draw to a close and another milestone in the march of progress made by the organized woman power of the California Medical Association has been passed, and with this development another foundation stone has been firmly placed upon which to build an organization as far-reaching as its needs may ever become. The report of another year of successful achievements is being prepared: a story of the courage and faith of efficient unselfish women, ready and willing to give of their time and energy to assist in perfecting their chief purpose, that of promoting a great health program which will safeguard the health of our people.

The National Auxiliary has made a definite and concrete contribution to our state and county auxiliaries in providing programs and outlines of suggestions for committee chairmen which have proved of value and assistance in carrying out the ideas and ideals of our predecessors. We must not fail to realize the importance of this spirit of coöperation, otherwise we shall fall short of the goal to which our vision points. The handbooks are of tremendous help in recording the duties and responsibilities of the officers and committee chairmen, and the bulletins give us courage and inspiration.

Our Advisory Council has been coöperative in discussing with us all matters of importance, and to Doctor Kress, a member of our Advisory Council, we owe a debt of sincere gratitude for the time he takes from his strenuous duties of his office to give consideration to our problems. His advice is most helpful and constructive.

Our record of growth in this year of economic stress is an inspiration and an indication that we are making progress along safe channels. We have at the present time twenty-seven organized counties in the state, in which there are forty county medical societies. This shows an increase of five new active county auxiliaries and several more in the process of organization. Stanislaus and Ventura counties were brought into the fold during the administration of Mrs. Clifford Wright, our junior past president, but did not become active until after the annual meeting in Del Monte in 1939. Due to the sincere earnest efforts of Mrs. Harry O. Hund and her committee, Kings, Humboldt, and Sonoma counties have organized and are carrying on a definite program.

The record of educational work within our own membership and with other organizations will be given by the Program, Public Health Activities, and Public Relations Committees, and by the county presidents. The development of these phases of our work is extremely gratifying. Letters from county auxiliary presidents and from doctors interested in organizing auxiliaries indicate that both the doctors and the Auxiliary members are increasingly realizing the possibilities for coöperation in education of the laity concerning the promotion of health and the prevention of disease, and in bringing about better understanding between the public and the profession. The point of view of each needs to be interpreted to the other, and the Auxiliary members are believed to be in strategic positions to act as interpreters.

Some of the auxiliaries, for various reasons, cannot promote an educational program. If only a social program is possible or desirable in an auxiliary, we and they should remember that it was because of the benefits resulting from pleasant social relationship that the first auxiliaries were organized, and that these benefits were not minimized by us even though we are engaged in other functions.

The Chairman on the Committee of Hygeia will have an interesting report at the annual meeting. Mrs. Harry Henderson recognized that one of the chief activities of her committee is the promotion of the distribution of *Hygeia* through parent-teacher associations, boards of education, and similar bodies interested in education.

Our Press and Publicity chairman, Mrs. William C. Boeck, and her committee, we congratulate for the very interesting publication of *Courier,* which they compiled and edited in October. We are looking forward with keen delight to the Convention number, issued in April. We are preparing an exhibit display of our activities in the Crown Room at the Hotel del Coronado during the Convention.

Mrs. Arthur Newcomb, our historian, is gathering from all parts of our state material for the National Historian in an attempt to bring the history of our organization up to the present date.

The duties of the Corresponding Secretary have increased in that she has assisted Doctor Kress in compiling the entire membership that we may have a membership roster as a supplement to the membership roster of the California Medical Association. Also a complete membership file has been worked out which will carry the records of our members for the next ten years.

Our National Auxiliary has presented a definite plan for its Legislative Committee and has offered to assist us in carrying out the program. At the State Board meeting held in Long Beach on February 26, 1940, the appointment of Mrs. Harry Baird of Sacramento as Legislative chairman was approved. A bibliography of material on medical legislation is being printed and copies will be mailed to county presidents. The main issue before us today is socialized medicine and compulsory health insurance, and any real opposition to this campaign to regiment the medical profession will depend on the mobilization of public opinion. For this reason we must study the bills relative to medical legislation and educate ourselves that we may assist in molding public opinion. You must have the light of knowledge to impart it to others.

I have completed a journey that carried me to the twenty-seven counties having an auxiliary, and the interest and enthusiasm that the members of the medical profession are expressing is encouraging. The women are displaying a most inspiring eagerness to follow out all our suggestions and recommendations. Many counties concentrate on educational work and in the promotion of *Hygeia.* All counties have a project. Comment could be made on many outstanding accomplishments, but space will not permit. It is very gratifying to me to observe the spirit of friendliness that is embracing the entire organization, and to these women who made it possible for me to have the pleasure and privilege of attending their meetings, I am thankful.

I firmly believe the contact between state officers and county auxiliaries has great value. To the smaller counties we bring inspiration and encouragement, ideas, and suggestions which we gather from the counties with a large membership.

Mrs. Lindemulder, Chairman of the Convention, and her committee are putting forth every effort to make our annual meeting in Coronado a memorable one. San Diego has much to offer: sunshine and flowers predominate, delightful music, luncheons served outdoors, and very excellent programs of outstanding speakers on subjects of paramount interest, and a musicale that promises to surpass anything we have ever offered. Mrs. Lindemulder has a challenge to meet and, knowing her capability, I promise you will not be disappointed.

I believe working out Auxiliary ideas with members of other organizations is not only a feasible plan but a wise one. It disseminates over a wide field that which we wish to make known, and brings into activity many persons who would otherwise know nothing of the type of health work being promoted by organized medicine, and leaves our men free to do the far more valuable work for which they are trained. I earnestly recommend that where possible and practical, efficient chairmen be retained in order to conserve both time and energy and make possible greater advancement in the coming year.

Convention time is reporting time, and we are extending to every member a cordial invitation to be present. We feel that every woman who is helping to promote the work of the Auxiliary will gain materially from the inspiration of meeting other women from all parts of our state and hearing what they are doing for our Auxiliary. Let us have an attendance that will serve as an impetus to the next administration, sending our new leaders well along the path to Auxiliary success.

I cannot close my report without thanking, first, the Executive Committee for their tireless coöperation in planning the work for each committee, and the committees' splendid response in taking up their individual problems and working them out to what we hope you will feel is an interesting and successful finish. Our compensation for the task soon completed is another stone firmly placed upon the foundation of our organization.

Respectfully submitted,

Mrs. Frederick N. Scatena, *President.*

X—TRANSPORTATION INFORMATION

Ticket agents of principal rail lines in California, on presentation and surrender of identification certificates, will sell round-trip tickets to San Diego, California, costing approximately 1¼c per mile, which is the first-class one-way fare.

If you cannot obtain a copy of the certificate from your County Society Secretary, send a stamped, self-addressed envelope to the California Medical Association, 450 Sutter Street, San Francisco, with request for a Railroad Convention Rate Certificate (which *must* be presented to the ticket agent at the time the ticket is purchased).

Time tables here given are for informative purposes only. Check rail and other reservations with ticket agents.

Convention Rate Certificates—Additional Information

For this convention, special round-trip intrastate convention fares from points on all principal rail lines in California to San Diego will be authorized on the identification-certificate plan. . . .

Round-trip convention fares referred to *will not apply* from points outside of California or for *interstate* trips; however, for interstate traffic thirty-day round-trip intermediate-class and coach-class tickets, also 21-day first-class tickets are available.

Certificates should be furnished *only to members of the organization* with names of those to whom furnished entered thereon with pen and ink or typewriter.

The "Special Rate" tickets for the annual session at Coronado will go on sale May 3 to May 9 inclusive, and the return limit will be May 19, 1940.

In other words, the delegates may purchase round-trip convention tickets from May 3 to May 9 inclusive, returning to their respective destinations by midnight of May 19 unless they desire a longer return limit, in which case they should consult the ticket agent prior to May 19.

Round-Trip Rail Convention Fares and Arrangements

Ticket agents of principal rail lines in California, on presentation and surrender of identification-certificates, will sell round-trip tickets.

Tickets at these convention fares are of three classes as follows:

(a) *First Class:* Tickets at first-class fares will be on basis of first-class one-way adult fare for the round trip, and will be honored in coaches and chair cars, also in sleeping cars, parlor and reserved-seat cars on payment of charge for space occupied.

(b) *Intermediate Class:* Tickets at intermediate (tourist) class fares will be on basis of 85 per cent of the first-class one-way adult fare for the round trip, and will be honored in coaches and chair cars, also in tourist sleeping cars and reserved-seat cars where operated on payment of charge for space occupied.

(c) *Coach Class:* Tickets at coach-class fares will be on basis of 75 per cent of the first-class one-way adult fare for the round trip, and will only be honored in coaches and chair cars.

RAIL SERVICE

RAIL SERVICE: SOUTHERN PACIFIC

Southbound

Name Train and Number	*Leaves San Francisco*	*Arrives Los Angeles*
1. Daylight (98)	8:15 a. m.	5:45 p. m.
2. Noon Daylight (96)	12:00	9:40 p. m.
3. Coaster (70)	7:00 p. m.	7:50 a. m.
4. Sunset (2)	8:00 p. m.	8:10 a. m.
5. Lark (76)	9:00 p. m.	9:00 a. m.

* * *

Northbound

Name Train and Number	*Leaves Los Angeles*	*Arrives San Francisco*
1. Daylight (99)	8:15 a. m.	5:45 p. m.
2. Noon Daylight (97)	12:00	9:40 p. m.
3. Coaster (69)	7:00 p. m.	7:50 a. m.
4. Sunset (2)	8:00 p. m.	8:10 a. m.
5. Lark (75)	9:00 p. m.	9:00 a. m.

* * *

SANTA FE CO-ORDINATED RAIL–BUS SERVICE

San Francisco to *San Diego*

Santa Fe Terminal, 44 Fourth Street (where passengers board bus to Rail Station at Oakland and there change to the Santa Fe streamliner, "The Golden Gate," through the San Joaquin Valley to Bakersfield, transferring at Bakersfield, in same station, to modern streamlined air-conditioned buses via the Ridge Route to downtown Los Angeles Station, at Sixth and Main Streets.

	"THE GOLDEN GATE"		STEAM TRAINS	
Leave				
San Francisco	8:00 a.m.	6:00 p.m.	11:30 a.m.	11:00 p.m.
Arrive				
Los Angeles	5:35 p.m.	3:20 a.m.	12:35 a.m.	11:40 a.m.

Taxi transfer to Union Station (from which trains for San Diego depart):

Leave	No. 72	No. 74	No. 76	No. 78
Los Angeles	9.10 a.m.	12:30 p.m.	7:50 p.m.	11:30 p.m.
Arrive				
San Diego	12:30 p.m.	3:10 p.m.	10:30 p.m.	3:30 a.m.

* * *

SANTA FE "TRAILWAY BUS" SERVICE, SAN FRANCISCO TO SAN DIEGO

(Transfer at Los Angeles)

Leave San Francisco	Arrive Los Angeles	Leave Los Angeles	Arrive San Diego
7:00 a. m.	7:35 p. m.		
9:45 a. m.	10:25 p. m.	10:40 p. m.	2:27 a. m.
12:30 p. m.	12:35 a. m.	2:00 a. m.	5:45 a. m.
3:20 p. m.	3:20 a. m.	6:00 a. m.	9:47 a. m.
9:45 p. m.	9:45 a. m.	10:15 a. m.	2:25 p. m.
		8:00 a. m.	11:47 a. m.
		2:15 p. m.	6:02 p. m.
		6:15 p. m.	10:05 p. m.

* * *

SANTA FE CO-ORDINATED RAIL–BUS SERVICE

(San Diego to San Francisco—Northbound)

Leave				
San Diego	*7:45 a.m.	†2:30 p.m.	*4:05 p.m.	†7:30 p.m.
Arrive				
Los Angeles	10:25 a.m.	6:00 p.m.	6:45 p.m.	10:30 p.m.

Free taxi transfer from Union Station to Bus Terminal, Sixth and Main Streets.

Leave Los Angeles	8:00 a. m.	1:00 p. m.	7:00 p. m.
Arrive Bakersfield	11:15 a. m.	4:20 p. m.	10:15 p. m.

Bus service via Ridge Route.

Transfer to Diesel Streamliner train. Steam train.

Leave Bakersfield	11:20 a. m.	4:25 p. m.	10:20 p. m.
Arrive San Francisco	5:20 p. m.	10:25 p. m.	7:00 a. m.

---

* Streamliner "San Diegan."

† Regular steam train.

* * *

SANTA FE "TRAILWAY BUS" SERVICE

(San Diego to San Francisco, with transfer at Los Angeles)

Leave San Diego	Arrive Los Angeles	Leave Los Angeles	Arrive San Francisco
2:00 a. m.	6:00 a. m.	6:30 a. m.	7:05 p. m.
6:30 a. m.	10:15 a. m.	9:30 a. m.	9:55 p. m.
8:30 a. m.	12:30 p. m.	7.00 p. m.	6:30 a. m.
11:30 a. m.	3:30 p. m.	11:59 p. m.	12:05 p. m.
1:00 p. m.	5:05 p. m.		
5:30 p. m.	9:35 p. m.		
8:00 p. m.	11:52 p. m.		

* * *

AIR SHIPS

(Southbound)

Leave San Francisco	12:00 noon	1:45 p. m.	5:00 p. m.
Arrive Los Angeles	2:10 p. m.	3:55 p. m.	7:10 p. m.
Leave Los Angeles	12:30 p. m.	4:25 p. m.	7:20 p. m.
Arrive San Diego	1:30 p. m.	5:20 p. m.	8:16 p. m.

(Note: There are four additional schedules daily between San Francisco and Los Angeles.)

Fares from San Francisco to San Diego are: One way, $24.95; round trip, $44.90.

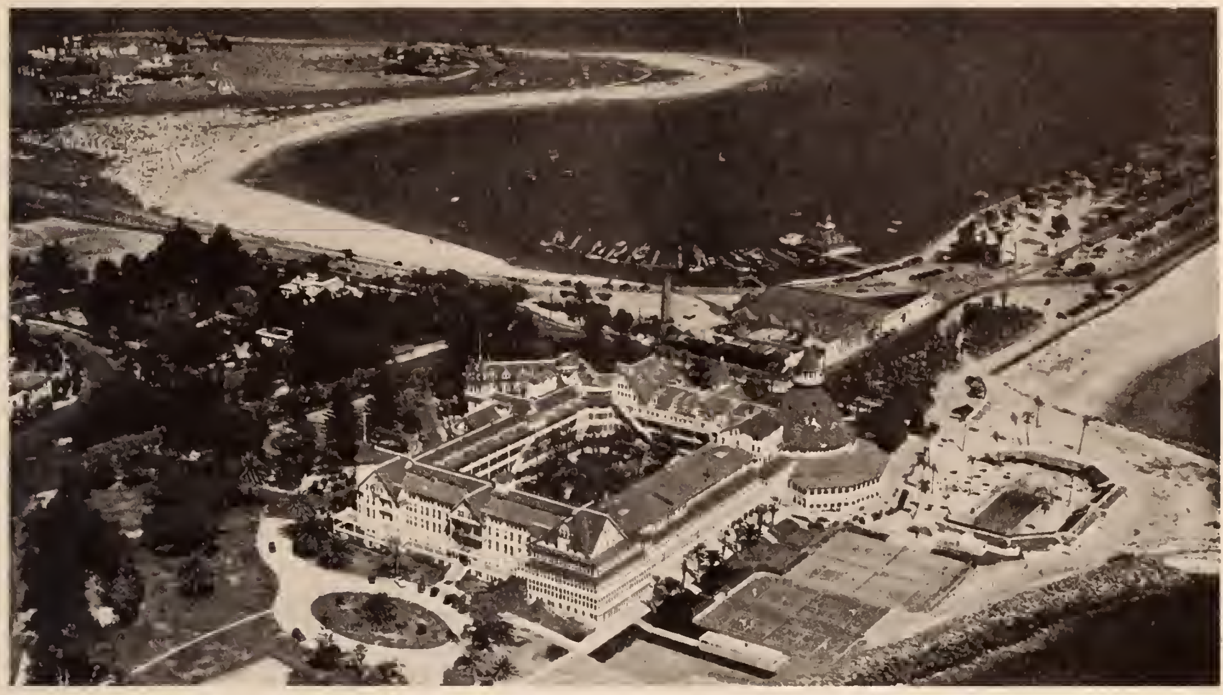
Reservations should be made in ample time before intended departure.

Schedules are those of United Air Lines, whose offices are:

In San Francisco, telephone DOuglas 1681, or call at 400 Post Street.

In Los Angeles, telephone TRinity 4771, or call at 508 West Sixth Street.

In San Diego, telephone FRanklin 6545, or call at 324 Broadway.



View of Hotel del Coronado, with circular auditorium at upper right corner (where the morning meetings will be held)

XI—SAN DIEGO AND CORONADO

San Diego.—Need one write about San Diego? Here came the Spanish discoverer to behold the Pacific Coast. Here was the first town, the first irrigation system, the first cultivated fields, the first school, the first mission in this "Plymouth of the West."

* * *

Hotel del Coronado.—Hotel del Coronado, at Coronado, California, has for many years been one of the most famous resorts on the Pacific Coast. It has echoed romance in California for more than forty years, welcoming battle fleets, entertaining presidents, princes, international delegations, and dispensing hospitality to society.

An ideal place for a convention is this hostelry, because of its many rooms, one of the finest ballrooms in the world, a high-vaulted dining room, famous for its beauty, which will seat one thousand persons, private dining rooms for small gatherings, and various other rooms that may be used for committee meetings, make this an ideal gathering place.

The hotel occupies some four acres and is built around a patio containing many semitropical plants and flowers. It stands between the beautiful Pacific and picturesque Glorietta Bay—on a little peninsula, down which one may drive along the silver Strand to Mexico. The hotel and the little town of Coronado are separated from San Diego by San Diego Bay, across which the stately ferries transport both cars and passengers about every ten minutes.

Equipped throughout with the most adequate and efficient automatic sprinkler system, the hotel is made quite fireproof. It may be reached by motor, airplane, steamship or railroad lines. And, having arrived at the famous resort, one finds all sorts of things to do—golf, tennis, swimming, aquaplaning, sailing, fishing, and horseback riding.

Comfort and luxury within, beauty and splendor without, await the visitor at Hotel del Coronado.

A view of the open-air patio

Part II

PRE-CONVENTION BULLETIN*

Foreword.—The official reports which follow will be presented at the coming session of the House of Delegates.

Delegates, therefore, are urged to familiarize themselves with their contents.

Members, likewise, are requested to become familiar with the recommendations in these reports, and to discuss them with other members and delegates.

* * *

I

REPORTS OF GENERAL OFFICERS

Report of the President

To the House of Delegates:

After nine years of service on the Council of the California Medical Association, one year as president-elect, your President took up his active work as the titular head of the California Medical Association at the close of the Del Monte session on May 4, 1939. The duties then assumed were not new, but they became more numerous and more exacting because increased responsibility always demands more time and effort.

The "Pre-Convention Bulletin" will contain the reports of the general officers and committees, in which detailed information will be given concerning the activities of the Association. It may not be out of place, however, to make special mention of certain phases of the Association work, in which efforts expended or results achieved varied somewhat from the routine.

Visits to Component County Societies.

It has been my privilege, in company, with the Councilors and Association Secretary, to visit all of the forty component county societies which collectively constitute the California Medical Association, with the exception of two or three. It is difficult for me to express my deep appreciation of the many courtesies extended to me and other officers who accompanied me in visits to the county units. On such visits it is gratifying to note that members of local societies would have a particular interest in matters relating to organized medicine, and topics relating thereto were stressed by myself, the councilors, and the Association Secretary. In addition, I have come to the conclusion that all physicians are not equally and intensely interested in organized medicine alone, and on that account, wherever possible, it was suggested that component county societies permit us to bring with our group a guest speaker who would discuss some scientific topic of interest.

It should be an inspiration to members of our Association who live in the larger population centers to know that in some of the sparsely populated counties, members of the component county societies, in some instances, traveled as much as 150 miles, in good and bad weather, over difficult roads at times, in order to be present and to hear the messages your State Association officers were able to bring to their attention.

It was a pleasure also to have with us at a number of dinners that preceded the meetings proper the members of the local Woman's Auxiliaries. It is your President's opinion that every county society should make an effort to sponsor an active auxiliary, because it is his observation that such an activity makes not only for better fellowship and understanding among members of a county society and the public, but that the members of the Auxiliary can render a most valuable service in educational programs concerned with the public health, and when occasion arises (especially in matters having to do with legislation) perform a service that would be most difficult to duplicate.

I wish again to express to each of the county societies, in which I have had the honor to be entertained, my appreciation of the courtesies extended, both by the officers and the members who attended the meetings.

The Council.

It is an honor and pleasure to have served with such an earnest group of men who have at all times, with much loss of their time and energy, given of their best to the California Medical Association and organized medicine. Dr. Karl Schaupp deserves a personal word for his splendid chairmanship.

Executive Committee.

The Executive Committee does a splendid service, and I believe a monthly meeting should be held.

Committee on Public Health Education.

The House of Delegates at Del Monte brought into being the activity known as the Committee on Public Health Education. That committee deposited to its own bank account all moneys received from the special assessment levied by the House of Delegates as of date of June 1, 1939, and has had charge of the disbursements, subject to the approval of the Council. The Committee will make a report of its activities, but it is proper that I should call attention to the excellent manner in which this new and, in one sense, difficult work was taken up and developed, with fulfillment of at least some of the objectives that were in the minds of those who, through resolutions at Del Monte, proposed the inauguration of such work. Dr. Frank Makinson and his coworkers are to be congratulated.

Committee on Public Policy and Legislation.

A committee which has been called upon in years gone by for much work, and which did not fail us during the past or the present year, is the Committee on Public Policy and Legislation. The California Medical Association has been fortunate in having as the chairman of that committee a Sacramento colleague, Dr. Junius B. Harris, whose intimate knowledge of legislative matters during a period of many years has made him a most valuable asset to organized and scientific medicine in our state. At all times that committee has endeavored to keep its feet on the ground, regarding proposed laws and procedures advocated. Gradually there has been developed by the Committee a form of organization that permits it to function on behalf of our State Medical Association in such manner that emergencies are promptly met and errors kept to a minimum.

Committee on Public Relations.

The Committee on Public Relations came into existence in 1931 and it was my privilege, as chairman of the Cancer Commission, in 1933, to succeed Dr. John Graves as chairman.

During those first years, at a time when medical service and allied problems were beginning to make themselves felt, the Committee on Public Relations, functioning as a deliberative body on politics subject to approval of the Council, was able to inaugurate work of considerable moment. One such item, for instance, was to bring about a proper recognition of the professional status of the work of the pathologists and radiogists who were attached to hospitals, and whose services were utilized to build up hospital income, even though at the cost of professional prestige of our members who performed such work for the institutions. California may be said to have set the pace in this. The principles it laid down were subsequently embodied in a similar statement by the House of Delegates of the American Medical Association. So that it may be said of that particular effort that it had not only a statewide but also a national influence. There followed a period when, owing to other problems, such as those through which the Committees of Five and Six came into being, that the work of the Committee on Public Relations languished somewhat, particularly because of lack of financial authority to carry out its recommendations.

---

* Section 3, Article XII, of the California Medical Association Constitution states, in part: "The Association, prior to the annual session, shall print a 'Pre-Convention Bulletin,' which shall contain reports of officers and committees. . . . A copy of the 'Pre-Convention Bulletin' shall be given to each delegate and alternate on or before registration."

It has been gratifying to note during the past year that the excellent record made by the Committee on Public Relations in its first pears of service has been reëstablished. As an ex-officio member of that committee, I have been impressed with the earnestness of its members, themselves the chairmen of other standing committees of our State Association. Mention may be made of their deliberations on such important matters as the drafting of a basic science act that would aid in the prevention of entrance of future cultist groups into California, and the preparation of a brochure on "Medical Defense" whereby malpractice suits might be diminished and premium of insurance carriers lessened.

The Committee also has received from the American Medical Association one hundred copies of its press release, which in turn has been sent to weekly newspapers of California every Monday. By the time the "Pre-Convention Bulletin" is distributed, the Committee also hopes to send to every member of the California Medical Association not only a copy of its brochure "Medical Defense," but also a copy of the New York brochure "On the Witness Stand," in which up-to-date information concerning compulsory and voluntary medical service plans will be made available to our members.

Committee on Postgraduate Activities.

In some of the states to the east of the Rocky Mountains, postgraduate and clinical conferences, or refresher courses, have been actively promoted during the past ten years. California seems to have been somewhat tardy in taking up this work, but during the past twelve months real progress has been made, as must be evident to all members who have read the reports as given in the OFFICIAL JOURNAL from month to month. Your President is of the opinion that the Committee on Postgraduate Activities should receive all possible aid in the promotion of its work. I urge county societies that have not sponsored such refresher courses to appoint a local committee of one or more active workers who, through coöperation with the State Association committee, may arrange a program that will demonstrate how valuable such clinical work can be to physicians.

Annual Conference of County Society Secretaries with State Officers and Committeemen.

On February 18 of the current year the fourth annual joint conference of county society secretaries and State Association officers and committeemen was held in San Francisco, your President having the honor to act as chairman of that meeting. I may be permitted to repeat what I stated at the close of that all-day session, namely, that I had rarely been present at a conference in which such alertness to the problems of organized medicine was so evident. The program, as arranged by the Association Secretary, worked out in excellent fashion from start to finish.

In connection with the work of the foregoing committees and the annual secretarial conference, and the visits to component county medical societies, I wish to mention the able services rendered by the Association secretary, Doctor Kress, upon whom fell the responsibility of arranging the schedules of visits and programs, and carrying through in detail to proper conclusion much of the work that had been authorized.

Cancer Commission.

It is thought by the Commission that it is now time for rewriting the cancer symposium.

More than 250 members took part in writing the original, which was widely copied.

The Commission believes that this method of bringing this subject to the entire membership has stimulated them to a better understanding of this unsolved problem.

National Physicians' Committee for the Extension of Medical Service.

Members of the medical profession who have been observing certain legislative trends having a bearing upon public health and medical practice must have become convinced by now that scientific bodies operating on a nonprofit basis are somewhat at a disadvantage in legislative halls. On the other hand, when legislation is proposed that would work to the detriment of the health of the people, it is important that some group should be in a position to give battle to those who, for special or specious reasons, sponsor laws that may become a menace to the public health. In our own State, we are fortunate in having such a coöperative body or group in the organization, known as the Public Health League of California. A few months ago there came into existence a somewhat similar organization that will take up analogous work along national lines. This new group is known as the National Physicians' Committee for the Extension of Medical Service. Its objectives, as stated by the well-known group of men who were the sponsors of the new organization, indicate that a much-needed work will be performed.

The Official Journal of the California Medical Association.

Your President desires to call the attention of the members to the important service rendered by CALIFORNIA AND WESTERN MEDICINE. Our OFFICIAL JOURNAL makes it possible for members in all parts of the state to acquaint themselves not only with the work of the Association officers and component societies, but also makes it possible to call to the attention of members pending problems in organized medicine. It also performs the important function of serving to bring to physicians who do not attend the annual session a record of the scientific work of their colleagues in other portions of the state. It is gratifying to know that CALIFORNIA AND WESTERN MEDICINE is everywhere conceded to be one of the best of state medical publications. The Association is indebted to the Editor for the innovations he has introduced and the standards he has set for our OFFICIAL JOURNAL during his ten years of editorship.

Annual Session.

The California Medical Association has the fourth largest membership among constituent state units in the American Medical Association. There is always a large attendance at its annual session. During recent years much consideration has been given to the meeting place of annual sessions. It is generally agreed that annual sessions held in metropolitan centers have not been successful. On the other hand, hotel facilities in nonmetropolitan localities find it difficult to house the large number of members. Good annual session facilities may be said to exist in only two places, namely, Hotel del Monte and Hotel del Coronado. This year we meet at Hotel del Coronado.

A final thought: Let us continue to build on the firm foundation established by the California Medical Association!

Respectfully submitted,

Charles A. Dukes, *President.*

REPORT OF THE PRESIDENT-ELECT

To the President and the House of Delegates:

It has been my pleasure to attend all of the meetings of the Council and a conference between the representatives of the three hospital service associations, the trustees of California Physicians' Service, and the Council of the California Medical Association, at which meeting every effort was made to understand and reconcile the groups represented to the objectives of each other.

Your President-Elect had the privilege of bringing to the attention of those assembled at the last meeting a brief résumé of the status of California Physicians' Service, in which it was brought out that the mistakes made in inaugurating the program were all small mistakes, cost little, were easily rectified, and in the long run did not involve any great damage or cost. Had we progressed more rapidly or more money was involved, a larger number of subscribers or the contracts had been more widespread, the mistakes would have been more costly and more difficult to eradicate.

The early difficulties also served the purpose of educating and training the trustees and their employed personnel for the proper administration and operation of a business service so that the hard way in the beginning will really prove to be a great training ground and make them all more capable of properly running the business as it develops.

The attention of the groups was called to the threefold purpose of the California Physicians' Service program, the first being to bring more and better managed medical care to larger numbers of people than are now purportedly able to receive the same. The second was to institute an organization that would be financially successful. The third was to prove our effectiveness in the management of the economic factors of medicine and to refute the claims of those who feel that medicine should be made available under a compulsory medical service program.

And last and more important, it was brought out that our interests are common, that petty differences of opinion as to the instrumentality or methods of operation should be entirely overlooked in a concerted effort to make the device we have set up successful and that if we all put our shoulders to the wheel in bringing about success little differences may be easily eradicted without harm to anyone.

A visitation with the Speaker of the House, Dr. Lowell Goin, was made to the San Diego Medical Association, where California Physicians' Service and other subjects were discussed with the members.

Respectfully submitted,
Harry H. Wilson, *President-Elect.*

REPORT OF THE PAST PRESIDENT

To the Members of the House of Delegates and the Members at Large of the California Medical Association:

Your past president has attended the meetings of the Council and Executive Committee meetings during the past year and has cared for such committee assignments as have been referred to him. He has nothing further to report.

Respectfully submitted,
W. W. Roblee, *Past President.*

REPORT OF THE SPEAKER OF THE HOUSE OF DELEGATES

To the President and the House of Delegates:

Your Speaker desires to call your attention to the meetings of the House of Delegates at the Coronado session. The House will convene promptly at 8 p. m. on Monday, May 6. Its second meeting will be at 4 p. m. on Wednesday, May 8. This meeting will recess at 5 p. m. and will reconvene at 8 p. m. of the same day.

The Speaker urges all delegates to be in their seats at the hour of convening, and takes this occasion to remind the delegates that they have assumed very serious duties in accepting office. These duties are not to be taken lightly, and even though some small personal sacrifice is demanded, the responsibility of a delegate is such that the inconvenience to himself is to be borne as the price of his office.

The Speaker also wishes to urge all delegates and alternates to read the "Pre-Convention Bulletin" carefully in order that they may be familiar with the work and the problems of their organization.

Respectfully submitted,
Lowell S. Goin, *Speaker.*

REPORT OF THE VICE-SPEAKER OF THE HOUSE OF DELEGATES

To the President and the House of Delegates:

During the past year the Vice-Speaker has availed himself of the privilege so courteously extended him by the Council to attend the meetings of the Council. In this way he has kept in very close touch with the problems of the Association.

In addition, he has served on the Committee for Public Health Education, Committee on Survey of Association Offices, Committee for the Study of the Revision of the Constitution and By-Laws, and since January, 1940, has been a member of the Board of Trustees of the California Physicians' Service.

At the coming meeting of the House of Delegates, he expects to remain discretely in the background admiring the efficient manner in which the present speaker presides over the deliberations of the House, and ready to serve if and when needed.

Respectfully submitted,
Dewey R. Powell, *Vice-Speaker.*

REPORT OF THE CHAIRMAN OF THE COUNCIL

To the President and the House of Delegates:

The Council submits in the "Pre-Convention Bulletin" a tentative report. At Coronado additional report will be made. The large amount of business coming before the Council must be evident to all who read the minutes of its meetings. Many of the matters that have been under consideration in the Council will be presented also to the House of Delegates.

Respectfully submitted,
Karl L. Schaupp, *Chairman of the Council.*

REPORT OF THE COUNCIL

To the President and the House of Delegates:

Article VII of the Constitution of the California Medical Association, in Sections 1 to 6 inclusive, outlines the organization and functions of the Council as a board of directors of the California Medical Association. The Council is charged to carry out all resolutions and enactments of the House of Delegates, and between meetings of the House is vested with power to carry on the business and activities of the Association.

The report herewith submitted deals particularly with work carried on since the last annual session at Del Monte in May, 1939.

In addition to four meetings held at the Del Monte annual session during the past year, the Council has held six meetings (five in San Francisco and one in Los Angeles). Minutes of the meetings of the Council have been printed in CALIFORNIA AND WESTERN MEDICINE.

A perusal of the Council's actions will indicate how many and serious are the problems which the Council is called upon to decide. The following items seem worthy of special comment:

California Physicians' Service.

In compliance with the instructions given by the House of Delegates at the special Los Angeles session in December, 1938, the Council proceeded with all possible speed and safety to do its part in the initial organization work necessary for the formation of the separate nonprofit corporation now known as the California Physicians' Service, which offers state-wide medical service on a prepayment basis to the citizens of California. The members of the Council became the first group of administrative members and elected the first Board of Trustees of California Physicians' Service.

The newly created organization was incorporated on February 2, 1939, and by August 15, 1939, was able to announce its readiness to accept beneficiary members.

The five-dollar registration fee paid by each of the 5,182 professional members gave California Physicians' Service the necessary funds for the institution of its set-up and work. Later, the California Medical Association made its first loan to California Physicians' Service in the sum of $15,000 (*i. e.*, $5,000 on February 20, 1939, and $10,000 on September 11, 1939), that being the amount the House of Delegates had stipulated should be loaned to California Physicians' Service without interest.

Subsequently, realizing the vital need to medicine of California Physicians' Service success, on Council authorization, the California Medical Association loaned an additional $12,000 to California Physicians' Service ($6,000 on December 26, 1939, without interest; and $6,000 on January 25, 1940, without interest).

By Council action on January 6, 1940, the California Medical Association is authorized to loan an additional $10,000 to California Physicians' Service. At the time of this writing, no call has been made for a part or the whole of this amount.

A total of $27,000 has, therefore, been loaned to California Physicians' Service by the California Medical Association, and authorization given to loan an additional $10,000.

The Council wishes to impress upon the members of the California Medical Association that California Physicians' Service, even though operating under a separate corporate body and management, is to all intents and purposes a vital part of the California Medical Association.

Every member of the California Medical Association must be made to appreciate how important to his own future in medical practice in California is the success of California Physicians' Service, and every member is urged to give whole-hearted, 100 per cent coöperation to aid every endeavor of California Physicians' Service to give good and satisfactory service to its beneficiary members. Also to aid its development by inducing groups of five or more citizens in existing commercial and other bodies to become beneficiary members, so that a sufficient mass spread will be created that will permit California Physicians' Service to operate on a financially sound, and also on a satisfactory professional basis.

Regardless of the personal opinion, disagreement with policy or some of the rulings, this is your organization, designed for three specific purposes, and in your loyalty to the Association and medicine through its organization the least each member should do is to say a good word for California Physicians' Service upon every possible occasion.

Committee on Public Health Education: Special Assessment of June 1, 1939.

WHEREAS, The education of the public and public officials in those things which concern the public health and welfare, the standards of the scientific practice of medicine, must be conducted on a wide basis by those who are most qualified to carry on such an educational program; therefore be it

Resolved, By the House of Delegates of the California Medical Association in annual session at Del Monte, California, May 1-4, 1939, that the Council of the California Medical Association is hereby empowered and directed to create a committee on public education, under the supervision and direction of a committee of seven, to consist of the Chairman of the Council, the Speaker of the House of Delegates, and five members of the California Medical Association, appointed by the Chairman of the Council, with the approval of the Council. Said committee to employ a full-time public relations counsel skilled in public relations work and to carry on a state-wide program of education in matters of public health and welfare, on approval of the Council; and be it further

Resolved, That the Council of the California Medical Association is hereby empowered and directed to levy on and collect from each and every active member an assessment of ten dollars ($10), payable June 1, 1939. The Council is also empowered and directed to levy such assessment or assessments thereafter, payable monthly as may be necessary to accomplish the objectives of this Committee on Public Education, after due submission of plans, and budget approved by the Council; and be it further

Resolved, That failure to pay any of said assessments within sixty (60) days after the date on which each thereof is payable, shall forfeit the membership of a member, provided that the Council shall have the power to reinstate a member as provided in Chapter II, Section 2, Paragraph (b) of the By-Laws; and be it further

Resolved, That all moneys collected under and pursuant to this resolution shall be carried in a special fund and used only for the educational purposes contemplated in this resolution; and be it further

Resolved, That the only compensation received by members of this committee shall be their actual necessary expenses while on committee business; and be it further

Resolved, That any moneys remaining in this special fund at such time as the House of Delegates shall discharge this committee, and its work discontinued, shall be properly allocated and returned to those members from whom they have been collected.

At the Del Monte annual session in May 1939, the House of Delegates instructed the Council to set up a Committee on Public Health Education and to levy a special assessment of $10 on all California Medical Association members as of record on June 1, 1939. The Council at its June 3, 1939, meeting carried out the instructions of the House of Delegates and accordingly levied an assessment of $10. Of the 6,015 members who were liable for the assessment, a total of 4,928 paid the same, thus establishing the separate special assessment fund of $49,280.

The resolution levying a special assessment adopted by the House of Delegates at Del Monte in May, 1939, contained a clause providing that nonpayment of the assessment should result in loss of membership in the Association. The special assessment became due and payable on June 1, 1939. Under the terms of the resolution of the House of Delegates, all members who failed to pay on or before July 31, 1939, were faced with loss of membership. Many members did not pay and many members questioned the authority of the House of Delegates under the Constitution of the Association to deprive a member of membership for failure to pay a special assessment. The Council at its meeting of August 5, 1939, after receiving a report of the Legal Counsel, in which it was pointed out that the constitutional provision authorizing levy of a special assessment does not authorize any penalty for nonpayment of the same, adopted the following resolution:

WHEREAS, The House of Delegates, believing that a program of public education was desirable and essential, adopted a resolution at the last annual meeting held at Del Monte. May 1-4, 1939, authorizing and directing that a special assessment of $10 be levied upon each active member as of June 1, 1939, and providing that failure to pay such special assessment within sixty days should forfeit membership in the Association; and

WHEREAS, The House of Delegates was fully authorized under the Constitution to levy the special assessment, but exceeded its power under the existing constitutional and by-law provisions in applying the penalty of forfeiture of membership for failure to pay the same; and

WHEREAS, The Council believes that each member realizes the necessity of undertaking such educational work, and will loyally support the organization with the necessary funds therefor; now, therefore, be it

Resolved, That the Council of the California Medical Association interprets the Constitution and By-Laws to mean that the House of Delegates was clearly within its rights in levying such special assessment, but exceeded its powers in applying a penalty; and be it further

Resolved, That the Association secretary forthwith notify the secretary of each component county medical society, and each active member of the Association, of the adoption of this resolution, setting forth the program of the Committee on Public Health Education this day approved, requesting the payment of the special assessment and the coöperation of each member and his suggestions for the committee and the Council.

It is to be noted that under the foregoing resolution the Council took the position that no authority exists under the present Constitution of the Association to deprive a member of membership in the Association in the event of nonpayment of a special assessment. This does not mean that the special assessment was invalid. On the contrary, the special assessment was validly levied under Article XI, Section 1 of the Constitution. In addition, since the assessment was validly levied, it became due and payable by each member of the Association and was an obligation of each member. Those members who have not paid are still under the obligation to pay the special assessment. The only effect of the constitutional provision is that a member who did not pay his special assessment cannot be deprived of membership by such nonpayment.

The present constitutional provision authorizing the House of Delegates to levy special assessments is found in Article XI, Section 1. The provision is as follows:

> Funds may also be raised . . . by special assessment and in any other manner approved by the House of Delegates.

This does not, as we have heretofore stated, contain any provision for a penalty in the event of nonpayment of a special assessment. Our Legal Counsel reports that under the present provision the only manner in which an unpaid special assessment could be collected is by an action at law against each member who has not paid to collect the unpaid assessment as a debt. For many reasons this remedy is not adequate or advisable. Therefore, the Council has caused an amendment to the foregoing section of the Constitution to be prepared under the terms of which the House of Delegates is given power to provide forfeiture or suspension of membership as a penalty for nonpayment of any special assessment hereafter levied. The amendment is attached to this report and is hereby presented to the House of Delegates:

AMENDMENT TO ARTICLE XI, SECTION 1, OF THE CONSTITUTION OF THE CALIFORNIA MEDICAL ASSOCIATION

Resolved, That Section 1 of Article XI of the Constitution of this Association, the California Medical Association, be and the same hereby is amended by striking out of said section the following:

> "Funds may also be raised by voluntary contributions, through bequests, legacies, devises and gifts, and from the Association's publications, by special assessments and in any other manner approved by the House of Delegates,"

and by inserting in lieu thereof the following:

> "Funds may also be raised by any of the following methods: (*a*) Publications of the Association; (*b*) Voluntary contributions; (*c*) Bequests, legacies, devises and gifts; (*d*) Special assessment levied by the House of Delegates; and (*e*) In any other manner approved by the House of Delegates. In the event that the House of Delegates levies any special or other assessment (other than the annual assessment of dues), it may, in the resolution levying the assessment, fix and determine the time within which such assessment must be paid, the class or classes of members of the Association upon whom it is levied and the penalty, if any, including forfeiture or suspension of membership in this Association or the component county medical society, or both, to result from nonpayment thereof within the time prescribed."

So that said Section 1 of Article XI shall hereafter read as follows:

> "ARTICLE XI.—FUNDS, PROPERTY, AND ASSESSMENTS
>
> "Section 1.—Annual Assessment of Dues—Other Sources of Funds—Appropriations.
>
> "Funds shall be raised by equal annual per capita assessment of dues upon the active and associate members, the assessment of dues upon the associate members to be one-half of that upon the active members.
>
> "The amount of the assessments shall be fixed by the House of Delegates by a majority vote of the members present and voting.
>
> "Funds may also be raised by any of the following methods: (*a*) Publications of the Association; (*b*) Voluntary contributions; (*c*) Bequests, legacies, devises, and gifts; (*d*) Special assessment levied by the House of Delegates; and (*e*) In any other manner approved by the House of Delegates. In the event that the House of Delegates levies any special or other assessment (other than the annual assessment of dues), it may, in the resolution levying the assessment, fix and determine the time within which such assessment must be paid, the class or classes of members of the Association upon whom it is levied and the penalty, if any, including forfeiture or suspension of membership in this Association or the component county medical society, or both, to result from nonpayment thereof within the time prescribed.
>
> "Any resolution passed and adopted by the House of Delegates at any regular or special session thereof, which provides for or contemplates the appropriation or expenditure of more than the sum of $1,000 shall not be effective for any purpose unless and until approved by the Council. All appropriations, regardless of amount, approved and made by the Council shall, if expended, be reported to the House of Delegates at its next annual session, and any unexpended portion of any thereof shall be included in the annual budget."

Legislative Problems: State and National.

(a) *Compulsory Health Initiative.*—Foremost among legislative problems of a public health and medical nature, which are to the fore at the present time in California, is the proposed Compulsory Health Initiative, presumably to be given a place on the November 1940 ballot.

That measure, if enacted, would radically change medical practice as it now functions in our state. It is the unanimous opinion of the members of the Council that the proposed law would endanger the public health interests of the state, and make for a lowering of the standards and efficiency of scientific medicine in California.

The Council feels that the best answer to the proposed compulsory health legislation is the successful operation of California Physicians' Service, and again urges wholehearted coöperation by every California Medical Association member in efforts designed to make it possible for California Physicians' Service to attain its objectives.

(b) *Basic Science Initiative.*—The Council last year instructed the Committee on Public Relations to take up anew the study of a basic science law of California and a draft has been carefully prepared, and is submitted by the Committee.

In the consideration of a basic science initiative, two elements must be borne in mind: (1) the initiative would probably mean an expenditure by the California Medical Association of more than $60,000 to secure the needed signatures and attendant publicity, and at the present time the Association is not in possession of the financial resources to meet such an expenditure; and (2) the fact must be kept in mind that even if it were possible to find the money needed for the enactment of a basic science law, it would be a confusing and a dangerous policy to have such a measure, with request for a "Yes" vote, on the same ballot with a compulsory health initiative, concerning which latter, members of the medical profession would be urging a "No" vote.

The Council is in accord with the belief that a basic science law is desirable for California, but under present conditions is not in a position to carry out the instructions of the House of Delegates to place it on a state election ballot, because of the lack of funds. The matter of political expediency also must not be overlooked, and until the House of Delegates makes these available through budgetary action and the propitious time arrives, no action can be taken.

(c) *Dog-Pound Bill.*—During the legislative session of 1938, the Committee on Public Policy and Legislation found the passage of the Dog-Pound Bill would probably not be carried through to success. The Committee has the bill under consideration and hopes to be able to submit it to the Legislature, which will convene in January, 1941.

(d) *National Legislation.* — Concerning the Wagner Health Bill and President Roosevelt's plans for hospital construction, the Council wishes only to mention the same, and to request component county societies and members to maintain active interest therein. Comment on the progress of those federal endeavors is given in the OFFICIAL JOURNAL.

Annual Session.

The Council has approved the recommendations of the California Medical Association Committee on Scientific Work and the officers of the twelve scientific sections to try out this year the plan of four general sessions, one for each morning, during which periods no specialty sections would meet.

It is gratifying to know that, in spite of the construction handicaps of the Hotel Del Coronado, the Secretary has been able to rent the available technical booths to exhibitors for an income higher than any yet recorded.

Within one week after the circular announcements were mailed to prospective technical exhibitors, a total income from booth rentals, amounting to $5,375, was assured. This may be taken as an expression of the kind of opinion that is held by national exhibitors concerning the attendance at the session of the California Medical Association. This income may be assured in future years if members of the Association who are in attendance will show interest in the technical exhibits.

Annual Conference of County Society Secretaries and State Association Officers and Committees.

The fourth mid-year joint conference of county society secretaries and officers and committeemen of the California Medical Association was held in San Francisco on Sunday, February 18. It was the general opinion that this year's conference not only measured up to the highest standards, but that the interest displayed bodes well for the future, as the medical profession is called upon to face the many problems of social welfare and economic nature that are constantly coming to the front.

Clinical Conferences: Postgraduate Work.

After several years of foundation planning and education, the postgraduate activities of the Association have taken on real activity. The Council recommends perusal of the report of the Committee on Postgraduate Activities and joins in urging every component county society to do its part in making available to members the postgraduate facilities offered by the State Association.

Medical Libraries.

An expression of what may be termed a type of postgraduate work is that carried on by the medical libraries of California. In order to make available to members packet and other service, the State Association since 1931 has given financial support to the Lane Medical Library of San Francisco and the Barlow Medical Library of Los Angeles, each of the two institutions receiving twenty-five cents per member, the total appropriation in 1939 amounting to $3,114.50 for the two institutions. Members of the Association are reminded that they may feel free to write to either institution in regard to packet service on literature of subjects in which they are interested.

CALIFORNIA AND WESTERN MEDICINE distributes its review books to the libraries of the following component county societies: San Francisco, Alameda, San Diego, and Riverside.

(Note: Informative letters from the Lane and Barlow Medical Libraries appear in the "Pre-Convention Bulletin," in the Addenda section.)

Cancer Exhibit at Golden Gate International Exposition.

At the Golden Gate International Exposition in 1939, the California Medical Association, through its Cancer Commission, maintained a cancer exhibit at a total cost of $4,115.53, the money so used being interest from the Herzstein Bequest (bequest states to carry on educational work against quackery).

Because of lack of funds, the Council feels it cannot place an exhibit at the Golden Gate International Exposition in 1940, under the same expense conditions as those existing in 1939, and the Exposition authorities have been so informed.

Woman's Auxiliary.

With the passing years the value of the Woman's Auxiliary to the California Medical Association becomes increasingly evident. The Council would be remiss if it failed, on behalf of the California Medical Association, to express to the State Auxiliary and its component county auxiliaries, appreciation for the splendid services so efficiently rendered, whenever the Auxiliary members have been called upon for aid.

The Council is of the opinion that it would add to the strength and influence of organized and scientific medicine if every component county medical society took steps to establish an auxiliary.

Medical Defense: Malpractice Problems.

A problem of increasing professional and economic importance is that of medical defense or malpractice insurance. The Council has given its approval to the printing and distribution of a brochure that has been compiled by the California Medical Association Committee on Public Relations, and urges component county societies to give earnest consideration to the measures therein outlined that are designed to bring about an improvement in these matters.

Visits to Component County Societies.

During the past year, President Charles A. Dukes, in company with District Councilors and the Association Secretary, has visited practically all of the component county societies, the mileage covered amounting to some 8,000 miles. At these many meetings, problems of organized and scientific medicine were discussed and questions invited. There can be little doubt concerning the value of these visits as aids in the promotion of harmonious outlook on medical matters of general and local interest, even though the burden thus assumed by the Association officers is a heavy one.

At the meetings of county medical societies, California Physicians' Service was spoken of as a major activity.

New County Unit: Inyo-Mono.

During the year 1939 the youngest of our forty county units—the Inyo-Mono County Medical Society—has taken up its work as a component society of the California Medical Association. We bespeak for it good wishes for successful endeavor in both local and general work.

Councilor District: Redistricting.

The present councilor districts were established in May, 1929 (By-Laws: footnote on page 5). Several minor changes have been made since that time.

The Constitution (Article V, Section 9) provides that at least once in every ten years the House of Delegates shall consider the redistricting of the councilor districts.

(Note: A special committee, consisting of Doctors Rogers, Packard, and Anderson, has been appointed to investigate and submit recommendations to the Council at the first meeting during the annual session.)

Amendments to the Constitution and By-Laws.

(*a*) The Council has appointed a special committee to bring in a report on a possible redraft of the Constitution and By-Laws of the Association. Suggestions are invited from component county societies and members.

(*b*) For more immediate consideration by the House of Delegates, attention is called to the following amendments that have been proposed and as appended to this report.

PROPOSED AMENDMENTS CONCERNING "SPECIAL ASSESSMENTS"

NOTE: For proposed amendments concerning special assessments, see sections in this report bearing caption: "Committee on Public Health Education: Special Assessment of June 1, 1939."

* * *

PROPOSED AMENDMENT TO CHAPTER I OF THE BY-LAWS OF THE CALIFORNIA MEDICAL ASSOCIATION

Resolved, That Chapter I of the By-Laws of this Association, California Medical Association, be and the same hereby is amended by adding to said Chapter I a new section to be numbered Section 6, reading as follows:

"SECTION 6. LIFE MEMBERSHIP IN COMPONENT COUNTY SOCIETIES

"Each component county society may provide for a form of active membership therein, designated life membership, provided that only persons eligible to life membership in this Association shall be eligible to life membership in any component county society. Life members of the component county society shall have all of the rights and privileges of active membership therein and shall pay such dues or assessments as the component county society may by by-law provisions require."

* * *

PROPOSED AMENDMENT TO CONSTITUTION OF CALIFORNIA MEDICAL ASSOCIATION PROVIDING FOR LIFE MEMBERSHIP

Resolved, That Article IV of the Constitution of this Association, California Medical Association, be and the same hereby is amended by adding to Section 1 of said Article IV a new subdivision, namely, Subdivision (e), entitled "Life Members," and reading as follows:

"(*e*) LIFE MEMBERS

"Qualifications: Life members of the California Medical Association shall be elected by the Council on the recommendation of any component county society from those active members thereof who (1) have been active members of this Association continuously for a period of twenty (20) years or more and are more than fifty (50) but less than sixty (60) years of age and have tendered to this Association a life membership fee of one hundred fifty (150) dollars; or (2) have been active members of this Association continuously for twenty-five (25) years or more and are more than sixty (60) but less than sixty-five (65) years of age and have tendered to this Association a life membership fee of one hundred (100) dollars; or (3) have been active members of this Association continuously for a period of twenty-five (25) years or more, are more than sixty-five (65) but less than seventy (70) years of age and have tendered to this Association a life membership fee of fifty (50) dollars; or (4) have been active members of this Association continuously for twenty-five (25) years or more and are more than seventy (70) years of age. Those active members falling within Classification 4 need not be recommended by any component county society but are eligible to life membership on direct application to the Council. The Council may not elect to life membership any active member whose membership has not been continuous or who has ever been censured, suspended or expelled from the American Medical Association, this Association, any state medical association which is a constituent unit of the American Medical Association, or any county medical society which is a component part of this Association or a unit of any other state medical association.

"*Obligations and Rights*.—Life members shall not pay dues and shall not be liable for assessments of any kind or nature. If active membership in good standing is maintained in his component county society, each life member shall have the right to vote, to hold office and shall have all other rights and privileges of the Association. If active membership in his component county society is not maintained, the rights and privileges of a life member shall be those of a retired member."

* * *

PROPOSED AMENDMENT: IN RE NEEDY MEMBERS

Amendment to By-Laws of California Medical Association adding a new section numbered Section 23 to Chapter V of said By-Laws.

Resolved, That Chapter V of the By-Laws of this Association, California Medical Association, be and the same hereby is amended by adding to said Chapter V a new section numbered Section 23, reading as follows:

"SECTION 23. COMMITTEE ON AID TO NEEDY MEMBERS

"The Committee on Aid to Needy Members shall consist of three (3) members whose appointment and terms of office shall be as provided in Section 2 of this chapter.

"The committee shall be responsible to the Council and the House of Delegates for all of its activities.

"The committee shall administer those funds of this Association hereinafter designated as comprising the special Fund for Aid to Needy Members. The committee's administration of said fund shall be subject to the provisions of this section.

"The following funds of this Association shall comprise the special Fund for Aid to Needy Members: (*a*) The proceeds of such assessments, voluntary or compulsory, of the members of this Association as may from time to time be levied by the House of Delegates for the purpose of providing funds for aid to needy members; (*b*) That portion of the annual dues of members of this Association which may from time to time be allocated by the House of Delegates or the Council to the Fund for Aid to Needy Members; (*c*) All bequests, voluntary contributions and donations from any source whatever that may be received by this Association for the express or implied purpose of aiding needy members; (*d*) —— per cent of all payments received by this Association for the purchase of life memberships; (*e*) Subject to annual approval of the House of Delegates, all profits received by this Association from exhibits and concessions at its annual convention; and (*f*) All other funds from whatever source derived (except accounts receivable, payments on indebtedness to this Association, dues and assessments) received by this Association where the payor, donor or other person transferring the funds expresses the intent that such funds shall be for aid to needy members.

"Sums contained in the special Fund for Aid to Needy Members may from time to time be disbursed by the Committee on Aid to Needy Members to those physicians and surgeons or dependents of physicians and surgeons who are found to be actually in need of financial assistance; provided, however, that all distributions from said Fund for the Aid of Needy Members shall be made under uniform rules and regulations formulated by the Committee on Aid to Needy Members and approved by the Council.

"It is the intention of this Association that the funds set aside for aid to needy members shall in so far as possible be used solely for the purpose of providing necessities of life for those physicians or dependents of physicians within the State of California who are actually in want."

* * *

PROPOSED AMENDMENT TO THE CONSTITUTION OF THE CALIFORNIA MEDICAL ASSOCIATION

At the annual session held in Del Monte on May 1, 1939, an amendment was proposed as follows:*

---

* Article XV of the Constitution outlines the procedure regarding amendments to the constitution:

"ARTICLE XV.—AMENDMENTS

"*Section 1.—Procedure to Amend Constitution*

"Any member of the House of Delegates at any meeting of any regular annual session thereof may present an amendment or amendments to any article or articles or any section or sections of any article or articles of this Constitution.

"Such proposed amendment or amendments shall be in writing and shall be filed with the Secretary and shall thereafter be published at least twice in separate issues of the official journal of this Association prior to the next regular session of the House of Delegates.

"At the said next regular session of the House of Delegates such proposed amendment or amendments shall be submitted to the House of Delegates, for consideration at any meeting of the House of Delegates during that annual session, and if two-thirds of the Delegates present and voting vote in favor thereof, the same shall be adopted."

A Resolution Amending Article VII, Section 1, of the Constitution. Introduced by William Voorsanger, San Francisco, for the San Francisco delegation. Resolution follows:

Resolved, That Section 1 of Article VII of the Constitution of this Association, California Medical Association, be and is hereby amended as follows:

By striking out all of the third paragraph of said Section 1 of Article VII, reading as follows:

"The nine district councilors shall be elected as follows: Prior to the time set for the election of district councilors, the delegates of each councilor district for which a councilorship is about to become vacant shall meet, organize and in due form elect one or more members of the said councilor district, as a nominee or nominees for the said vacancy in such councilor district. Such nomination or nominations shall be submitted in writing, signed by at least two delegates who were present at such meeting, and shall be given to the Secretary-Treasurer, by him to be transmitted to the House of Delegates. The House of Delegates may make additional nominations from the floor of the House, and in the event that the delegates from a councilor district fail to submit a nomination or nominations, shall on its own account proceed to make nominations for each district councilor vacancy; and a vote shall then be taken by the House of Delegates to determine who shall be elected to the vacant councilorship."

and by inserting in lieu thereof the following:

"The nine district councilors shall be elected as follows: Prior to the time set for the election of district councilors, the delegates of each councilor district for which a councilorship is about to become vacant shall submit in writing to the Secretary-Treasurer the names of one or more nominees to fill the said vacancy. The Secretary-Treasurer shall transmit the names of such nominee or nominees so submitted to him to the House of Delegates on or before the time set for the election. A vote shall be taken by the House of Delegates upon the nominee or nominees so submitted and, in the event that only one nominee has been submitted, the House of Delegates may, by a majority vote, either elect or refuse to elect said nominee. If the House of Delegates shall reject the sole nominee of the delegates from the councilorship district concerned, then said delegates must immediately thereafter submit an additional nominee or nominees and the House shall proceed to vote thereon; if there is but one nominee, the House may elect or reject. If, after such time as the Speaker may allow, delegates within such councilor district fail to submit an additional nominee or nominees, the House of Delegates may then proceed to make nominations from the floor of the House and a vote shall then be taken by the House of Delegates to determine who shall be elected to the vacant councilorship. All nominees for district councilorships must be members in good standing residing within the district in which the vacancy exists."

Membership.

The Council is happy to report that during the calendar year 1939 a total of 553 new members were added to the Association's membership roster, the total active membership being 6,349. In addition there were honorary members, (1), associate members (4) and retired members (85).

Several striking factors should be clearly apparent to all of the members. Membership no longer signifies only an individual's desire and qualification of being a part of a scientific organization, but the Association should be made up of almost *all* the eligible men in the state in order that we represent an overwhelming majority of collective medical opinion.

This can be brought about by each member taking upon himself the duty of bringing in an eligible nonmember.

The privilege of service is variable. Some seem limited to pay their part of the costs in annual dues, a few may serve on committees, a very few are elected to office, but all are called upon at all times to represent medicine well in every circumstance.

A recent survey indicates that the policies and principles enunciated and carried out by your House of Delegates and Council are in conformity to the expressed opinion of 88 per cent of the medical profession in the United States. This should indicate our solidarity and the lack of weight of the occasional expressions of "parlor-pinks" and misguided compulsory health service advocates who make up an extremely small number of those practicing medicine.

Survey of Association Offices.

In accordance with House of Delegates Resolution No. 1, adopted at Del Monte in 1939, a special committee of three was appointed by the Speaker to bring in a report on the various activities of the central office of the Association. The committee, consisting of Doctors Elbridge Best (chairman), George D. Maner, and Dewey R. Powell, read a preliminary report at the Council meeting held on October 7, 1939, and made a subsequent report at the Council meeting held on February 17, 1940. The report so submitted was then distributed in mimeographed form to the Councilors and given special consideration at a meeting held on March 10, 1940. As provided in the resolution, the report will appear in the "Pre-Convention Bulletin."

In accordance with the House of Delegates resolution, a complete report and recommendations will be presented. This report, with recommendations, was read at the October 1939 meeting of the Council.

In executive session, a subcommittee of the Council submitted the report, which follows:

"The Council, meeting in executive session on March 10, 1940, at San Francisco, California, considered the report of the special committee appointed by the Speaker of the House of Delegates in accordance with the approval motion from the floor to study the working personnel and conditions pertaining to the central office and official publication of the California Medical Association.

"The following program was agreed upon after full discussion, in which the committee report and each councilor's written suggestions were considered.

"First: An attempt should be made, and any and all organization should be pointed to reduction of operating costs, if consistent with efficiency.

"Second: The present secretary-treasurer and editor should be retained as field secretary and editor with a definition of duties, relieving the individual of much of the office routine, business management and responsibility, and freeing him for the field service so essential to aiding the county medical units in coördinating their efforts and those of all members with those of the California Medical Association as a whole; these two functions to carry a compensation less than the amount now paid the Secretary-Treasurer-Editor.

"Third: An executive secretary or business manager should be employed to assist in the office, publication of CALIFORNIA AND WESTERN MEDICINE, etc.; this individual to be either a layman or a doctor of medicine. The majority favored a trained business layman with organization background.

"Fourth: The salary of the Director of Public Relations shall be abolished. Since none is being paid, and has not been for several years, this action merely clears the records.

"Fifth: An editorial board, created in accordance with our present By-Laws, to guide the editor, who shall be chairman of the board in scientific matters pertaining to CALIFORNIA AND WESTERN MEDICINE.

"Sixth: The work of the Committee on Public Education should be continued and funds provided; also the allocation of funds for the Committee on Public Policy and Legislation.

"Seventh: Since the By-Laws provide the election of officers at the organization meeting of the Council on Thursday morning following the last meeting of the House of Delegates at its annual meeting, it was agreed that specific recommendations should be made to the new Council at this meeting.

Respectfully submitted,
Harry H. Wilson, M. D.
Karl L. Schaupp, M. D.
Louis A. Packard, M. D."

Annual Dues for the Year 1941.

After careful study of the Association's needs, the Council will recommend that the annual dues for the calendar year 1941 be increased to the proper amount to carry on the designated functions.

Respectfully submitted,
Council of the California Medical Association.
Karl L. Schaupp, *Chairman.*

REPORTS OF TREASURER AND SECRETARY

To the President and the House of Delegates:

Your Secretary-Treasurer begs leave to submit his report under two subheadings: (1) Report of the Treasurer; and (2) Report of the Secretary.

* * *

I. REPORT OF THE TREASURER

The following statement of income, expenditures and resources, as certified by the licensed, bonded public accountants (Ernst & Ernst), gives a summary of the year's financial operations:

Report of Examination*

I. California Medical Association

and of

II. Trustees Of The California Medical Association (A Corporation)

San Francisco, California

December 31, 1939

ERNST & ERNST
ACCOUNTANTS AND AUDITORS
SYSTEM SERVICE
SAN FRANCISCO

February 17, 1940.

California Medical Association
San Francisco, California

We have examined the balance sheets of California Medical Association and Trustees Of The California Medical Association (a Corporation) as of December 31, 1939, and of the statements of income, surplus and deficit for the year then ended, have reviewed the accounting procedures of the Association and Corporation and, without making a detailed audit of the transactions, have examined or tested their accounting records and other supporting evidence, by methods and to the extent we deemed appropriate.

California Medical Association is a nonprofit organization formed for the purpose of promoting the science and art of medicine, protection of public health, and the betterment of the medical profession and is the state unit of the American Medical Association. Trustees Of The California Medical Association is a nonprofit coöperative corporation, having no capital stock, incorporated under the laws of the State of California during May, 1930, in order to aid the Association in carrying out its purposes.

Included in this report is a separate statement setting forth the assets remaining at December 31, 1939, in the special assessment fund created under the direction of the House of Delegates by an assessment on all active members of the Association as of June 1, 1939. In accordance with the resolution of the House of Delegates, the funds received under this special assessment were to be carried in a special fund and used only for the additional purposes contemplated and any moneys remaining in this fund after discharge of the Committee on Public Education by the House of Delegates are to be returned pro rata to the then members of the Association who paid the special assessment.

A summary of the assets and liabilities of the Association and the Corporation at December 31, 1939, but not including the Special Assessment Fund, is presented below.*

The above statement reflects that the combined net assets of the Association and the Corporation, after providing a reserve for the full amount of the loans to California Physicians' Service, total $50,150.28.

The following comments relate to the assets and liabilities set forth in the accompanying balance sheets of the Association, Corporation and Special Assessment Fund and to the scope of our examination:

The office working fund of $50 was counted by us and we have corresponded with the custodians of the working funds shown on the balance sheet of the special assessment fund, but no replies have been received to the date of this report. Cash on deposit was verified by corresponding with the various banks and reconcilement of the amounts so reported with those shown in the balance sheets included in this report. Recorded cash receipts during the year were traced into bank statements or pass books on file in the

TABLE 1.—*Assets—Liabilities, Reserves, and Surplus. (Ernst & Ernst)*

ASSETS	I ASSOCIATION	II CORPORATION	III ELIMINATIONS	IV COMBINED
Cash	$10,565.53	$ 8,597.40		$ 19,162.93
Marketable securities		81,930.89		81,930.89
Accounts,receivable	2,112.98			2,112.98
Other assets	21,695.60			21,695.60
Furniture, equipment, etc.	1.00			1.00
Deferred charges	299.24			299.24
Due from California Medical Association		50,251.67	$50,251.67	
	$34,674.35	$140,779.96	$50,251.67	$125,202.64
LIABILITIES, RESERVES AND SURPLUS				
Notes payable to bank		$ 50,000.00		$ 50,000.00
Due to Trustees of the California Medical Association	$50,251.67		$50,251.67	
Other accounts payable	1,468.86			1,468.86
Members' contributions to endowment fund		200.00		200.00
Deferred income	1,383.50			1,383.50
Reserves	22,000.00			22,000.00
	$75,104.03	$ 50,200.00	$50,251.67	$ 75,052.36
Surplus—*Deficit*	*40,429.68*	90,579.96		50,150.28
	$34,674.35	$140,779.96	$50,251.67	$125,202.64

---

* Report from Ernst & Ernst, Audits and Systems.

* Editor's Note.—See Ernst & Ernst summary, having caption, "Table 1.—Assets—Liabilities, Reserves, and Surplus."

office and recorded cash disbursements were supported by examination of canceled checks or pass book entries for the same period. We further verified cash disbursements by examination of the lists of expenditures approved by the Auditing Committee of the Association and also, with minor exceptions, by inspection of invoices and other data. The footings of the cash records were thoroughly tested by us.

Marketable securities, owned by the Corporation, are shown in detail in an exhibit included as a part of this report. We have received confirmation of the securities having a par value of $50,000 which are held by the bank as collateral on a loan of like amount, and have inspected the remaining certificates having a par value of $29,000. The interest accrued on these bonds at December 31, 1939, is represented by unclipped coupons which are attached to bonds held at the bank as additional collateral to them or by interest which has accrued in the interim period since the date of the last detached coupon.

Accounts receivable due from advertisers in the CALIFORNIA AND WESTERN MEDICINE, the official journal of the Association, were determined by trial balance of the individual accounts, but we did not correspond with the respective debtors in further verification of the accounts. We have made an age analysis of these balances at December 31, 1939, as shown in the following summary:

DATE OF ACCOUNT	AMOUNT
December, 1939	$1,612.88
November, 1939	59.00
October, 1939	51.00
July, August and September, 1939	145.00
January-June, 1939	399.00
December, 1938, and prior	300.00
TOTAL	$2,566.88

Based upon our examination of the accounts and information obtained, we have increased the reserve for doubtful accounts to the amount of $500 to cover possible loss on these accounts.

Sundry accounts receivable, consisting of the following amounts due to the Association, were all of current date and are considered fully collectible:

Amounts due for reprints	$27.25
Refund due on legal advance	18.85
TOTAL	$46.10

Classified under the caption of other assets are the balances due to the Association as of December 31, 1939, for cash loans and advances made and also a deposit of $75. The loans to California Physicians' Service are represented by notes, as set forth in footnote to balance sheet, which were inspected by us. Of the total amount of $21,000 loaned to California Physicians' Service, $15,000 was authorized by the House of Delegates and the remaining $6,000 has been authorized by the Council. Advances made for the Morris Herzstein Trust Fund are to be repaid from the future income of this trust fund and represent amounts disbursed in connection with an exhibit at the Golden Gate International Exposition.

Furniture, fixtures, etc., are stated on the books of the Association at the conservative value of $1.00, in accordance with the policy adopted as of June 1, 1935, of charging all acquisitions of this nature to expense at the time of purchase. The amount charged to expense during the year for equipment purchased amounted to $634.21 and represented the cost of projectors acquired.

Notes and accounts payable on the respective balance sheets provide for all ascertained indebtedness at the date of our examination. Notes payable as shown on the balance sheet of the Corporation represent the following notes owing to the Crocker First National Bank of San Francisco:

DATE	MATURITY	INTEREST RATE *Per Cent*	AMOUNT
October 29, 1929	March 1, 1940	3	$15,000.00
October 24, 1939	March 1, 1940	3	25,000.00
December 4, 1939	March 1, 1940	3	10,000.00
			$50,000.00

As previously stated, these notes are secured by marketable securities of the par value of $50,000 plus coupons attached. The Corporation in turn has loaned $50,000 to the Association.

Deferred income consists of those amounts which were received during 1939 but which will be taken up as income in the calendar year 1940, the year in which they properly belong.

Members' contributions to Endowment Fund totaling $200 were unchanged during the year. The purpose of the Endowment Fund is to provide income for the general purposes of the Association. However, as yet no provision has been made to segregate the amounts received from the general funds of the Corporation.

Reserves for possible losses have been provided on the balance sheet of the Association in the amount of $22,000. Reserve for contingencies in the amount of $1,000 has been provided to cover any possible liability for unemployment reserve taxes prior to 1939. Unemployment insurance taxes for these years have been paid to the Federal Government under protest and claims for refund have been filed by the Association on the grounds that, although the taxes were paid, the Association should have been exempt from this tax. Reserve for possible loss on loans to California Physicians' Service in the amount of $21,000, as commented upon in the footnote to the Association's balance sheet, has been provided in the interest of conservative accounting and until such time as more definite information can be obtained as to the financial prospects of that organization.

Statements of income and expenditures are submitted as a part of this report in comparative form, our comments in connection therewith following:

Members' dues, as recorded on the books of the Association, were test checked by corresponding with eighteen county societies selected at random by us, from thirteen of which replies have been received to the date of this report, in verification of the amount of remittances for dues forwarded by them during the month of March, 1939. The county medical societies not reporting to us were as follows: Butte, Contra Costa, Imperial, Kings, and the society for Lassen, Plumas, and Modoc counties.

Advertising income of the JOURNAL was test checked by comparison of space used with the charges in the advertisers' accounts.

Expenditures for the period under review were checked to the lists thereof approved by the Auditing Committee and the major items included were verified further by examination of invoices, receipts and other data on file. Minutes of the meetings of the Council, Executive Committee, Trustees, etc., were read by us for authorization for large or unusual disbursements.

No contingent liabilities, other than the possibility of additional state unemployment reserves taxes, as provided for in the reserve for contingencies, were disclosed by our examination nor were the Association or Corporation reported to be contingently liable on any lawsuits on December 31, 1939.

In our opinion, except for the fact that a full reserve against certain loans may not be needed, the accompanying balance sheets and related statements of income, surplus and deficit present fairly the position of the Association and the Corporation at December 31, 1939, and the excess of expenditures over income for the year, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

(Signed): ERNST & ERNST,
Certified Public Accountants.

I

California Medical Association

BALANCE SHEET

December 31, 1939

ASSETS

Cash:			
Office working fund		$ 50.00	
On deposit:			
Commercial accounts	$ 9,995.35		
Savings accounts	520.18		
		10,515.53	
			$10,565.53
Accounts Receivable:			
Journal advertisers	$ 2,566.88		
Less reserve for doubtful	500.00		
		$ 2,066.88	
Sundry accounts		46.10	
			2,112.98
Other Assets:			
Cash loans and advances:			
California Physicians' Service—Note A*	$21,000.00		
Morris Herzstein Trust Fund	620.60		
		$21,620.60	
Deposit		75.00	
			21,695.60
Furniture, Equipment, Etc. —nominal value			1.00
Deferred Charges:			
Rent paid in advance		$ 274.00	
Annual meeting expense for 1940		25.24	
			299.24
TOTAL ASSETS			$34,674.35

LIABILITIES AND RESERVES

Accounts Payable:			
Due to Trustees Of The California Medical Association:			
Loans	$50,000.00		
Interest	251.67		
		$50,251.67	
Advertising commissions and expenses		1,142.10	
Pay roll taxes		326.76	
			$51,720.53
Deferred Income:			
Dues paid in advance		$ 1,330.00	
Reprints paid in advance		53.50	
			1,383.50
Reserves:			
For possible loss on loans —Note A		$21,000.00	
For contingencies		1,000.00	
			22,000.00
TOTAL LIABILITIES AND RESERVES			$75,104.03
Deficit—Representing the amount by which the liabilities and reserves for possible losses exceed the total assets of the Association at December 31, 1939—Notes A and B†			*40,429.68*
			$34,674.35

---

* Note A—Loans to California Physicians' Service are due as follows:

February 13, 1940	$ 5,000.00
September 21, 1940	10,000.00
December 22, 1940	6,000.00

An additional loan of $6,000 was made in January, 1940, and authorization has been made for further loans of $10,000. A reserve for possible loss has been provided by a charge to Deficit Account for the total amount of the loans at December 31, 1939, until such time as we are assured that that organization has funds available for repayment.

† Note B—The California Medical Association had beneficial interest at December 31, 1939, in the net assets of the Trustees Of The California Medical Association, the balance sheet of which as of that date showed net assets of $90,579.96, which includes the amount of $50,251.67 due from California Medical Association. The combined position of both organizations after elimination of this offsetting amount of $50,251.67 is shown in the combined balance sheet included in the text of this report. Trustees Of The California Medical Association had in turn a beneficial interest in the net assets of Indemnity Defense Fund of the California Medical Association, by reason of assignments of members' interests held by them, which amounted to approximately $38,300 at December 31, 1939.

DEFICIT

Year ended December 31, 1939

Deficit at December 31, 1938		$15,959.00
Excess of expenditures over income for the year ended December 31, 1939	$ 3,470.68	
Provision for reserve for loss on loans	21,000.00	
		24,470.68
DEFICIT AT DECEMBER 31, 1939		$40,429.68

* * *

INCOME AND EXPENDITURES

Years ended December 31, 1939, and December 31 ,1938

INCOME

	YEAR ENDED	
	DEC. 31, 1939*	DEC. 31, 1938
Dues and general:		
Membership dues (portion allocated to journal in 1939: See under Official Journal)	$44,091.00	$ 60,035.50
Exhibits at annual meetings, less installation cost	5,375.00	2,528.01
"Medical Society of State of California"—services employee	600.00	600.00
Reprint sales—net	454.10	473.85
Interest earned	118.04	247.68
Miscellaneous	104.96	259.56
	$50,743.10	$ 64,144.60
Official journal — CALIFORNIA AND WESTERN MEDICINE:		
Advertising	$25,387.09	$ 24,398.60
Members' subscriptions (allocated from dues)	18,866.00	
Cash subscriptions	910.97	665.03
	$45,164.06	$ 25,063.63
TOTAL INCOME	$95,907.16	$ 89,208.23
EXPENDITURES		
Administrative	$45,627.10	$ 48,868.16
Scientific, educational and public relations	13,695.19	20,599.75
Official Journal — CALIFORNIA AND WESTERN MEDICINE	40,055.55	41,483.32
TOTAL EXPENDITURES	$99,377.84	$110,951.23
EXCESS OF EXPENDITURES OVER INCOME	*$ 3,470.68*‡	*$21,743.00*§

* * *

EXPENDITURES

Years ended December 31, 1939, and December 31, 1938

	YEAR ENDED	
	DEC. 31, 1939	DEC. 31, 1938
Administrative:		
Secretary, Treasurer and Director of Public Relations:		
Salary	$ 8,000.00	$ 10,500.00
Settlement (former Secretary-Treasurer)		7,000.00
Salaries—clerical	7,065.00	6,218.49
Travel expenses:		
Secretary, Treasurer and Director of Public Relations	330.81	234.79
Officers	642.41	641.84
Council	1,539.76	1,408.97
Executive committee	36.20	108.10
American Medical Association delegates (travel expenses)	819.70	130.75
Taxes—pay roll	1,928.60	1,502.67
Annual meeting expense	3,181.67	2,702.82
Special meeting expense (House of Delegates)	1,060.00	3,459.54
Legal expense:		
Retainer	4,000.00	4,000.00
Other legal expenses	4,231.38	883.63
Rent	3,288.00	3,425.00
Office supplies and expenses	2,002.87	1,919.39
Postage	982.35	765.00
Directory (Membership Roster)	607.19	432.00
Telephone and telegraph	774.55	787.79
Council and executive committee expense	224.23	376.79
Equipment expense	634.21	156.05
Interest on loans	692.92	
Miscellaneous	3,585.25	2,214.54
	$45,627.10	$ 48,868.16

---

* Note A—Year referred to above as ending December 31, 1938, was actually for the period December 19, 1937, to December 31, 1938, which has been considered as a year for comparative purposes in this report.

‡ Deficit at end of 1939. Does not include the $21,000 to California Physicians' Service.

§ Deficit at end of 1938.

Scientific, Educational and Public Relations:		
California Society for Promotion of Medical Research	$ 300.74	$ 7,000.00
State Humane Pound Act		7,423.69
Contributions to medical libraries	3,114.50	1,532.50
Legislation and public policy expenses	3,899.88	2,400.00
Other committee activities	3,720.74	2,243.56
Public Health expense	1,714.00	
Department of Public Relations—sundry expense	945.33	
	$13,695.19	$ 20,599.75
Official Journal — CALIFORNIA AND WESTERN MEDICINE:		
Printing	$27,308.78	$ 26,299.31
Salary—editor	4,000.00	4,166.66
Salaries—clerical	2,220.00	2,312.50
Advertising commissions	3,595.54	3,198.11
Wrapping and mailing CALIFORNIA AND WESTERN MEDICINE	1,616.59	1,346.32
Illustrations	541.88	425.45
Supplies, expense and office postage, CALIFORNIA AND WESTERN MEDICINE	225.63	750.56
Discounts and collection expense	247.13	255.84
Provision for doubtful accounts	300.00	112.37
Sales tax (prior year assessment)		2,616.20
	$40,055.55	$ 41,483.32
TOTAL EXPENDITURES	$99,377.84	$110,951.23

* * *

II

Trustees Of The California Medical Association

BALANCE SHEET

December 31, 1931

ASSETS

Cash:			
On deposit:			
Commercial accounts:			
Bank of America N. T. & S. A.		$ 67.74	
Savings accounts:			
Bank of America N. T. & S. A.	$ 5,545.09		
Crocker First Federal Trust Co.	2,198.59		
The San Francisco Bank	785.98		
		8,529.66	
			$ 8,597.40
Marketable Securities:			
U. S. Government Securities—at cost (par value $79,000.00, of which $50,000.00 has been pledged: bank loan)		$80,073.45	
Accrued interest (bonds in bank)		1,857.44	
			81,930.89
Due from California Medical Association—Note A*:			
Loans		$50,000.00	
Interest		251.67	
			50,251.67
			$140,779.96

LIABILITIES AND SURPLUS

Notes Payable to Bank—Secured by bonds having a par value of $50,000.00			$ 50,000.00
Members' Contributions to Endowment Fund			200.00
Surplus:			
Contributed surplus:			
Received from California Medical Association		$75,000.00	
Earned surplus:			
Balance at December 31, 1938	$12,970.45		
Net income for the year ended December 31, 1939	2,609.51	15,579.96	90,579.96
			$140,779.96

Editor's Note.—"Marketable Securities" are listed in detail at the bottom of this page.

* * *

INCOME AND EXPENDITURES

For the years ended December 31, 1939, and December 31, 1938

	YEAR ENDED DEC. 31, 1939	YEAR ENDED DEC. 31, 1938
INCOME		
Interest on bonds	$2,498.75	$2,483.38
Interest on savings accounts	145.12	111.33
Interest on loans—net		80.83
	$2,643.87	$2,675.54
EXPENSES		
Miscellaneous	34.36	286.33
NET INCOME	$2,609.51	$2,389.21

---

* Note A.—A combined balance sheet of the Association and Corporation ("Trustees Of The California Medical Association") is shown in the text of this report showing the net assets of both organizations after elimination of this amount.

Note B.—This Corporation ("Trustees Of The California Medical Association") holds assignments from members of the "Indemnity Defense Fund" of the California Medical Association transferring a beneficial interest to them of approximately 9/11's of the total assets of that fund of $46,840.08 at December 31, 1939.

* * *

III

California Medical Association

SPECIAL ASSESSMENT FUND†

BALANCE SHEET

December 31, 1939

ASSETS

Cash:	
Working funds	$ 200.00
On deposit	31,379.29
	$31,579.29

LIABILITY

Unexpended balance of fund—Note A	$31,579.29

STATEMENT OF RECEIPTS AND DISBURSEMENTS

Assessments collected		$49,090.00
Disbursements:		
Circulars and cards	$4,186.96	
Broadcasting	3,040.58	
Public policy and legislation	3,000.00	
Publicity director—salary	1,383.33	
Publicity director—expenses	1,889.09	
Multigraphing and mimeographing	1,327.96	
Postage and expenses	1,250.68	
Office stationery and supplies	461.66	
Salaries—clerical	361.00	
Travel expense	242.31	
Working funds advanced	200.00	
Telephone and telegraph	91.17	
Miscellaneous	75.97	17,510.71
UNEXPENDED BALANCE OF FUND		$31,579.29

---

† Note A.—Pursuant to the resolution of the House of Delegates, all moneys collected under the special assessment are to be carried in a special fund and used only for the educational purposes contemplated in the resolutions. In addition, any moneys remaining in this special fund, after discharge of the Committee on Public Education by the House of Delegates, are to be returned pro rata to the then members of the Association who paid the special assessment.

Note B.—Assessments of $10.00 each were levied against 6,101 members as of June 1, 1939. At the date of this balance sheet, 4,909 members have paid their assessment, leaving a balance of $11,920.00 still owing to the fund by members.

MARKETABLE SECURITIES‡

December 31, 1939

Description	*Maturity Date*	*Interest Rate*	*Par Value*	*Cost*	*Quoted Market Price*	*Accrued Interest*
U. S. Treasury bonds	1944–54	4%	$25,000.00	$25,093.75	$28,565.00	$ 541.66
U. S. Treasury bonds	1944–46	3¼	10,000.00	10,000.00	11,010.00	392.70
U. S. Treasury bonds	1943–45	3¼	2,000.00	2,000.00	2,186.00	46.05
U. S. Treasury bonds	1944–46	3¼	2,000.00	2,000.00	2,202.00	46.05
U. S. Treasury bonds	1949–52	3⅛	5,000.00	5,321.88	5,564.50	84.64
U. S. Treasury bonds	1948–51	2¾	10,000.00	10,253.13	10,890.00	355.21
U. S. Treasury bonds	1945–47	2¾	5,000.00	5,131.25	5,480.00	108.85
U. S. Treasury bonds	1949–53	2½	10,000.00	10,015.63	10,516.00	135.42
U. S. Treasury bonds	1945	2½	5,000.00	5,176.56	5,250.00	67.70
U. S. Treasury note	1942	2	5,000.00	5,081.25	5,150.00	79.16
			$79,000.00	$80,073.45	$86,813.50	$1,857.44

---

‡ Note A.—Bonds having a par value of $50,000.00 have been pledged with bank as collateral on loans.

IV

Report of Examination*
"Indemnity Defense Fund" of the California Medical Association, San Francisco
December 31, 1939

ERNST & ERNST
ACCOUNTANTS AND AUDITORS

February 17, 1940.

Board of Trustees of the
Indemnity Defense Fund of the
California Medical Association,
San Francisco, California.

We have examined the balance sheet of the Indemnity Defense Fund of the California Medical Association as of December 31, 1939, and have examined the accounting records of the Fund and other supporting evidence by methods and to the extent we deemed appropriate.

The purposes for which this Fund was formed and explanation concerning the operation thereof prior to its termination on December 1, 1923, have been set forth in previous reports. It was further explained that the Trustees Of The California Medical Association had accepted voluntary assignments from contributing members of the Fund of their right, title, and interest therein. According to records maintained in the California Medical Association's office, a total of 1,340 members contributed to the Fund. At the date of its termination there were approximately 1,100 members still remaining in the Fund, and of these members, 907 have so assigned their interests. This would indicate that the Trustees Of The California Medical Association had an interest of approximately 82 per cent in net assets of this Fund, although it is believed that their interest is probably greater because of deaths of original members whose interests would terminate thereupon.

Cash on deposit in the various savings accounts was verified by inspection of the bank pass books and by confirmations from the depository banks as of December 31, 1939.

The liabilities of the Fund are only those of a contingent nature for which the Fund must indemnify its members until the expiration date, which will be approximately November 1, 1944, according to information given us by the legal counsel for the Fund. We are informed that no claims or any indication of future claims have developed during the period since our last audit of this Fund.

In our opinion, the Fund's balance sheet presents fairly the position of the Fund at December 31, 1939, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Ernst & Ernst,
Certified Public Accountants.

* * *

IV

Indemnity Defense Fund of the California Medical Association†

BALANCE SHEET
December 31, 1939

ASSETS

Cash on deposit:	
Savings accounts:	
Wells Fargo Bank and Union Trust Co.	$35,776.82
American Trust Company	10,662.39
Bank of America N. T. & S. A.	400.87
	$46,840.08

SURPLUS

Contributed surplus:		
Balance at December 31, 1939		$18,241.00
Earned surplus:		
Balance at June 30, 1938	$27,310.22	
Interest earned on savings accounts for the period from July 1, 1938, to December 31, 1939	1,288.86	
		28,599.08
		$46,840.08

Editor's Note.—The above completes the report of the certified public accountants, Ernst & Ernst.

* * *

Comment on Treasurer's Report of December, 1939 with References to the Budget.—Supplementary to the report made by the certified public accountants (Ernst & Ernst), as given above, some comment may be made concerning the budget items included in the financial report of the Treasurer for the month of December, 1939, as submitted by him to the Council, with figures given to him by the bookkeeper.

The audit by Ernst & Ernst shows that all moneys received were duly accounted for, and also that all expenditures had been duly authorized.

The figures given below on amounts of expenditures are taken not from tentative draft for December originally submitted for the Council meeting of January 6, 1940, which contained total figures supplied by the bookkeeper, but on a later draft made up March 27 by the bookkeeper, and in which had been incorporated changes in allocations as noted in a memorandum given to the bookkeeper by the certified public accountants.

At the end of each month the bookkeeper posts her financial records and then submits the figures needed for the monthly report that is made by the Treasurer to the Council. At times, when the bookkeeper has allocated certain expenses to improper budget groups, it has been necessary for the Treasurer, in a succeeding report to make the indicated changes and to call attention thereto in an explanatory note.

Income in Relation to Budget Allocations.—In the monthly financial report for December, 1939, above referred to, attention was called to the fact that income for the year exceeded the budget estimate in the following items: (1) dues; (2) advertising income; and (3) miscellaneous income (annual session profit).

Budget Items, in Which Expenditures Were Less Than the Budget Allocations.—When the expenditures are checked, it may be noted that in 1939 these were less than the "budget allocations," as regards the following items*:

(1)	Rent	$ 137.00
(16*c*)	Travel expense of Executive Committee	463.80
(11)	Stationery and printing	183.82
(13)	Council expense	75.77
(15)	Salary: Secretary-Treasurer-Director	4,000.00
(16*d*)	Travel expense of Secretary	419.19
(17)	Department of Public Relations	1,487.30
(19)	Postgraduate expense	2,839.06
(20)	Expense of committees	230.93
(28*d*)	C. and W. M. discounts	2.87
(30*f*)	Postage, "Official Journal"	24.10
(31*g*)	C. and W. M. illustrations	158.00
(32*h*)	C. and W. M. sundries	300.27
	The above items total	$10,322.11

Expenditures, in Which Budget Allocations Were Exceeded.—On the other hand, items in which the expenditures exceeded the "budget allocations," include the following:

(9)	Telephone and telegraph	$ 24.55
(10)	Postage	232.35
(12)	Office supplies	275.20
(13)	Office expense	129.49
(14)	Salaries, clerical	285.00
(16*a*)	Travel expense of officers	442.41

---

* Report from Ernst & Ernst, Audits and Systems.

† Note A—Trustees Of The California Medical Association hold assignments from members of their interest in this fund approximating nine-elevenths of the net assets of this fund.

Trustees of the Indemnity Defense Fund are: Lemuel Adams, Oakland; J. B. Harris, Sacramento; and Karl L. Schaupp, San Francisco.

* Numbers in parenthesis are the reference numbers to the various items as given on the monthly budget forms.

(16*b*)	Travel expense, Council and per diems	339.76
(16*e*)	Travel expense, C. M. A. delegates to A. M. A.	519.70
(21)	Public Policy and Legislation Department	899.88
(23*b*)	Legal Department, extra fees	3,021.38
(23*c*)	Other Legal Department expenses	600.00
(24)	Donations to Lane & Barlow Libraries	1,639.50
(25*a*)	Printing "Official Journal"	2,308.78
(26*b*)	"Official Journal," second class postage	239.70
(33*i*)	Addressograph expense	26.88
(34*j*)	Reprint expense	57.07
	The above items total	$11,041.65

Concerning Income.—The three major sources of routine income were: (1) membership dues (6,295 members at $10 each: $62,950); (2) advertising receipts from California and Western Medicine ($25,387.09); (3) technical exhibit booth sales at annual session ($5,375).

During the year 1939, additional income was received from the Special Assessment levied by the House of Delegates, as of date June 1, 1939. This assessment in 1939 added income of $49,090, received from 4,909 members, each of whom paid $10. All moneys so received were deposited in a special bank account under control of the Committee on Public Health Education, for use by that committee in carrying on its work.

Concerning Expenditures.—Expenditures may be said to fall under two major divisions: (*a*) administrative or maintenance, and (*b*) official journal (California and Western Medicine).

(a) *Concerning Administrative or Maintenance Expenditures.*—Expenditures under this subhead may be divided into two groups: (1) budgeted, *i. e.,* foreseen and anticipated; and (2) unforeseen, (*i. e.,* unforeseen at the time the budget was adopted).

For the year 1939, the "estimated income" was placed at $94,100 (the Auditor's report states the estimate was exceeded, the "actual income" being $95,907.16). Of the estimated income, $88,100 was authorized for expenditures in budget allocations to twenty-nine divisions or activities of the Association, thus leaving $6,000 to cover certain "miscellaneous expenses" (the "miscellaneous" item in addition to routine charges also including "unforeseen expenditures.")

The deficit for the year may be said to have arisen, not through overdrafts on budgeted items, but because of the number and amounts of "unforeseen expenditures," as included in the "miscellaneous" item; the "miscellaneous" item in 1939 reaching a total of $39,380.27, *i. e.,* when loans of $21,000 to California Physicians' Service are included.

(b) *Concerning Expenditures Due to* California and Western Medicine.—The expenditures of California and Western Medicine are considered in the report of the Business Manager of the Official Journal and, therefore, will not be discussed in this report of the Treasurer.

Concerning the Bookkeeping and Business Procedures of the Headquarters Office.—In one sense, these are comparatively simple. Thus, some 6,000 or more members each pay exactly $10 as annual dues, the burden of collection of the same falling on the forty county society secretaries, who, from time to time, send to the headquarters office, lists of paid members with checks to cover; the names thereon then being checked and recorded on the cards of members.

In 1939, however, this work was virtually duplicated because of the special assessment of June 1, which also carried a levy of $10 per member. The procedure for this special assessment was precisely as for the annual dues, and was carried through without extra clerical help. Fortunately, the collection of these special assessments came at a time when the annual dues collections had practically been completed.

The other financial bookkeeping has to do with California and Western Medicine, which is taken up in the report of the Business Manager of the Official Journal.

By-Laws Procedures for Budget Drafting.—It may be in order to call attention to the procedures through which a drafted budget must go before it is finally adopted by a House of Delegates; the budget, according to the By-Laws, not becoming operative until the beginning of the succeeding calendar year.

The first draft of the budget must be made by the Auditing Committee prior to December 1, not of the year immediately preceding its operation, but of December 1 of the second year immediately thereto. In turn it is then considered first, by the Executive Committee, and thereafter by the Council; to be finally submitted to the House of Delegates, usually in May, to become, after adoption, operative in the succeeding January.

In other words, the drafting of a budget begins more than a year in advance of its application, on which account, it is difficult at times to foresee all possible expenditures. The suggestion has been made by the accountants that a fiscal year that is not one and the same with the calendar year might be better adapted to the Association's needs. The suggestion seems worthy of consideration.

Respectfully submitted,

George H. Kress, *Treasurer.*

II. REPORT OF THE SECRETARY

To the President and the House of Delegates:

The duties of the Secretary, as outlined in Chapter VI, Section 3, of the by-laws are many and varied and place many definite responsibilities upon him, since he acts as the administrative or executive officer for the constituted authorities of the Association. In short, he is the employee who is deputized to keep in touch with all existing, pending, and prospective activities of the Association, as well as with its officers, committees, and component societies. For this work he is expected to have a broad knowledge of the Association both as regards its past and present policies, so that he may be able to be of fullest possible service to the component county units and the members of the Association when called upon for opinions or advice.

Clerical Assistants.—In his secretarial work, he is assisted by one chief assistant, who represents him in his absence from the office and who is in charge of the files and also acts as the stenographer at Council and other important committee meetings. In addition, there is a senior stenographer who takes most of his dictations, and a junior stenographer who is the receptionist and who also receives dictation, does copy and other work in the office. Two other employees are allocated to separate departments: one, the bookkeeper to the treasurer; and the other to the Official Journal (the latter employee also giving part of her time to the optional defense work, for which service the "Medical Society of the State of California" pays $50 monthly to apply on her salary).

In recent years, with an increase not only in number of members, but in the number and variety of medical problems of both state-wide and local nature, it has taken more and more time to carry on the extensive correspondence of the Association. This, not only because of the quantity of the letters received, but also owing to their nature; many demanding serious consideration and study before replies may be sent. In the past ten years, it may be said that the work of the headquarter's office of the Association has more than doubled; with, however, practically the same number of employees. The central office, therefore, is a busy place, in which leisure moments are few and far between.

Extra Work in Year 1939.—During the year 1939, in addition to the routine activities, the headquarters staff was called upon for much extra work. Thus, the special House of Delegates assessment of June 1, 1939, meant that last year the work incident to collecting dues and recording the same had to be done twice instead of once. The chiropractic initiative necessitated much extra correspondence and work. In the earlier months of the year when the California Legislature was in session, the Secretary was called on to give prompt aid to the Committee on Public Policy and Legislation, in both routine and emergency matters. Federal legislation having to do with public health and medical practice problems also demanded increased coöperation with other organizations, both intra- and extra-state.

Committee on Public Relations.—The Association Secretary, in his ex-officio capacity as secretary of the Committee on Public Relations, was called on for much service by that important body, for upon him fell the duty of drafting the docket of meetings, with placement thereon of agenda to be considered by the Committee. After the Committee had taken action thereon, it then devolved upon him to carry through to completion the Committee's instructions.

Similar responsibilities pertain to the work of the Association Secretary, in relation to the activities of the Council, Postgraduate, and of special committees.

Annual Session.—The details of arrangements for the annual session, both in its scientific and business phases fall on the Secretary's shoulders, and for these an intimate knowledge of needs and facilities is required. As ex-officio chairman of the Committee on Scientific Work, the Association Secretary is required to advise on programs so that they will be truly representative and harmonious, and of a nature to make for annual session meetings that will have appeal to all who attend.

Because the income received from the technical or commercial exhibits is counted on to cover most of the expense incident to an annual session, it is important that this feature be properly managed. The Del Monte technical exhibit in 1939 was a peak year as regards income from this source, but in spite of certain disadvantages the income at Coronado will be even greater, the exhibit booth spaces having been sold by the Secretary for a total of $5,600—a gratifying experience in times of economic stress such as the present.

Postgraduate Courses—Mention may be made of the Association Secretary's duties in connection with the work of the Postgraduate Committee. A considerable amount of preliminary educational or foundation work that was necessary seemed at first unproductive, but its value has since been demonstrated, because through the information that was gathered the headquarters office is now in position to give quick responses to requests for clinical courses. Only those who have had experience in making arrangements for clinical courses can appreciate the difficulties involved, due to the fact that each person who officially takes part, whether as guest speaker or as a member of a local committee on arrangements, has certain responsibilities which, if not carried through, come back to the headquarters office for readjustment. Among items needing such careful attention are: the topics to be discussed, the essayists to be selected, their places of residence in relation to the cities in which the conferences are to be held (in order that transportation expenses shall be kept within bounds), the hours scheduled for lectures, etc.

It is gratifying to record that clinical courses in the county societies are at last getting under good headway in California, with promise of increasing usefulness to all units which choose to avail themselves of the State Association's facilities.

Membership.—The California Medical Association is a federacy made up at the present time of forty component county medical societies, with a total membership of 6,438 licensed physicians and surgeons, as of December 31, 1939. In the reports of the component county societies submitted by their respective secretaries, and which appear in the "Pre-Convention Bulletin," may be found a record of the many and important activities carried on by the forty county units of the State Association. A perusal of those reports will reveal how earnestly both local and general needs and trends are appreciated by the officers and members of the county societies. It is pleasing to know that in spite of the continued and general economic stress of recent times—in which the members of the medical profession have been made to bear an extra-heavy load—the membership of the Association has not suffered a loss, as is borne out by the figures given in the table below.

COUNTY SOCIETY MEMBERSHIP TOTALS

(*Year 1939*)

Alameda County	546
Butte County	31
Contra Costa County	54
Fresno County	135
Humboldt County	33
Imperial County	27
Inyo-Mono County	10
Kern County	61
Kings County	18
Lassen-Plumas-Modoc County	17
Los Angeles County	2522
Marin County	44
Mendocino-Lake County	30
Merced County	37
Monterey County	69
Napa County	35
Orange County	120
Placer-Eldorado-Nevada-Sierra County	39
Riverside County	73
Sacramento County	144
San Benito County	7
San Bernardino County	151
San Diego County	280
San Francisco County	974
San Joaquin County	113
San Luis Obispo County	30
San Mateo County	78
Santa Barbara County	112
Santa Clara County	193
Santa Cruz County	39
Shasta County	17
Siskiyou County	18
Solano County	32
Sonoma County	57
Stanislaus County	48
Tehama County	10
Tulare County	45
Ventura County	47
Yolo-Colusa-Glenn County	35
Yuba-Sutter County	18
Active members	6349
Associate members	4
Retired members	84
Honorary members	1
Total all members	6438

The table above gives the figures for the calendar year 1939. During the present calendar year 1940, for the months of January to March inclusive, the total number of new members who have been reported is 127. Two years ago, in 1938, there was a total of 558 new members, and in 1939 the new members totaled 553. It will be interesting to note whether in the year 1940 an increase in the number of new members will be recorded.

Each county society is urged to make a survey of physicians in practice in its territory, to determine who among such would be eligible for membership, and to institute steps to bring such members of the profession into active affiliation. Today, as never before, every physician possessing satisfactory qualifications should be actively aligned with organized medicine, in order that the standards of scientific medicine, public health, and medical practice may be maintained.

Visits to County Medical Societies.—During the past year the Association Secretary accompanied the President on practically all the journeys made to county societies, joining with him in presenting a résumé of Organized Medicine's general activities, and of the work of the California Medical Association in particular. In these trips he was acting as a sort of field secretary, carrying to the local members the story of what the Association was striving to accomplish in the solution of some of its major problems. The impression was formed that, while the members of the component county societies are alert for a portrayal of organization work, it is also true that, as a regular routine, they are even more interested in the problems of scientific medicine. It is, therefore, possible that too much or too frequent emphasis on organization problems would not long be tolerated on the meeting programs of county societies. The component groups desire to have first-hand knowledge given to them from time to time by their constituted state officers, but not overmuch. Moreover, in a state with the large geographical domain of California, recurrent and frequent visits to county societies—granted that such appearances might be acceptable—would soon run into a total of expenditures of considerable amount that might not be warranted by the results attained.

Also, during the past year, since the newly authorized Committee on Public Health Education took up its work, many of the county societies have had the additional privilege of receiving visits and talks by its Counsel on Public Relations, Mr. Marshall, and by the Secretary of the Public Health League, Mr. Read, who likewise have functioned somewhat in the rôles of field secretaries. In addition, the county units have had the benefit of visits from Councilors, so that a fairly generous and diversified program on organization problems has been given throughout the state. All requests from county societies for speakers on organization topics have been met.

Fourth Annual Secretarial Conference with Association Officers and Committees.—The opinions expressed by members who have attended the conferences of this and previous years indicated that the program carried through on Sunday, February 18, measured up to the best standards. Years ago, before the present by-laws were adopted, it was the practice to have the House of Delegates bring into being each year a large number of special committees. When the present by-laws were adopted in 1929, this procedure was discontinued through provision for standing committees, each with an executive group of three members, whose members had staggering terms, so that committee policies could be carried through to completion. Unfortunately, because California is so large a state, it was not possible for members of the standing committees to meet with any frequency, owing to the heavy travel expense involved.

To overcome this impediment, the plan was devised to hold an annual conference of chairmen of standing committees, they to meet with officers of the State Association and the secretaries of the county societies. There can be no question concerning the value of these annual conferences, because they make for unified approach and action in carrying through the policies of the State Association and its Component Societies. It is to be regretted that the financial costs practically confine such conferences to one single annual session.

It might be desirable to consider the advisability of holding an additional conference on the Sunday immediately preceding the annual session. It may be of interest for members to know that the County Society Secretaries, through an informal organization of their own will meet again this year on Sunday afternoon, May 5, to consider problems in which they are especially interested. On the same day, as may be noted in program announcements, the radiologists and pathologists meet with analogous purpose, their meetings having taken on increasing value for those in attendance.

Storage Room. The storage room in the 450 Sutter Building which was obtained by the Secretary without extra rental has greatly relieved the crowded condition of the headquarters office rooms. Table equipment is needed in the Secretary's office, to properly care for the many items that are constantly going over his desk and that cannot be placed in the permanent files until brought to completion.

Cancer Exhibit at the Golden Gate International Exposition.—The cancer exhibit will be reinstalled in the Hall of Science of the Golden Gate International Exposition of 1940. The maintenance cost will be kept down because no rent for floor space will be charged. Last year the Secretary was able to secure a donation of floor space having a value of $800.

Association Archives.—An almost virgin field of work is that having to do with the history of the California Medical Association. Although the Association was founded in 1856, it has practically no archives bearing on the period prior to 1900. It is true that this historical research is of no pressing or immediate importance. On the other hand, the collection of memorabilia should be started, because with each passing year it will become increasingly difficult to gather original papers that will shed light on the endeavors of members who carried the Association through its first half-century of existence. Certainly an organization with the exceptional career to the credit of the California Medical Association should have in its files at least a skeleton outline of activities for the years during which it has functioned as a powerful force in the conservation of public health in this state.

In this report, if space permitted, comment could be made on additional activities in which the headquarters office is engaged, but since some of these will be discussed in other reports, they may be here omitted.

In conclusion, the Association Secretary, in thanking the component county societies and members for many courtesies extended to him, wishes at the same time to emphasize that the headquarters office and staff at 450 Sutter Street in San Francisco exist to be of all possible service in the promotion of the interests of both scientific and organized medicine, and that a cordial invitation is extended to all members to call upon him for coöperation whenever it is felt he and his assistants can be of aid.

Respectfully submitted,
George H. Kress, *Secretary.*

REPORTS ON OFFICIAL JOURNAL

Reports of the Editor and Business Manager of California and Western Medicine follow:

I. REPORT OF THE EDITOR

To the President and the House of Delegates:

The Editor's report on papers received, printed, awaiting publication, or declined, is as follows:

(a) *Report on papers read at the annual session at Del Monte, May 1–4, 1939:*

At last year's annual session a total of 137 papers were read before the general meetings and twelve scientific sections, and a summary of their disposition follows:

Del Monte annual session papers published in 1939	27
Del Monte annual session papers published in 1940	15
Total Del Monte papers published (but not including issues of April and May, 1940)	42
Del Monte annual session papers read, published elsewhere, declined, or not sent in	70
Del Monte annual session papers in California and Western Medicine files still awaiting publication (annual session papers in the April and May issues still to be deducted)	25

(b) *Report on articles which have been printed in "California and Western Medicine" during the period April 1939 to April 1940, inclusive:*

Special and original articles which were published in California and Western Medicine during the past year (April 1939 to April 1940, inclusive) are as follows:

Section papers from annual session at Pasadena, 1938	23
Scientific Section papers read at Del Monte, 1939	37
General Meeting papers read at Del Monte, 1939	5

Lure of Medical History articles	12
Papers accepted from miscellaneous sources (original articles, abstracts of speeches, reprints from other publication, etc.)	17
Clinical Notes and Case Reports	32
Editorials	46
Editorial Comment articles	26
Bedside Medicine symposia	7
Special articles	41
Total articles published during the past year	246

(c) *Report on manuscripts in "California and Western Medicine" files, and awaiting publication in April 1940, and later issues:*

Unpublished papers from annual session at Del Monte	25
Unpublished papers accepted from miscellaneous sources	12
Lure of Medical History articles	3
Clinical Notes and Case Reports	9
Editorial Comment articles	7
Bedside Medicine symposia	1
Total manuscripts on hand awaiting publication	57

* * *

Comment.—The above listings are not for the calendar year 1939, but for the working year of the Official Journal (May to May), since at each annual session all manuscripts read before the general or section meetings automatically pass into possession of the California Medical Association and so remain, unless released for presentation in other publications.

To print all manuscripts read at an annual session would require a much larger and costlier official publication than it is possible for the Association to maintain. In addition to annual session papers, a limited number of articles read before component county societies and other organizations are published, the acceptance of such depending upon their general, special or local interest or other importance to California physicians. Of nonannual session papers that were submitted last year, forty-one articles were declined.

Recent Issues Have Been Limited to Ninety-Six Pages. As stated on page 290 of the November 1939 issue, the Editor and the Publication Committee, in compliance with the suggestions made in the preliminary report of the Survey Committee, as presented in October, 1939, proceeded to limit the number of pages of text material, through elimination of discussions of original papers, contributions for the Lure of Medical History and Bedside Medicine departments, Special Articles, etc.

The February, March, and April issues of 1940 have been held down to a maximum of ninety-six pages; although during the past two years the average number of pages in each issue was 123; two issues containing as many as 152 pages. The extra pages were included in those issues to permit the printing of important articles and accessory information bearing on legislative matters, compulsory health and medical service plans, it being deemed important that the information contained therein should be made available to all members of the California Medical Association.

Ultimate decision on what will be the reaction of the majority of members of the California Medical Association to the changes in its contents and lesser size must rest over for another year, for it will take about twelve or more issues before readers will consciously or unconsciously decide whether California and Western Medicine in more abbreviated form has the same appeal and value as when it appeared with: (1) original articles, each having two or three discussions by California colleagues; (2) bedside medicine symposia, each containing articles from two to four California contributors; (3) special articles containing pertinent and latest information concerning legislation related to the public health and medical practice, medical service plans, and other topics of important current interest.

What should be the function of the official publication of a state medical association?

Different answers may be given to this question. The Editor and succeeding Committees on Publication who have worked with him have believed that the primary function of California and Western Medicine is concerned with organized, rather than scientific medicine. Or, to put the thought otherwise, it seemed to the editorial management that the production costs of California and Western Medicine would be warranted if through its pages could be carried every month to the more than six thousand members of the Association the message of the State Association's policies as it strove to meet the issues of the day in public health and medical practice fields; the Official Journal aiming at all times to present also the advances in scientific medicine as portrayed by California physicians in annual session or county society meetings, or through solicited contributions.

"California and Western Medicine" an Important Publication for Many Members.—While a limited number of physicians subscribe to more than one medical publication, many other men in practice do not. It is important to remember, to many members of the California Medical Association who do not attend annual sessions, that the Official Journal may be the one expression of a partial return of their annual dues. It is natural that they should wish their official publication to bring to them full information concerning the problems of organized and scientific medicine as met with in California; and in recent years the attainment of that end may be said to have been the special effort of the Editor and the Committee on Publications.

Comparison with Other Publications.—In passing judgment upon California and Western Medicine, in relation to editorial and other contents, and typographical format, it is important that the comparisons be based upon actual examination of and comparison with the official publications of other state medical associations. When this has been done, the verdict in nearly all cases has been favorable to California and Western Medicine. From extrastate sources in the past have come many words of commendation, and from within the state, year in and year out, the number of criticisms received from members has been practically nil. Wherefore, it may be assumed that California and Western Medicine has not only been filling a need, but performing its work to the almost general satisfaction of members of the California Medical Association. Criticisms and suggestions have always been welcomed by the Editor and the Publication Committee, but very few have been received; and since inspection and comparison with other state medical journals also has been favorable, it was natural to assume that the form in which California and Western Medicine was being brought off the press was satisfactory to its readers.

How Is a Monthly Issue of the Official Journal Produced?—In a discussion on how California and Western Medicine should be produced in a manner best to fulfill its function, it may be permissible to note the procedures through which its contents must go before appearing in a monthly issue.

The contents of each issue naturally fall into two major groups: (1) scientific; and (2) organization; and these will be commented on separately.

Procedure with Scientific Articles.—The majority of the original articles are annual session papers and these may be said in the first instance to have already passed through what could be termed several nonofficial editorial boards of specialists, namely, the officers of the twelve scientific sections of the California Medical Association, who each year decide what papers that are offered for presentation at an annual session shall be accepted for placement on their respective programs. It may be assumed that these officers are keenly alert to secure for their respective sections the best papers that can be produced by California physicians. Many members who appear on the section programs are solicited by the section officers to present papers on subjects in which they have established reputations for excellent work. Therefore, the annual session papers which come to the OFFICIAL JOURNAL have already gone through the hands of one selective group of experts who are analogus to editorial advisors, and whose opinions, given both before and after an annual meeting, have been found to be of much value to the Editor and the Committee on Publications.

After the annual session papers have been received by the Editor, other factors at once come into action. Thus, since the OFFICIAL JOURNAL must represent the entire State, it is important that there shall be an equitable geographical distribution, for it would not be proper to have practically all papers come from one or two metropolitan centers. While it is true that more papers are received from such sources, those of a technical nature, and those which it is evident cannot be used, are released for publication elsewhere as soon as possible, upon authors' requests or otherwise. Papers not so released may be held in the files for possible future use. Therefore, in each issue of the OFFICIAL JOURNAL, an effort is made to present articles not only of varying nature, but also from contributors who are in practice in different sections of California.

After an author has been notified that his paper has been accepted, the manuscript must then be carefully edited and subheaded by the Editor, a task of no mean proportions in some cases.

The manuscript is then sent to the printer for galley set-up, after which a check is made by the printer's proofreaders. The revised galley proofs then go to the Editor to be again proofread by him, a second set of the galleys being sent to the author for author's proofreading and suggestions.

Following which, the Editor sends the revised galleys to the printer for insertion of the corrections; and after which, revised galley proofs again come to the Editor for recheck.

When the article is included among the contents of a monthly issue of the OFFICIAL JOURNAL, its page proofs must again be checked.

Upon the Editor, then, falls the major portion of the procedures above outlined. Of such editorial work it may be said that it is best performed when haste is made slowly; in other words, there are no short cuts in these procedures if the mandates concerning diction and elimination of typographical errors are to be observed.

Case report articles sent in by members of component county societies follow a course similar to that outlined for original articles, except that with such contributions the Editor is the judge on whether the articles shall be accepted. In this department, because the articles are not lengthy, and for other reasons, greater latitude is permissible as regards acceptance.

Procedure with Articles Related to Organized Medicine. The many items appearing on the pages of each issue, under the captions "State Medical Association" and "Miscellany," receive the same punctilious attention as that given to other contributions. Here extra difficulties arise because in much of the copy, the basic rules of typing in double space, etc., are not observed, thus creating extra work in the editorial sanctum.

In the organization section of the OFFICIAL JOURNAL an effort is made to include items that not only reveal the actions and major activities of the Association's officers and component societies, but also to present other subject matter of pertinent interest, such as press items of medical nature which may have escaped the eyes of many readers. In our present times, the better understanding of federal, state, and local trends in public health work and medical practice would seem to warrant the limited space devoted to such purpose. From comments received many members seem to prefer this type of information in preference to the inclusion of one additional original article.

In addition to the above, the Editor must decide what topics he will discuss in his editorials. For this department, an intimate knowledge of the work of the Association in years gone by, as well as current trends, is essential.

Committee on Publications.—An active editorial board could be of service in the work outlined above, in so far as relates to selection of articles to be accepted, relative time of appearance, and other matters, but the proofreading, subheading, arrangement of contents, instructions to the printer on matters of typographical form, must still remain responsibilities which the Editor cannot shift.

The Committee on Publications would be in position to function better as an active editorial and advisory board, if transportation and per diem expenses were allocated for two or more meetings each year, and such recommendation is made.

It should be evident that in a publication of limited number of text pages (a 96-page issue has approximately fifty text pages and forty-six advertising pages) a divided authority in editorial supervision would probably not make for the production of as good a publication as when the placement of contents is under the eye of a trained editor. In a newspaper, with page on page of miscellaneous material, a managing and other editors are necessary adjuncts, but the placement of such multiple supervisors on a medical publication of limited pages would probably only lead to confusion in production steps, with little if any improvement in contents.

Here, again, the questions may be put—All in all, how does CALIFORNIA AND WESTERN MEDICINE compare with the official publications of other state medical associations? And in the form in which it has been distributed to members of the California Medical Association in recent years, does or does it not fulfill its function in satisfactory manner?

The answer to these questions must be left to the members of the Association for decision. However, because so few criticisms have been received in recent years, it has been generally felt that CALIFORNIA AND WESTERN MEDICINE had been performing its work in creditable fashion.

In conclusion, the Editor wishes to express to the Publication Committee and members of the Association his appreciation for the generous coöperation given to him in his efforts to have CALIFORNIA AND WESTERN MEDICINE be representative of the best in California medicine.

Respectfully submitted,
George H. Kress, *Editor.*

* * *

II. REPORT OF THE BUSINESS MANAGER OF THE OFFICIAL JOURNAL

For years the Secretary-Treasurer of the Association has acted as the "business manager" of the official journal, CALIFORNIA AND WESTERN MEDICINE. The duties of the business manager, in one sense, may be said to be rather nominal, because experience has shown that under set-ups as they exist in medical journalism, the field of operation for a business manager is quite circumscribed; unless he himself takes over all advertising solicitation responsibility, and even then, as will be discussed later, the field of work is limited.

The business side of the OFFICIAL JOURNAL consists of two divisions: (1) income; and (2) expenditures.

Income.—Income is practically limited to moneys received from advertising (in 1939 this item amounted to $25,387.09, the largest of any of the official journals of state medical associations that appear only once a month); the other source being from nonmember subscriptions ($910.97 from nonmembers of the California Medical Association, and from sale of individual issues); and $18,866 from the

TABLE 1.—*An Analysis of Twenty-two Recent Issues of* CALIFORNIA AND WESTERN MEDICINE

ISSUE	Number of Copies	Total Pages in Issue	Total Text Pages in Issue	Number of Editorial Pages	Number of Scientific Text Pages	Number of C. M. A. Dept. Pages	Number of Miscellany Dept. Pages	Number of Advertising Pages in Issue	Number of Pages of Miscellaneous Fillers in Issue	Author's Corrections	6pt Type and Tabular Matter	Base: 120 pages, 6,000 copies			Cost Per Issue	Special Charges	NATURE OF SPECIAL FEATURES (And Number of Pages)
												Number Pages Extra Text Folios	Cost of Extra Text Folios	Cost of Extra Copies Above 6,000			
June, 1938	6,450	136	88	4	61	9	14	48	6¼	$ 60.80	$ 91.20	16	$ 193.00	$ 115.20	$ 2,334.45	$110.00 113.80	Insert—Dr. J. Harris 1 Volume Index 8
July, 1938	6,500	152	104	4	64	23	13	48	7½	68.40	76.00	32	386.00	142.75	2,327.65		Minutes—Pasadena Session— 16
Aug., 1938	6,550	112	72	5	44	10	13	40	1½	30.40	26.60	....	....	108.90	1,803.90		
Sept., 1938	6,600	112	72	4	40	10	18	40	3	53.20	34.20	....	....	118.80	1,844.20		
Oct., 1938	6,700	152	104	5	64	14	21	48	7½	66.50	57.00	32	406.00	199.85	2,380.00		Dog Pound; Health Service 20 A. M. A. Chicago Meeting 7
Nov., 1938	6,750	120	72	4	35	16	17	48	2½	45.60	76.00	....	....	162.00	2,007.17		Minutes—Council 9
Dec., 1938	6,750	128	80	4	41	20	15	48	1½	64.60	148.20	8	102.00	177.00	2,303.30	118.80	Minutes—Council 9 Volume Index 8
Jan., 1939	6,900	136	80	4	30	22	24	56	4½	60.80	106.40	8	105.00	230.00	2,296.16		Minutes—House of Delegates, Special Session, etc. 14
Feb., 1939	7,000	136	88	5	46	17	20	48	5	45.60	123.50	16	215.00	256.00	2,323.60		Minutes—Council 5
Mar., 1939	7,100	136	80	5	36	15	24	56	3	57.00	62.70	8	109.00	281.60	2,299.80		
Apr., 1939	7,150	120	72	3	33	13	23	48	5	72.20	53.20	....	....	248.40	2,097.30		
May, 1939	7,000	128	72	5	41	11	15	56	3	34.20	34.20	....	....	236.00	2,232.90	117.50	Insert—Dr. W. Roblee 1
June, 1939	7,050	120	72	4	29	26	13	48	5½	72.20	91.20	....	....	226.00	2,222.20	125.30	Minutes, H. of D.—Legislative 22 Volume Index 8
July, 1939	6,850	120	72	7	36	14	15	48	½	59.00	38.00	....	....	183.60	2,002.10		Legislative 1 Minutes—Council 6
Aug., 1939	6,900	120	72	6	37	12	17	48	6	64.60	26.60	....	....	194.40	2,008.70		
Sept., 1939	6,950	120	72	4	29	17	22	48	1	57.00	64.60	....	....	205.20	2,050.30		Minutes—Council 4
Oct., 1939	7,000	120	72	4	33	12	23	48	6	64.60	38.50	....	....	216.00	2,042.60		
Nov., 1939	7,025	112	66	5	36	18	7	46	....	36.10	49.40	....	....	....	1,926.45		Physicians Service Fees 4 Minutes—Council 3
Dec., 1939	7,100	104	60	4	35	12	9	44	....	34.20	51.30	....	....	....	1,941.30	126.30	Minutes—Council 3 Volume Index 8
Jan., 1940	7,050	96	50	4	25	11	10	46	½	34.20	38.00	....	....	....	1,705.20		
Feb., 1940	7,100	96	52	4	22	15	11	44	....	30.40	53.20	....	....	....	1,724.60		Minutes—Council 5
Mar., 1940	7,200	96	48	4	20	15	9	48	....	64.60	19.00	....	....	....	1,740.60		Minutes—Council 4
Apr., 1940																	
Total	151,675	2,672	1,620	98	837	332	353	1,052		$1,174.20	$1,359.00	120	$1,516.00	$3,301.70	$45,614.48	$711.70	166
Average	6,895	121½	74	4½	38	15	16	48		53.37	61.77				2,073.38		7½

California Medical Association to cover the subscriptions of 6,288 members at $3 each. The subject of income will be commented on in more detail below.

Expenditures.—Concerning expenditures incurred through the Official Journal, these may be subdivided into two groups: (a) editorial and incidental; and (b) cost of printing, binding, wrapping and mailing.

The editorial and incidental expenditures (the (a) expenses), are salaries plus some lesser items such as supplies and postage. The salary of the Editor is less than that allocated by several other state medical associations for their official publications of lesser size, but greater circulation. (The former editor, the late William E. Musgrave, estimated his editorial services as having a worth of $10,000 yearly and that sum was ear-marked by the Council, even though he donated the same to the California Medical Association.) The clerical assistant to the Official Journal may be said to be on part-time, because $50 of the monthly salary is for services rendered to the "Medical Society of the State of California." Her total annual salary is $2,250, but with the deduction of $50 monthly the Official Journal's portion is $1,620.

On Printing Costs of Official Journal *and Bids for the Work.*—Printing, binding, wrapping and mailing, but not including second class postage ($29,467.25 in 1939), represents the amount paid to The James H. Barry Company, San Francisco, printers, who have printed the Official Journal of the California Medical Association from the time its first issue came off the press in November, 1902. On occasions, printing costs have been surveyed by Council committees, the Council in the past, in each instance, deciding to continue with the Barry Company. (Several years ago bids were received from an Eastern firm through which, presumably, several thousand dollars yearly could have been saved. The Council decided at that time—granted the costs would not have exceeded the bid prices—that the California Medical Association could not afford to antagonize both California capital and labor, by printing and mailing the Official Journal of the State Medical Association through an Eastern printing house—even though some money might have been saved thereby. It was felt that losses in other directions probably would have nullified the prospective saving in printing and distribution.

Bids were also secured from other California firms (in San Francisco and Los Angeles) but here also, at that time, the Council concluded that the bid estimates would probably not work out in practice for any considerable saving, and this opinion was practically agreed to by representatives of the firms who had submitted the bids. Printing costs are higher in California than in Eastern States, and also higher in the northern than in the southern section of California (higher in San Francisco than in Los Angeles, for instance, due to shop systems, etc.). Of course, from time to time, it is always in order to secure bids on printing, as a check on costs. To be remembered, however, is this important fact, that the product produced and received, and upon which the bids are made, shall measure up to the pattern and standard of the Official Journal as produced in the past.

On Economies in Printing.—Certain economies have been made in recent years, and additional savings can still be made. Thus, it was costing several hundred dollars yearly to send California and Western Medicine to all American Medical Association delegates of other states, to acquaint them with California problems in organized medicine. The Business Manager called attention to this, and the Council discontinued the practice. For some years, in response to complaints from medical libraries, the front and back sections of advertising pages were printed in multiple-of-four signatures (in large printing jobs, pages are printed in multiples of four, for economy in printing, folding, etc., in order to make binding of volumes easier). More recently, this procedure has been discontinued. However, the front advertising section of 32 pages remains, and is printed in advance of text pages. The back advertising section is no longer a separate multiple-of-four signature, and now includes a varying number of last text pages.

Advertising Pages Must Be Attractive.—In the past, the extra signature of four or more pages, if not used for advertisements, meant that such portions would carry a larger amount of text reading matter. It must not be forgotten that advertising representatives of big firms seem to give preference to publications in which reading or other informative text is interspersed with advertisements. One needs only to glance at lay publications to appreciate this fact. The table presented with this report (in which an analysis is made of recent issues), itemizes in the last right-hand column some of the features on contents that have added to the routine costs of monthly issues in the last two years. Some of such could have been dispensed with, even though they would have taken away from the interest of certain issues. Other of such extras, because of their official nature, cannot be omitted; but if printed in a publication of stipulated size, say of 96 pages, then a certain amount of text features or articles must be omitted in such issues.

How Advertisements Are Placed.—Under the present supervision, the placement of the advertisements in California and Western Medicine is comparatively simple, the procedure laid down by the Business Manager being that other than preferred space, special-price advertisements, no two full-page advertisements shall face one another; because such arrangement detracts from the display and prominence of each. Opposite every full-page advertisements is a page either of Association roster information, or a page on which one-half or more of the space is covered by advertisements, the remaining portion containing text, *i. e.,* so-called "filler material" or rosters. Smaller advertisements are rotated in position from month to month to do away with stereotyped form. Advertisers appreciate such rotations.

Arrangement of text of advertising copy is comparatively simple because Eastern agencies usually send electroplates or proofs.

Filler Material.—The major sources of filler material are: (a) the book reviews, the books received for review being then donated to the libraries of the San Francisco, Alameda, San Diego and Riverside County Medical Associations; (b) the "Twenty-Five Years Ago" items, a column which permits a brief historical division in each issue; and (c) the California State Board of Medical Examiners material, much of which has been found to be of real value to members, while at the same time rendering a reciprocal service to a State Board upon which the medical profession must depend in part for the maintenance of medico-legal standards. If the text material just mentioned or similar material were not used in California and Western Medicine, it is the belief of the Editor-Business Manager that the less attractive advertising pages would result in a loss of some of the current advertising, and that it would be more difficult to secure advertising from firms for whom announcements in the Official Journal would be acceptable. In short, if advertising pages in a high class medical journal are made too cold or stereotyped, the publication has less appeal for advertising agencies, and the income from advertising sources then becomes less.

Advertising Rates and Income Are High.—California and Western Medicine advertising rates are the highest of any monthly publication of a state medical association, and the Official Journal of the California Medical Association has the highest advertising income of any of the official monthly publications, although several, in states with a larger number of physicians, have a circulation considerably larger. That these high rates and income obtain would indicate that California and Western Medicine as it has been produced in recent years must have special appeal to the advertising agencies from whom its advertisements are received.

Advertising Income and Commissions Since 1926.—The advertising income has varied from year to year since the lush days of the late twenties, but if contrasted with graphs of general conditions in the business world show a closely related analogy. As a matter of fact, after the country's economic slump of 1929, the advertising income of the Official Journal did not fall as heavily with each of the general depressions or recessions as did lines of general business. It still remains true, however, that big firms in the East are reluctant to make advertising contracts on the generous program basis existing prior to 1929.

The advertising income for recent years is revealed in the accompanying table.

Advertising Income

California and Western Medicine

		Commissions		
Year	*Gross Advertising Income*	*A. M. A.*	*Mr. Flynn*	*Miscellaneous Commissions*
1926	$33,058.12	$2,338.50	$3,015.47	$141.50
1927	34,146.96	2,568.98	3,002.41	646.32
1928	33,975.78	2,712.30	3,050.42	502.60
1929	39,288.86	3,637.49	3,111.90	66.88
1930	37,070.73	4,029.15	2,721.34	
1931	33,561.19	3,658.77	2,282.97	
1932	25,792.74	2,708.09	1,693.17	655.39*
1933	22,842.88	2,308.98	1,782.68	49.09
1934	22,446.00	2,226.18	1,610.66	607.00*
1935	23,816.50	2,472.44	1,541.36	
1936	27,849.87	2,903.30	2,104.89	
1937	26,645.95	3,072.46	1,837.96	
1938	24,398.60	3,170.72	1,679.79	
1939	25,387.09	3,142.35	1,931.66	

* Bookkeeper's Note: Under Miscellaneous Commissions: $600 was advanced to Mr. B. of L. A., in 1932; $600 was advanced to Mr. G. of L. A., in 1934; the above amounts were charged to commissions in the books but these amounts were not earned from the business sent in.

United States Postal Laws Require a Subscription Price for Members.—As previously stated, the total income of California and Western Medicine, as given in the report of the certified public accountants is $45,164 (of which $25,387.09 is from advertising, $18,866 from subscription of California Medical Association members, and $910.97 from other subscriptions).

The total expenditures of California and Western Medicine in 1939 came to $40,055.55, giving the Official Journal a profit of $5,108.51 for the year. (In the financial reports of several years past, the subscription price of $3 per member was not noted; thus giving the impression that the Official Journal was operating at a considerable loss, when in fact, the reverse was the case. The postal laws of the United States, governing second class matter, make a subscription price mandatory. The California Medical Association Council several years ago established the subscription price at $3 per member, or twenty-five cents per copy, this amount to be allocated to the credit of California and Western Medicine from moneys received as annual dues from members. The certified public accountants have noted this allocation in the 1939 report. Subscription price to nonmembers is $5 per year.)

Bookkeeping of the Official Journal *Is of a Simple Type.*—Concerning the financial bookkeeping of California and Western Medicine, the following comments are made. The bookkeeping work is of a very simple kind and covers between 125 and 150 advertisers, divided into the following groups: Group (1) which is credited to the "Coöperative Advertising Bureau of the American Medical Association," the American Medical Association organization which handles the advertising business, etc., of big Eastern drug houses for thirty-four state medical journals, about 50 advertisements being received from that source; Group (2) containing a varying total of 50 lesser advertisements, these being to the credit of Mr. Flynn, who, for more than twenty years as an advertising representative of California and Western Medicine has covered the northern section of California and through his very personal attention has been able to keep many announcements in the Official Journal; and a last group, Group (3) of about 25 advertisements which are credited to the headquarters office of the Association.

All advertisements are made by contract and are listed at the same price from month to month. The 50 advertisements received through the American Medical Association Coöperative Advertising Bureau are listed on a single sheet, the American Medical Association Bureau collecting the money therefor, sending then to the California Medical Association a single check to cover the entire list. The advertisers in Mr. Flynn's group receive separate statements, as do the 25 firms accredited to the Headquarters Office group. This billing done monthly, is simple in nature and not over-great in amount.

Other Comments on the Advertising Problems.—The American Medical Association Coöperative Advertising Bureau handles the advertising of larger firms in the East for practically the entire list of state medical journals, it being understood that the state journals working through the American Medical Association Coöperative Medical Advertising Bureau will leave that field to the American Medical Association Bureau. That Bureau was brought into existence for the purpose of bringing to all state journals the maximum income available from certain sources, at a minimum expense and confusion and cut-rating for the respective journals. The fact that practically all state journals have found it advisable to work through the Bureau, and according to its rules, shows how well it fulfills its function. Increased advertising income from this field over what now received, is therefore practically impossible. Not to work with the American Medical Association Bureau would probably bring about a decided income loss. The Official Journal of the California Medical Association has worked in coöperation with the American Medical Association Coöperative Advertising Bureau for years and has found the relationship, financially and otherwise, advantageous.

Mr. Flynn, who has covered the local advertising in the northern section of California, has been with California and Western Medicine for some twenty-two years. His group of advertisers remain with the Official Journal largely because of his faithful attention and aid in arranging and following through on their copy. It is generally conceded by those in position to know, that if the Official Journal lost his services, its income would suffer.

Difficulties in Securing an Advertising Representative for the Southern Section of California.—In this connection mention may be made of three separate attempts by the Council to place an advertising representative to cover the southern section of California, the years of such endeavors being: 1927 (V. O. contract); 1932 (B contract); and 1934 (G contract). (See footnote to table in adjacent column.)

The Council carefully discussed the propositions and in each instance allocated about $600 to try out the chosen representative. In each case the experiment failed and the Association lost money. In the last of the three attempts, the advertising representative who was chosen, was acting at the time as the advertising solicitor of the *Bulletin of the Los Angeles County Medical Association,* but he seemed unable to secure advertising for California and Western Medicine that would not result to the financial detriment of the *Bulletin* of that county unit. He had been appointed with the sanction of the county society's officers, and after an experience of some months, it was mutually agreed that it was best that he discontinue the attempt to do double service. The Official Journal has been more fortunate with Mr. Flynn, who has been able to successfully handle also the advertising of the *Bulletin of the San Francisco County Medical Society.*

If a reliable and efficient advertising representative for California and Western Medicine could be secured to cover the southern section of the State, it is possible that the Council, in spite of its three unfavorable experiences of the past, might again be willing to try the experiment. The difficulty is to find the right man as a solicitor for acceptable type of advertising, and who would be willing to accept the position on the basis of not conflicting with the advertising interests of the local bulletins of county medical societies.

One other source of possible income through the Headquarters Office may be mentioned. It is a plan in operation in some state journals, providing for announcement cards of members of the Association. One state journal receives an annual income of several thousand dollars from this source. Some years ago, such cards were printed in California and Western Medicine. However, because of the many criticisms received, the Council ordered a discontinuation of the practice.

Also, it must not be forgotten that the publications of local societies may carry advertisements on products that have not been approved by the American Medical Association Council, but California and Western Medicine cannot do this.

At the Del Monte Annual Session in 1939, a resolution was introduced, though subsequently withdrawn, whereby California and Western Medicine as a monthly publication would be discontinued, its place and functions to be covered by (a), a volume of annual transactions, containing a certain number of papers read at annual sessions, and (b), a "Bulletin" in which organization activities would be printed. Estimates of the costs of production of these substitute publications were solicited. The estimates indicated that the printing and distribution costs would exceed those of California and Western Medicine. Also it must be apparent that the advertising income would be greatly decreased under such a plan. Consequently, to carry out the plan then proposed, would require a larger proportion of annual dues to be allocated than has been necessary to meet that portion of the costs of California and Western Medicine not covered by the advertising income.

To print, and distribute at the present time, an Official Journal on the monies received from advertising alone, (with no allocation of a proportion of dues to cover subscriptions of members); namely, to print and distribute an official publication, the total cost of production and distribution of which would not exceed, say, the present advertising income of $25,387.09 (instead of its present cost of $40,055.55), would necessitate a journal of smaller size and fewer pages. To be remembered, also, is this: as the Official Journal became smaller, it becomes less attractive to advertisers, with consequent loss of income; to be followed again with a lesser number of pages, and smaller income also; and so on, as if in a vicious circle.

On Number of Copies to be Included in a "Base Price" Estimate from the Printer.—Concerning the number of copies to be used by a printer of the Official Journal for his base-price estimates of its costs (in other words, his "bid") for printing and binding an issue of ninety-six or more pages, it may be stated that after the costs of the mechanical work involved in, say, a run of five thousand copies have been covered, the expense for printing additional copies (estimated usually in hundreds) is the sum necessary to cover only the cost of paper stock used, and the time for printing and binding the additional copies (the typesetting and preparation on the press having been covered in the base price).

The entire mailing list during the past year or so has necessitated an order of about 6,895 copies monthly, this order being given after the number of new members, advertising, and other additions have been added. Experience has shown that it is necessary to order about seventy-five copies above the mailing list of each month, in order to have on hand reserve copies for members, prospective advertisers, and other subscribers, and at the end of a year practically none of such extra copies may remain.

If space permitted, other phases of the Official Journal might be discussed. The Editor-Business Manager will be glad to reply to any questions for further information.

Respectfully submitted,
George H. Kress, M. D., *Business Manager.*

REPORT OF THE DIRECTOR OF THE DEPARTMENT OF PUBLIC RELATIONS*

To the President and the House of Delegates:

Chapter V of the by-laws stipulates that the Association Secretary, by virtue of his office, shall also be the secretary of the Committee on Public Relations. The by-laws likewise provide that the Council shall appoint a director of the Department of Public Relations at its annual organization meeting; and at Del Monte, in 1939, the undersigned was so appointed. During the past year, therefore, the duties of the director of the Department of Public Relations and of the secretary of the Committee on Public Relations—whose members carry on the work of the Department—were vested not in two persons, but in one.

When the Department of Public Relations was first organized in 1931, it operated in an office of its own, with a full-time director and a clerical assistant. However, during the past several years, the secretary of the Committee on Public Relations has acted in both capacities, all business being transacted through the headquarters office of the Association.

In his function as the Public Relations director-secretary, he has prepared the agenda for the Committee meetings and has taken part in the Committee's activities and in other work among which the following items may be mentioned:

1. As its secretary, he placed at the disposal of the Committee on Public Relations when, as per the Council's instructions, it took up the work of drafting a basic science law, the data and reports that had been previously submitted by him when he was chairman of the special committee on a basic science law. The Committee began this work by taking the American Medical Association model draft, modifying it to include some of the recommendations made by the prior special committee, such as regards complexion of the examining board, etc. Through correspondence with the Medico-Legal Bureau of the American Medical Association he secured additional suggestions, many of which were incorporated in the second, third, and fourth drafts of the proposed basic science act as prepared by the Committee and Legal Counsel; the same after completion then having been submitted to the Council for further consideration.

2. A copy of the pamphlet, "On the Witness Stand," compiled by the Medical Society of the State of New York, having been received, recommendation was made that a supply of this booklet be purchased so that a copy of this illuminating presentation of medical service plans and procedures could be sent to every member of the California Medical Association.

3. On his trip to the American Medical Association Conference of State Association Secretaries and Editors in November last, he wrote a draft for a pamphlet on medical defense. This was submitted to the Committee, and from it as a skeleton form has been developed the "Brochure on Medical Defense," which the Committee on Public Relations will send to all members of the California Medical Association.

4. The excellent press releases on scientific topics sent out each week by the American Medical Association suggested the thought that these could be of good service in

---

* Page 44, By-Laws, Chapter V, Section 20 (a):

"(a) Committee on Public Relations.

"The Committee on Public Relations shall comprise the chairmen of the following committees, viz.: The Committee on Public Policy and Legislation; the Committee on Medical Economics; the Committee on Hospitals, Dispensaries and Clinics; the Committee on Health and Public Instruction; the Committee on Membership and Organization; the Committee on Industrial Practice, and the Cancer Commission; the Committee on Postgraduate Activities; the Committee on Medical Defense; the President, the President-Elect, and the Secretary."

California. After correspondence on the subject, the American Medical Association generously agreed to send to the California Medical Association each week one hundred copies, and on every Monday morning these go forward from the California Medical Association headquarters office, with a letter of transmittal, to the weekly and semi-weekly newspapers of California.

The above items refer to some of the work of the Committee on Public Relations that has actually gone on to fulfillment during the past year.

For the future, among problems to which thought and work could be given are the following: (*a*) utilization of state and county fairs for public health education, a subject to which the secretary-editor has repeatedly called attention in CALIFORNIA AND WESTERN MEDICINE, from the time, some ten years ago, when he heard in Chicago the paper by Dr. E. Hays of Nebraska on this important subject; (*b*) collection of more accurate data concerning county hospitals in California, with particular reference to admission requirements and charges, type of control management, both political and professional; (*c*) utilization of public libraries in the state as media for the dissemination of sound knowledge on public health matters; (*d*) study of medical service and hospitalization plans as conducted by lay groups, both intra- and extra-state, etc.

The domain of public relations in regard to public health and medical practice is large, and a host of studies remains to be instituted and information gathered, to be available as needed by the constituted authorities and members of the California Medical Association.

The opinion is expressed by the Director of the Department of Public Relations and the Secretary of its Committee that the record of work accomplished during the past year is quite creditable, and it is possible for the Department of Public Relations and its Committee to be of great service, not only to the Council, but to the members of the Association. There is still much work to do.

Respectfully submitted,

George H. Kress, *Director*.

REPORT OF THE LEGAL DEPARTMENT

To the President and the House of Delegates:

In order that you may have a concise statement with respect to the work performed on behalf of the Association by the Legal Department during the past year, we shall undertake herein to outline the particular legal matters requiring our services.

Taxation.—Until 1938, the California Medical Association, being a nonprofit, scientific and educational association of doctors of medicine, was held exempt from federal, income and capital stock taxes, state franchise taxes and federal and state social security taxes. As set forth in our last annual report, the United States Commissioner of Internal Revenue in September, 1938, revoked the Association's exemption from social security taxes. The exemption from federal, income and capital stock taxes was continued but on a different ground. Previously, the Association had been exempt on the ground that it was a scientific and educational association. Since September, 1938, it has been exempt from income and capital stock taxes, on the theory, announced by the Commissioner of Internal Revenue, that the California Medical Association is a "business league."

As above stated, since September, 1938, the Association and its employees have been subjected to both unemployment and old-age social security taxes. As reported last year, the Legal Department recommended to the Council that it acquiesce in the ruling of the Commissioner of Internal Revenue and commence payment of social security taxes from the date of the ruling, namely, September 9, 1938. However, the Federal Government has contended that the Association is not only liable for social security taxes since September, 1938, but is also liable for the years 1936 and 1937 and the first nine months of 1938. That is to say, a retroactive effect was sought to be given to the business league ruling. We prepared a formal protest and submitted it to the Commissioner of Internal Revenue, but the Commissioner denied it. Finally, the Association was forced to pay social security taxes plus penalties for the years 1936, 1937 and 1938, during all of which time an exemption ruling was in effect. After payment by the Association, a refund claim was prepared and filed by this department, and we have recently been notified that the refund claim is rejected. The Council has directed that action be commenced in the federal courts on behalf of the Association against the United States to recover the amounts paid.

In addition, both the federal and state governments have contended that all officers, councilors, and committee members of the California Medical Association are "employees" and subject to pay-roll taxes. In our opinion this view is contrary to both the federal and state social security statutes, and on behalf of the Association we have from time to time protested this view. With respect to the State Unemployment Reserves Act, the California legislature, at its last session, amended the Act to provide specifically that unpaid officers are not employees. Hence, in so far as the state is concerned, the point has now been settled. However, the Federal Government still contends that all officers, councilors, and committee members are employees and by threatening distraint and seizure of the Association's property has actually collected from the Association considerable amounts. The sums collected are claimed by the Federal Government to be payable under Title IX of the Social Security Act, which only applies to employers of eight or more persons. In fact, the Association has less than eight paid employees and is not subject to Title IX taxes unless the Government's contention that all officers, councilors, and committee men are employees is sound. As stated above, we believe that such a contention is completely unsound. After payment by the Association, refund claims were prepared by us and have now been filed with the Bureau of Internal Revenue.

As may be noted from the foregoing and from our reports for the past two or three years, the taxation problems of the Association are becoming more and more acute and are requiring more and more of our time. If the number of tax statutes continues to increase, and if the tendency of Government to reach in and tax every possible source of revenue continues to intensify, it may reasonably be concluded that the tax problems of the Association are likely to become even more pressing and more burdensome.

We have devoted considerable space to taxation because we think the subject merits your careful consideration, not with respect to specific tax questions, but with respect to the larger problem of taxation as a whole.

Basic Science Initiative.—During the past year the Committee on Public Relations devoted a great deal of its time to the study of basic science legislation. At the request of the Committee, we prepared a draft of the Basic Science Initiative. This draft was reviewed by the Committee and suggestions made. We then prepared a second draft which was again reviewed by the Committee and by the Bureau of Legal Medicine and Legislation of the American Medical Association. After receiving the suggestions of the Bureau of Legal Medicine and Legislation and the Committee on Public Relations, a third and final draft was prepared, which we understand has now been submitted to the Council for its consideration. Considerable time was devoted to basic science legislation in an effort to make the initiative as perfect as possible.

Chiropractic Initiative.—It will undoubtedly be recalled that a group of chiropractors caused an initiative to be placed on the ballot at the special election held in November, 1939. In the summer of 1939 and at the request of the Association, we carefully reviewed the chiropractors' initiative, compared it with the existing Chiropractic Act and other statutes and judicial decisions bearing upon the practice of chiropractic and prepared a clause by clause analysis of the initiative for the use of the Association and individual doctors of medicine in the campaign against the initiative. During the fall we devoted considerable time to the preparation of arguments against the adoption of the initiative, and, in addition, attended a number of public meetings and aided and assisted in the presentation of arguments against the initiative.

Osteopathic Cases.—As we reported last year, a court proceeding was commenced by an osteopathic physician and surgeon early in 1939 against the State Board of Education in which the osteopathic physician sought an order of the Court directing the State Board of Education to grant to him a health and development certificate under the School Code. Previous to this case the State Board of Education has maintained the position that only doctors of medicine are entitled to health and development certificates. The Superior Court in Sacramento County decided the case in favor of the osteopathic physician on the theory that by the Osteopathic Act an osteopathic physician and surgeon has exactly the same statutory rights and privileges as a physician and surgeon licensed by the Board of Medical Examiners. The Attorney-General, representing the State Board of Education, applied this decision and just recently the District Court of Appeal has rendered an opinion affirming the trial court's judgment. This means that osteopathic physicians and surgeons holding physicians' and surgeons' certificates issued by the Board of Osteopathic Examiners may now secure from the State Board of Education, health and development certificates permitting them to act as school physicians in the public schools of this state.

Smith vs. Kern County Medical Society.—Several years ago Dr. Joe Smith was expelled from the Kern County Medical Society. His expulsion was affirmed on appeal by the Council of the California Medical Association and by the Judicial Council of the California Medical Association. After the decision of the American Medical Association, Doctor Smith commenced a proceeding in the Superior Court in Kern County seeking a court order reinstating him as a member of the Kern County Medical Society. Attorney Alfred Siemon of Bakersfield represented the Kern County Medical Society in the action and was successful in securing a judgment of the Superior Court favorable to the County Society. Subsequent to this decision, Doctor Smith appealed to the District Court of Appeal. The case is now pending before that court and written briefs have been prepared on behalf of both parties. The brief on behalf of the Kern County Medical Society was prepared by Mr. Siemon with the assistance of this department. A copy of the brief has been filed with the Secretary of the Association. The decision, when rendered, will have a far-reaching effect upon the California Medical Association as well as upon the Kern County Medical Society because this is the first court case to arise since the adoption by the House of Delegates of the new disciplinary code (which is now contained in Chapter II of the by-laws). In addition, if the decision is favorable to the Kern County Medical Society, it will necessarily establish the legal right of each county medical society to discipline those of its members who refuse to comply with the ethical standards of the profession.

By-Law Amendments.—During the past year we have aided and assisted the Special Committee on Life Membership and the Special Committee on Aid to Needy Members in the preparation of proposed by-law amendments necessary to accomplish the objectives of those committees. In addition, at the request of the Council, proposed by-law amendments were prepared covering special assessments and the transfer of residence from one county to another.

Trustees Of The California Medical Association: Indemnity Defense Fund.—At its October, 1939, meeting the Council requested Trustees Of The California Medical Association (the beneficiary owner of approximately nine-elevenths of the funds of the Indemnity Defense Fund) to borrow from the Trustees of the Indemnity Defense Fund a portion of the funds now held in the Indemnity Defense Fund. The Council directed that said loan should be evidenced by a promissory note of Trustees Of The California Medical Association and that the proceeds of the loan, if obtained, should be available to California Physicians' Service if needed by it. A question arose with respect to the propriety of such a loan by the trustees of the Indemnity Defense Fund and at the request of the Executive Committee we made a detailed examination of authorities and submitted an extensive opinion on that point. In addition, we communicated with underwriters representing Lloyd's of London and, after negotiations with Newhouse and Sayre, Inc., representing Lloyd's of London, we were able to arrange for the issuance of a Lloyd's insurance policy reinsuring all of the existing contingent liability of the Indemnity Defense Fund for a period of five years and upon the maximum amount of said fund, viz., slightly in excess of $46,000. The board of directors of Trustees Of California Medical Association decided to secure the insurance policy, and in January, 1940, the policy was issued. It is now in full force and effect. Subsequent to the issuance of the Lloyd's policy, we again submitted an opinion to the Trustees Of The California Medical Association in which we stated that it is our opinion that the existence of the Lloyd's policy fully protects the contributing members of the Indemnity Defense Fund, and the Board of Trustees of the Fund, so that there now can be no legal question concerning the propriety of a loan from the Indemnity Defense Fund to the Trustees Of The California Medical Association.

Medical Defense.—During the past year the Committee on Public Relations has devoted considerable of its time to a study of the continually increasing malpractice cases. It is a matter of common knowledge that each year finds it more difficult for reputable physicians to obtain adequate insurance protection and that the cost of coverage is continually increasing. The situation is, we believe, quite serious and we have endeavored to aid and assist the committee's study to the best of our ability. We desire to take this occasion to state that although your legal counsel are able successfully to defend most of the malpractice cases entrusted to them, nevertheless the malpractice evil and the problems of insurance protection cannot be solved even partially without the development of a coherent and concrete program on the part of the Association, followed by a diligent carrying out of the program and full coöperation on the part of all—not most—doctors of medicine.

Medical Jurisprudence.—During each month we have prepared an article for the Medical Jurisprudence column in California and Western Medicine. It is hoped that within the next year the subject matter of the various articles can be collected and supplemented with additional material to form a physicians' handbook.

Miscellaneous.—During the past year, opinions have been requested and furnished dealing with such subjects as disciplinary procedure, legal and medical aspects of corporate practice of medicine, the powers of cities to impose license taxes on physicians, the scope of the special assessment provisions of the Constitution of the Association, the extent of the power of municipalities to create a bonded indebtedness for the purpose of financing erection of municipal hospitals, the obligations and duties imposed upon the medical profession by the recent epilepsy statute, the limitations imposed by law upon the practice of chiropractic, powers and duties of physicians with respect to the performance of autopsies, legal status of various medical service plans, and various other subjects.

Attendance at conference of officers, at meetings of the Council, Executive Committee, Committee on Public Relations and other standing and special committees, and with the members of a number of county societies where matters of great interest to the medical profession have been considered, has been maintained throughout the year.

California Physicians' Service.—In view of the fact that California Physicians' Service was created and sponsored by the California Medical Association, and since its creation has been aided and assisted by the Association, and in view of the fact that many of the members of the Association are also professional members of California Physicians' Service, we deem it proper at this time to report briefly concerning certain of our activities as counsel for California Physicians' Service.

During the past year a great deal of our time has been devoted to the legal problems which confront California Physicians' Service. As reported to the House of Delegates at its special meeting in Los Angeles in December, 1938, there is some question with respect to whether or not a voluntary nonprofit medical service plan constitutes the doing of an insurance business. As you may recall, the House of Delegates instructed the Council to cause a nonprofit membership corporation to be formed rather than an insurance corporation. Hence, California Physicians' Service is not an insurance company but, on the contrary, is incorporated under the general nonprofit corporation law. As was anticipated, shortly after the formation of California Physicians' Service, the Insurance Commissioner communicated with Dr. Ray Lyman Wilbur, President of California Physicians' Service, and stated that in the opinion of thte Insurance Department a medical service plan constituted insurance. We then took up the matter with Attorney-General Earl Warren and Deputy Attorney-General Neil Cunningham, and after full discussion and exhaustive analysis of authorities, we determined that in order to settle the point, it would be wise for California Physicians' Service to commence an action seeking declaratory relief. Accordingly, we prepared a complaint on behalf of California Physicians' Service seeking declaratory relief (viz., asking the Court to declare that a nonprofit medical service plan offering free choice of physician is not insurance) and late in September, 1939, filed a complaint in the Superior Court of the City and County of San Francisco. This action is now pending, and when it is finally decided, will determine the legal status of California Physicians' Service. We are very pleased to report that since commencement of the action, the United States Court of Appeals for the District of Columbia has decided in *Jordan* vs. *Group Health Association* that a nonprofit medical service plan somewhat similar to California Physicians' Service except that, unlike California Physicians' Service, it does not offer free choice of physician, is not engaged in an insurance business. This decision is the only case in the United States which directly bears upon the problem involved, and it is quite encouraging that it is favorable to the position taken by the House of Delegates.

In addition to the foregoing proceeding, we have devoted a vast amount of time to the preparation of contracts and agreements and the handling of the ordinary routine legal business of California Physicians' Service, which necessarily arises day by day.

Respectfully submitted,

Hartley F. Peart, *General Counsel.*

II

REPORTS OF DISTRICT COUNCILORS

FIRST COUNCILOR DISTRICT

Imperial, Orange, Riverside, San Bernardino, and San Diego Counties

To the President and the House of Delegates:

The men of the First District have been busy the past year though collections have not kept apace.

California Physicians' Service called a meeting for all the professional members, which was well attended. Much interest in its growth was evidenced, and that service might be extended to the low-income groups was hopefully received.

Postgraduate meetings have been held in each county, except Imperial. Large attendance has been noted and many doctors from neighboring counties have been present.

Due to the many medical meetings held this spring, it has been impossible to find a time when it was convenient for the state officers to visit the component societies. This is the first time in the past six years that they have failed us.

The delegates to the House of Delegates this year are going to try to be present at both meetings for the entire time.

New members have joined all the county groups during the past year.

Respectfully submitted,

Calvert L. Emmons, *Councilor,*
First District.

SECOND COUNCILOR DISTRICT

Los Angeles, Inyo and Mono Counties

To the President and the House of Delegates:

At the House of Delegates' meeting in Del Monte last year the newly created Mono-Inyo county unit was incorporated within the Second Councilor District. I regret to report that as yet I have not been able to visit with them, but they report a small but actively interested group.

In the Los Angeles County Medical Association there was a net gain in membership of 170— the total membership as of December 31, 1939, was 2,708. Active members, 2,546; retired members, 122; members on leave of absence, 40.

Decided progress has been made in public education by the Committee on Public Policy and Relations, under the chairmanship of Dr. Paul A. Quaintance and the Speakers' Bureau, working through this committee. Through these means some 250 talks have been given before various lay organizations. This committee has worked in close coöperation with the newly created Committee on Public Education of the California Medical Association.

The parent organization, together with the eleven branch associations and the twelve scientific sections, have been active along both scientific and medical economic lines.

Several meetings of the parent organization and the branches with officers of California Physicians' Service have been held during the year. Unfortunately, these were poorly attended, but those members present showed great interest in the growth and activities of California Physicians' Service.

It is to be hoped that some means of more effectively reaching the professional members of California Physicians' Service can be worked out so that they may be properly acquainted with its value and needs in relation to both the profession and the public.

Respectfully submitted,

George D. Maner, *Councilor,*
Second District.

THIRD COUNCILOR DISTRICT

Kern, San Luis Obispo, Santa Barbara, and Ventura Counties

To the President and the House of Delegates:

In so far as organization matters are concerned, the Third District is in the best of condition.

The membership in the various component societies has shown a very satisfactory increase, and the societies are well officered, with good working committees. The meetings are interesting, with good attendance. Coöperation with the California Physicians' Service has been excellent.

The Kern County Society held a Postgraduate Conference on March 16, which was very successful from every standpoint. This conference, which has been held in Santa Barbara previously, will undoubtedly become a fixture in this district.

Respectfully submitted,
Louis A. Packard, *Councilor,*
Third District.

FOURTH COUNCILOR DISTRICT

Fresno, Madera, Kings, Tulare, Merced, Mariposa, Calaveras, San Joaquin, Tuolumne, and Stanislaus Counties

To the President and the House of Delegates:

The Councilor has, during the year, visited all the societies of the District and conferred with officers of the societies on local problems.

The membership of this district, I believe, fully realize the importance of helping to promote the success of the California Physicians' Service as our best means of avoiding threatened compulsory health insurance, and enabling our members to continue practicing medicine the American way.

Some concern is felt about how to secure satisfactory professional protective insurance. This probably needs solution, and it is hoped our Committee on Public Relations will soon find the answer.

All societies of this district now have well-organized and active auxiliaries, and much good work is being done by them.

This valley district has an alert, coöperative membership, and the activities of the California Medical Association are receiving complete and intelligent support.

Respectfully submitted,
A. E. Anderson, *Cauncilor,*
Fourth District.

FIFTH COUNCILOR DISTRICT

Monterey, San Benito, San Mateo, Santa Clara, and Santa Cruz Counties

To the President and the House of Delegates:

During the past year I have visited each of these county societies at least once, in addition to the official visit made with our President Charles Dukes and Secretary George H. Kress.

All the activities of California Medical Association have been presented to the various county societies on each of these visits.

The activities and progress of California Physicians' Service has been presented on each opportunity, for it is now evident to all that the future of California Medical Association is intimately linked with the success of California Physicians' Service. The California Medical Association has offered California Physicians' Service to the people of California as the logical answer to the widespread cry for solution of the ever-pressing medical-economic problem.

Unless California Physicians' Service is fully understood and supported by the doctors of the California Medical Association it will not succeed to the degree that is necessary in order that we may point to it as an acceptable solution of the problem.

San Benito County Medical Society is too small to carry out a regular program of county society activities. However, they meet during the year with the Monterey County Medical Society and Santa Clara County Medical Society, and in this way maintain their broader interests.

Monterey County Medical Society has started to hold regular postgraduate courses, having inaugurated them on February 1, when they held an all-day symposium on gastro-enterology.

Santa Clara County and San Mateo County Medical Societies have held no formal postgraduate programs although their regular monthly meetings usually consist of papers presented by doctors who are on the roster for postgraduate activities. Their proximity to San Francisco, which offers so many complete programs and clinics, seems to answer adequately their postgraduate needs.

Respectfully submitted,
C. Kelly Canelo, *Councilor,*
Fifth District.

SIXTH COUNCILOR DISTRICT

San Francisco County

To the President and the House of Delegates:

During the past year the members of the Sixth District have been mainly interested in a study of the San Francisco Municipal Employees' Health and Medical Service System. The purpose of the study is to provide changes in operation and in fees which will insure a good service to the members and a reasonable compensation to the physicians and surgeons who render the service.

To date reasonable progress has been made, and we hope to have most of the problems ironed out during the coming year.

The other problems of the Sixth District are the usual ones which all other districts usually encounter.

Respectfully submitted,
Karl L. Schaupp, *Councilor,*
Sixth District.

SEVENTH COUNCILOR DISTRICT

Alameda and Contra Costa Counties

To the President and the House of Delegates:

As councilor for the Seventh District (Alameda and Contra Costa counties), I wish to report that I have kept in touch with the various activities of these county societies. It is gratifying to mention the progress that has been made in medical service and hospitalization services in this district, the Insurance Association of Approved Hospitals, with headquarters in Oakland, having more than thirty thousand beneficiary members. At a recent meeting in Oakland, at which the work of the California Physicians' Service was outlined, there was an attendance of some five hundred members.

Respectfully submitted,
O. D. Hamlin, *Councilor,*
Seventh District.

EIGHTH COUNCILOR DISTRICT

Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Sutter, Tehama, Yolo, and Yuba Counties

To the President and the House of Delegates:

During the past year most of the county medical societies in this district were visited, many of them in company with President Dukes and Association Secretary-Editor Kress on their annual trip to northern California. The meetings in each county were well attended and the medical men showed keen interest in the discussion of medical problems. Because of the extensive territory represented by the Yolo-Colusa-Glenn Medical Society, a plan is being considered to change this situation in such a way that the

Colusa County physicians would join with the Yuba-Sutter group, the Glenn County doctors would combine with the Butte Medical Society and the Yolo County Medical Society would form a separate organization. The purpose of this plan is to shorten the distance which physicians must travel in attending medical meetings and to allow such meetings to be held monthly in each component society. Further study is now being given this plan by each county medical society involved and eventually this suggestion may be presented to the House of Delegates for their consideration.

Respectfully submitted,
Frank A. MacDonald, *Councilor,*
Eighth District.

NINTH COUNCILOR DISTRICT

Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma, and Trinity Counties

To the President and the House of Delegates:

The past year has been a very busy one, as the medical society activities in the Ninth District have been on the decided increase. The interest of the individual medical man in the activities of the organization and their desire for first-hand information, has meant an increase in the attendance at all medical meetings.

Sonoma County was host to Solano, Napa, Marin, and Mendocino-Lake County Societies at a meeting on July 15 at Sonoma Grove. President Charles A. Dukes, Doctors George Reinle, C. Kelly Canelo, Warren Pierce, Secretary-Editor George H. Kress, and Mr. Ben Read, Secretary of the Public Health League, were present. This was a very well-attended meeting, Doctors Dukes and Canelo explaining in detail the organization of California Physicians' Service up to that date.

Napa and Sonoma counties, following their annual custom, were hosts to the dentists and attorneys. Superior judges, district attorneys, and legislators were present as invited guests. These meetings are very important, as they bring the various professional groups together where their joint problems may be freely discussed.

On November 2, 3, and 4, I accompanied President Dukes and Secretary Kress on their visit to Humboldt and Siskiyou counties and, by invitation extended by Councilor McDonald, addressed the Shasta County Society, which is in the Eighth District. On this trip we visited the hospital erected at the Shasta Dam site. We were guests of Dr. J. E. Kirkpatrick at luncheon, after which he personally escorted us over the entire dam project.

During the past year I have visited all of the county medical societies, attended all Council meetings, appeared as guest speaker at various Rotary, Lions, Twenty-Thirty Clubs, and Farm Bureau meetings, trying to create a more cordial relationship between the lay groups and the medical profession.

Again let me say that, although it has been a very busy year, I have enjoyed to the fullest extent every bit of it.

Respectfully submitted,
Henry S. Rogers, *Councilor,*
Ninth District.

III

REPORTS OF COUNCILORS-AT-LARGE

To the President and the House of Delegates:

In addition to the ordinary routine Council work, your councilor-at-large from San Diego is getting things lined up locally for the annual session at Coronado. Everything points to a successful meeting.

Respectfully submitted,
C. O. Tanner, *Councilor-at-Large.*

To the President and the House of Delegates:

During the past year, in my function as a councilor-at-large, I have made an effort to keep in touch with the activities of the county societies in the southern section of the state. It has been my privilege and honor to serve for more than twenty years on the Council of the California Medical Association, and each year seems to have brought additional and more serious problems to us, many of which must be solved by those who will take up where we leave off.

At the end of my present term next May, I intend to retire from active service as a councilor. At this time I wish to express my appreciation of the efficient services rendered by the present secretary-treasurer of the California Medical Association who, in the past two years under difficult conditions, and with many and heavy responsibilities in organization work, has carried on his duties, in my opinion, in a manner which reflects credit both upon Doctor Kress and the California Medical Association. In times like this our organization has been fortunate in having the services of a medical colleague whose long years in numerous activities of organized and scientific medicine, especially in the southern section of the state, peculiarly fitted him for the responsibilities he has been called upon to meet in the head office of the California Medical Association, where his efficient service has been of equal value to the entire state.

Respectfully submitted,
William H. Kiger, *Councilor-at-Large.*

To the President and the House of Delegates:

Your councilor-at-large has attended meetings regularly during the year. He has presided at the meeting of the Executive Committee, has kept in touch with the Society's state-wide medical plan, and the local San Francisco Health Service. As chairman of the Auditing Committee he has presided at meetings to prepare the annual budget and has authorized expenditures where proper.

Respectfully submitted,
Philip Gilman, *Councilor-at-Large.*

To the President and the House of Delegates:

I have attempted to continue the able service of my predecessor, Dr. Harry Wilson, to the Council, and the California Medical Association. As a new member on the Council, I have endeavored to familiarize myself with the work of this organization and to accept the responsibility placed upon each individual member of this Council to render faithful and efficient service to the members of the California Medical Association. I have studied each individual problem as it has arisen and have given my best judgment in an effort to a solution. All meetings have been attended. It has been a pleasure to have helped in fulfilling the dictates of the House of Delegates through the medium of the Special Committee on Public Health Education. It is earnestly hoped that the House of Delegates will see fit to commend the work of this committee and to continue its fine efforts. The work of this committee as well as that of the California Physicians' Service, I consider to be functions of first importance to all members of the California Medical Association and success for each is imperative.

Respectfully submitted,
E. Earl Moody, *Councilor-at-Large.*

To the President and the House of Delegates:

As a councilor-at-large of the California Medical Association, I have attended all of the Council meetings, actively participated in the various meetings, attended the Secretaries' Conference, and served on the Auditing Committee.

Respectfully submitted,
Elbridge J. Best, *Councilor-at-Large.*

To the President and the House of Delegates:

During this past year I have joined with the officers of the Association in their tour of visitation in the Eighth District.

In each society it was noted that the members were not only interested in the problems facing organized medicine, but were very well informed and hence much better prepared to combat adverse propaganda.

Respectfully submitted,
F. N. Scatena, *Councilor-at-Large.*

IV

REPORTS OF STANDING COMMITTEES

EXECUTIVE COMMITTEE

Philip K. Gilman, Chairman

Charles A. Dukes, President.
Harry H. Wilson, President-Elect.
William W. Roblee, Past President.
Lowell S. Goin, Speaker, House of Delegates.
Karl L. Schaupp, Chairman of the Council.
Philip K. Gilman, Chairman, Auditing Committee.
George G. Reinle, Chairman, Committee on Public Relations.
George H. Kress, Secretary-Treasurer-Editor.

To the President and the House of Delegates:

During the past year, the matters confronting the State Association have been of so serious a nature that it seemed desirable to let the Council as a whole pass upon them rather than its Executive Committee. On that account, only one meeting of the Executive Committee was held.

Respectfully submitted,
Philip K. Gilman, *Chairman.*

AUDITING COMMITTEE

Executive Group

P. K. Gilman, Chairman, 1940
O. H. Hamlin, 1940 Elbridge Best, 1940

To the President and the House of Delegates:

The Auditing Committee has carried on the work outlined for it in the by-laws. All expenditures and the personal properties of the Association have been properly checked. The Auditing Committee also submitted to the Executive Committee its recommendations for the budget of the year 1941.

Respectfully submitted,
Philip Gilman, *Chairman.*

COMMITTEE ON ASSOCIATED SOCIETIES AND TECHNICAL GROUPS

Executive Group

John V. Barrow, Chairman, 1940
Edwin L. Bruck, 1941 William H. Newman, 1942

To the President and the House of Delegates:

Our committee has functioned in its separate districts.

It has contacted medical interests in the associated societies and technical groups as opportunity has offered and has aided them wherever and whenever requested. Conferences have been held with representatives of the Nurses' Association and the Dental Association. Lectures have been arranged and given to the technical groups.

We desire to urge either the broadening of the functions of this committee or its combination with the Committee on Public Relations.

Respectfully submitted,
John V. Barrow, *Chairman.*

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Executive Group

Roy E. Thomas, Chairman, 1941
William Dock, 1942 Benjamin W. Black, 1940

To the President and the House of Delegates:

I am sorry to report that the Committee on Health and Public Instruction has had only one meeting and has accomplished nil this year. A subcommittee on pneumonia control was reorganized and Dr. Edwin L. Bruck named as chairman.

I withdrew from the committee and named Dr. Louis Martin of Los Angeles in my place, otherwise the membership is the same as last year.

Respectfully submitted,
Roy E. Thomas, *Chairman.*

COMMITTEE ON HISTORY AND OBITUARIES

Executive Group

Frank R. Makinson, Chairman, 1941
A. Elmer Belt, 1940 J. Marion Read, 1942
The Secretary, ex officio The Editor, ex officio

To the President and the House of Delegates:

Your Committee on Histories and Obituaries is pleased to report that its work is slowly but continuously progressing. Attention is again called to the biographical data blanks that were out in 1939 with the request that if all members have not completed the blank and returned it to headquarters, they are hereby urged to do so.

Through the courtesy of Clark L. Abbott of Oakland a complete history of Contra Costa County has been added to the archives. A picture of those present at the State medical meeting at Del Monte in April, 1899, is a recent contribution through the courtesy of L. P. Adams of Oakland. This picture includes many pioneers: D. D. Crowley, Phillip Mills Jones, John S. Adams, Prof. Joseph Le Conte, Doctor Chismore, William Watt Kerr, Beverly Cole, Harry Sherman, Dudley Tait, Thomas W. Huntington, and many others who the present generation is unable to name.

Sixty-seven of our members have passed along the road from which no mortal returns. May their souls rest in peace.

Respectfully submitted,
Frank R. Makinson, *Chairman.*

* * *

IN MEMORIAM

Alden, Bertram Francis, May 14, 1939, San Francisco.
Baker, Morgan Dillon, November 13, 1939, San Jose.
Bathurst, Edwin William, March 8, 1939, Etna.
Beck, John A., October 28, 1939, Salinas.
Bennett, Earl Leslie, October 12, 1939, Long Beach.
Blodgett, Walter LeRoy, October 25, 1939, Calistoga.
Bollig, Harold Lewis, March 21, 1939, Los Angeles.
Botsford, Mary Elizabeth, June 18, 1939, San Francisco.
Brown, Robert, September 13, 1939, San Francisco.
Browning, Charles Clifton, September 27, 1939, San Marino.
Burke, Garry Richman, June 20, 1939, Alameda.
Clark, Isaac Sherman, August 3, 1939, Long Beach.
Colburn, Jefferson M., September 15, 1939, Riverside.
Collins, Foster Kyle, September 18, 1939, Los Angeles.
Cottrell, Charles C., August 15, 1939, Scotia.
Coulter, Herbert M., June 16, 1939, South Pasadena.
Cross, William Walter, July 12, 1939, Oakland.
Cutler, Oran Idnire, September 15, 1939, Loma Linda.
Day, Robert Verne, April 30, 1939, Los Angeles.
Dickson, Ernest Charles, August 24, 1939, San Francisco.
Domann, Arthur Henry, December 7, 1939, Orange.
Drucks, Edward Sax, January 9, 1939, Oakland.
Edson, Philips Josiah, July 6, 1939, San Marino.
Ferry, Francis C., May 25, 1939, Hollywood.
Gallwey, John, October 16, 1939, San Francisco.
Gay, Henry Milus, November 6, 1939, Pasadena.
Gibbs, Dozier Henry, July 10, 1939, Los Angeles.
Gibbs, Roy Struble, October 30, 1939, San Bernardino.
Hart, Morton E., March 23, 1939, San Francisco.
Hawkins, Charles Lewis, January 14, 1939, Taft.
Henke, George Benjamin, January 25, 1939, Ontario.

Hodges, Walter A., July 22, 1939, Pasadena.
Hromadka, August B., October 26, 1939, Santa Monica.
Hughes, Ephraim George, July 7, 1939, Long Beach.
Kahn, Adolph J., March 29, 1939, Lomita.
Kilgore, Allen M., September 25, 1939, Hollywood.
King, Cora Smith, November 21, 1939, Hollywood.
Leonard, Alexander T., July 2, 1939, San Francisco.
Lowell, George C., March 27, 1939, San Anselmo.
Lumley, Clinton Grant, February 16, 1939, Huntington Park.
Mangan, Patrick Joseph, May 31, 1939, San Francisco.
McHugh, Thomas R., October 21, 1939, Los Angeles.
McKee, William Clifford, April 21, 1939, Los Angeles.
McLellan, George Hudson, July 14, 1939, San Diego.
Miller, Charles Miner, Jr., August 27, 1939, Olive View.
Mohs, Oscar Kemper, June 11, 1939, San Francisco.
Myers, Cortland, November 27, 1939, Los Angeles.
Natzler, Adolph, July 4, 1939, Los Angeles.
Newkirk, Harris D., January 1, 1939, Anaheim.
Nottage, Herbert Piercy, September 15, 1939, Ontario.
Ormsby, Elon A., March 24, 1939, Centerville.
Penzotti, Richard Benjamin, November 6, 1939, Oakland.
Plymire, David Brandley, October 15, 1939, San Francisco.
Poage, Charles Allen, May 3, 1939, Colusa.
Rea, Samuel Leroy, June 8, 1939, Ukiah.
Rood, Vernon V., November 16, 1939, Grass Valley.
Ruggles, Howard E., December 29, 1939, San Francisco.
Scanland, John Milton, March 14, 1939, Imola.
Scheier, Ralph B., February 25, 1939, San Francisco.
Shea, John Joseph, August 19, 1939, San Diego.
Teass, Chester James, December 23, 1939, San Luis Obispo.
Tobias, Elliott Benald, August 2, 1939, San Francisco.
Up de Graff, Thad S., August 3, 1939, Pasadena.
Van Eman, Orley H., August 25, 1939, Los Angeles.
Waller, Julian Lloyd, November 15, 1939, San Francisco.
Wilson, Horace P., December 26, 1939, Whittier.
Zantiny, William George, April 12, 1939, Long Beach.

COMMITTEE ON HOSPITALS, DISPENSARIES, AND CLINICS

Executive Group

J. Norman O'Neill, Chairman, 1942
Karl L. Schaupp, 1940 George I. Dawson, 1941

To the President and the House of Delegates:

The Committee on Hospitals, Dispensaries, and Clinics met informally in San Francisco on Sunday, February 18.

Doctor Schaupp's work among itinerant agricultural workers of California and Arizona has kept him busily occupied during the past year.

Doctor Dawson has done considerable work referable to determining what can be done in the way of elevating the standards of smaller hospitals in the smaller cities and outlying communities.

I have personally contacted and corresponded with the hospital superintendent in every hospital in Los Angeles. I contacted three out-patient clinics whose chief complaint was inadequate facilities as well as a limited budget. The Los Angeles County General Hospital has cared for 70,000 patients during the past year. This number constitutes 70 per cent of all the patients hospitalized in Los Angeles County during the past year. The annual budget of the Los Angeles County General Hospital is more than $5,000,000. Eighty-six per cent of this budget is used to pay salaries and wages. The remaining 14 per cent is used to care for the 70,000 patients admitted during the past year. The actual per capita cost of taking care of patients in the Los Angeles County General Hospital is lower than any other institution in America, when one realizes that only 14 per cent of the annual budget is actually expended on the care of the sick.

Respectfully submitted,
J. Norman O'Neill, *Chairman.*

COMMITTEE ON INDUSTRIAL PRACTICE

Executive Group

Donald Cass, Chairman, 1942
Harry E. Zaiser, 1940 Morton R. Gibbons, 1941

To the President and the House of Delegates:

This committee has not been very active, but there has been considerable correspondence with the Council on Industrial Health of the American Medical Association. Their program is quite large, and their survey which is being conducted at the present time will undoubtedly be of very material benefit when it is fully prepared.

There has been no radical legislation in California affecting the industrial practice. Several local complaints have been considered and adjusted satisfactorily.

We believe that with the broadening of the Compensation Insurance Law and the inclusion of so-called industrial diseases, the work of this committee will increase with future years and become more important as time goes on.

Respectfully submitted,
Donald Cass, *Chairman.*

COMMITTEE ON MEDICAL DEFENSE

Executive Group

George G. Reinle, Chairman, 1941
William J. Van Den Berg, 1942 John P. Nuttall, 1940

To the President and the House of Delegates:

Dr. George G. Reinle, Chairman of the Medical Defense Committee, wishes again to call the attention of the House of Delegates and the membership that the Medical Society of the State of California renders a service to all members of the California Medical Association who are in good standing in their county medical societies and who hold a policy with an insurer authorized by law to issue physicians' defense and indemnity policies and with coverage of at least $5,000 by the payment of annual dues of $10.

Membership therein means that you have the privilege of indemnification (in accordance with the Society's schedules and regulations) for the cost of a personal attorney in any claim or suit for malpractice brought against you. In the event of a dispute with your insurance company (which in the past has not been an uncommon experience) the personal attorney will protect your interests and cause your insurance company to fulfill the terms of your policy.

Although your liability insurance policy provides you with the services of an attorney, that attorney, under the ethics and principles of his profession, must represent your insurance carrier first, and hence his defense of you is directed to the fulfillment of his client's conception of its contract with you, and it is the company's interests which he must at all times protect.

The personal attorney provides for you consultation and supervision in all legal problems and trial conduct, thus assuring full protection of your personal and professional interests.

The Medical Society of the State of California, a separate voluntary organization, reimburses you or indemnifies you for expenses for the services of an attorney who will coöperate with your insurance company's attorney, thereby providing you with competent personal legal counsel.

Insurance companies operating in this field welcome the assistance your personal attorney can give them.

The Public Relations Committee, at the instigation of the Medical Defense Committee, developed a brochure which will be mailed to every member of the California Medical Association. We believe the suggestions contained therein, if adopted by our county medical societies of California, and observed by the California Medical Association members, will bring about a decrease in the number of malpractice suits in our state, and a lessening in the costs of malpractice coverage.

It is not necessary to remind the members of the California Medical Association that in recent years one commercial insurance carrier after the other has withdrawn from California, until only one or two such regularly licensed companies offer medical defense coverage to physicians of our state, and that in limited amount, lower ceilings of coverage, and other restrictions. It has been necessary, therefore, for many physicians to secure additional coverage from a surplus line company, such as Lloyd's of London, whose "broad policy" has been purchased by a considerable number of physicians. The representative of the only American Company writing malpractice insurance in California made the statement that his company is declining to insure physicians whose practice is limited to orthopedics and roentgenology, and insuring only a limited number of those who practice surgery and then only for $2,500 for one case and $7,500 as a limit for three.

If malpractice suits and the damages assessed could be reduced in number and amount, it might be possible to bring back again medical defense costs, etc., that would be less in amount and be somewhat in harmony with the prices of former years. That is what the Committee on Public Relations hopes its booklet on medical defense will help reëstablish.

The Committee hopes the county societies and members will give the booklet and the suggestions contained therein careful consideration.

Respectfully submitted,
George G. Reinle, *Chairman.*

COMMITTEE ON MEDICAL ECONOMICS

Executive Group

John H. Graves, Chairman, 1941
Edward M. Pallette, 1940 L. W. Hines, 1942

To the President and the House of Delegates:

The Committee on Medical Economics has confined its activities during the past year to attendance at the meetings of the Committee on Public Relations, and in presenting such opinions as the Committee on Medical Economics entertained on the problems there considered.

Respectfully submitted,
John H. Graves, *Chairman.*

COMMITTEE ON MEDICAL EDUCATION AND MEDICAL INSTITUTIONS

Executive Group

Loren R. Chandler, Chairman, 1942
John B. Doyle, 1940 B. O. Raulston, 1941

To the President and the House of Delegates:

Your Committee on Medical Education and Medical Institutions has held no meetings during the present year, and your committee sees no need to report on the activities of each of the medical schools in California, as their activities are reported adequately in bulletins and other publications.

Respectfully submitted,
L. R. Chandler, *Chairman.*

COMMITTEE ON MEMBERSHIP AND ORGANIZATION

Executive Group

George D. Maner, Chairman, 1941
G. Dan Delprat, 1940 Dewey R. Powell, 1942
The Secretary, ex officio

To the President and the House of Delegates:

The Committee on Membership and Organization notes that in practically all county units efforts are being made to bring into membership all eligible physicians. This is evidenced by the fact that 553 new members were added in 1939. The total active membership on December 31, 1939, was 6,349. (See Secretary's report for detailed information.)

Your committee urges each component county unit to continue to inform all eligible physicians as to the advantages of membership.

We wish to emphasize the importance of a strong alliance among the profession and to remind you that a large united membership is necessary to effect a militant organization so that professional rights and scientific medicine may be protected and defended.

Respectfully submitted,
George D. Maner, *Chairman.*

COMMITTEE ON POSTGRADUATE ACTIVITIES

Executive Group

Dwight L. Wilbur, Chairman, 1940
F. E. Clough, 1941 H. E. Henderson, 1942
George H. Kress, Association Secretary, ex officio

To the President and the House of Delegates:

Committee Members.—During the year the committee members have been: Dwight L. Wilbur (chairman), San Francisco; F. E. Clough, San Bernardino; H. E. Henderson, Santa Barbara; and Association Secretary George H. Kress.

Objectives.—The primary objective of this committee is promotion of postgraduate educational activities among members of the Association and practicing physicians in the state. More specifically the objective has been to coöperate with the component county medical societies and other organized district groups in the presentation of scientific subjects in the form, principally, of clinical conferences. It has been the hope of the committee members that such a clinical conference may be held in a sufficiently widely scattered number of counties as to permit attendance without difficulty by all members of the State Society at least once a year.

Program.—The foundation work of the Committee in the postgraduate set-up, as mentioned above, largely has been accomplished. A considerable number of speakers have volunteered to coöperate, and a very interesting list of topics has been compiled through the efforts of the former chairman of this committee, Dr. John C. Ruddock, and his associates. The point now has been reached in which the active coöperation of local units is needed for the success of the program.

Requirements for a Successful Conference.

The success of a postgraduate conference depends almost entirely on two things: (1) Clinicians who are able to present in an interesting and instructive manner the scientific subjects which are to be discussed, and (2) an aggressive and understanding chairman on local arrangements in the community in which the conference is to be held. Of these two factors the latter is by all odds the more important. The California Medical Association is well supplied with members who are excellent clinicians and speakers who have indicated a willingness to coöperate in this program. We are not lacking in material from this standpoint. However, the best speaker in the world cannot carry a conference to a successful conclusion and fulfill the objectives of postgraduate education if the local arrangements are poorly made so as to interfere with attendance, with provision of necessary clinical material and with proper facilities for the meeting, including a meeting place, lanterns and other apparatus. The chairman of local arrangements carries the burden of creating and stimulating the interest of members of the profession in his county society, without which the conference will fail.

Once a successful conference has been held, the groundwork has been laid for the holding of future conferences in that county or district, for the members of the society will have become aware of the great educational value of them and will be anxious to attend future conferences. The proof of this statement lies in the fact that for those county and district societies which have had energetic, aggressive, and understanding chairmen of local arrangements, postgraduate conferences have become very popular annual or semi-annual functions, well attended, well received, and highly successful.

It is the hope of the Committee that the president, secretary, or board of directors of each county society will coöperate in this program of postgraduate activities and that in so doing they will give principal consideration not, as in the past, to the subjects to be discussed and to the guest speakers to be invited, but to the selection of a chairman of the committee on local arrangements for the conference. He should be a good organizer and an aggressive and energetic individual; preferably he should have had experience in arranging meetings or he should be asked to attend a conference on postgraduate activity in one of those counties in which such conferences are a great succes.

The Committee on Postgraduate Activities of the California Medical Association will be pleased fully to coöperate with all of the component county and district medical societies and especially with the chairman of committees on local arrangements in establishing successful postgraduate clinical conferences. The coöperation of the chairman on local arrangements is essential because he is able to interpret the desires of the members of the local society, he can stimulate local interest, he can organize a good meeting, obtain clinical material for speakers as well as perform other necessary functions associated with a successful conference.

One of the problems confronting the Postgraduate Committee concerns the portion of funds to be allocated from the State Association's budget for the support and development of local clinical conferences. On the letterhead of the Postgraduate Committee is printed the statement: "The California Medical Association Committee on Postgraduate Activities cannot be responsible for travel or other expenses of guest speakers at postgraduate conferences, except as per arrangements made in advance."

It is important that local committees keep the above rule of the Council and Auditing Committee in mind. Other things being equal, guest speakers should be invited, if possible, from nearby centers, and the number which any one conference group may invite at the State Association's expense must necessarily be limited. If the Council's instructions are not observed, the local committees may find themselves in the embarrassing position of raising funds to meet a transportation deficit.

Accomplishments of the Committee.

During the past year the Committee, largely through the efforts of the Association Secretary, has prepared and distributed to secretaries of county societies a booklet entitled "Suggestions to District and County Postgraduate Committees."

There has been growing an interest in postgraduate conferences in recent months, as the list below indicates. This growth and interest is owing to the work of previous and other members of this committee and particularly to the work of the Secretary of the California Medical Association, Dr. George Kress, who as an ex officio member of this committee, through by-law provision, acts as its secretary. He has not only organized an efficient setup for the work of the Committee at the headquarters of the Association, but he has also been responsible for calling to the attention of the members of the various county and district societies which he has visited, the importance of postgraduate medical education and the opportunities in such education which the Committee offers through the central office at 450 Sutter Street, San Francisco.

The following conferences have been held:

County Society	Place	Date	Type of Meeting
	1939		
Butte	Oroville	Dec. 2	Clinical Conference
Humboldt	Eureka	Dec. 7	Clinical Conference
Shasta	Redding	Dec. 10	Clinical Conference
	1940		
Santa Cruz San Benito Monterey	Del Monte	Jan. 4	Scientific Talk
Sacramento	Sacramento	Jan. 16	Scientific Talk
San Mateo	San Mateo	Jan. 24	Scientific Talk
Stockton	Stockton	Feb. 1	Scientific Talk
Santa Cruz San Benito Monterey	Salinas	Feb. 1	Clinical Conference
Fresno	Fresno	Feb. 2, 9, 16	Clinical Conferences
Riverside San Bernardino Orange	Riverside	Feb. 14	Clinical Conference
San Bernardino	San Bernardino	March 5	Clinical Conference
Kern	Bakersfield	March 16	Clinical Conference

Respectfully submitted,
Dwight L. Wilbur, *Chairman.*

COMMITTEE ON PUBLICATIONS

Executive Group

Ralph Eusden, Chairman, 1940
Ruggles A. Cushman, 1941 Francis E. Toomey, 1942
The Editor, ex officio The Secretary, ex officio

To the President and the House of Delegates:

The report of the editor of California and Western Medicine is to be considered in connection with this committee's report.

The Publications Committee considers the editorial policy, the general physical arrangement of contents, and the character of said contents of the official journal, California and Western Medicine, commendable and congratulates the Editor on the high standards which he has maintained.

The past years have been of particular economic and political importance to the medical profession. Therefore, the proper portrayal of events and conditions which are related to or affect organized medicine is considered a necessity. Likewise, the policies of the California State Medical Association should be editorialized in such a manner that our stand may be appreciated by all. Organized medicine in these days must maintain at times an aggressive front. Your Committee feels that the Official Journal has not been laggard in this respect.

California and Western Medicine continues to be the outstanding journal of its type. It is the Committee's firm belief that, despite all expense, it should so remain.

Oft stated in former reports, it has been the policy of California and Western Medicine to print as many annual session papers as possible, but not at the sacrifice of important organization and other matters needing prompt attention by the members of the California Medical Association. From time to time, as special problems arose, the Editor has gotten the reaction of the Publications Committee. If it had been possible for the Publications Committee to meet with the Editor several times a year in all-day sessions, our committee would have been able to give more aid to the Editor, both in judgment on papers to be accepted or declined, and on other matters of publication policy. However, no funds being available for transportation and other expenses of the committee members, it was not possible to carry through such a procedure. Your Committee recommends that the necessary funds be allocated to permit the Committee to hold two or more conferences with the Editor concerning manuscripts, policies and contents so that it can better perform its functions as an editorial and publications committee, as provided in the by-laws.

The Committee recommends that the House of Delegates and the Council continue to give to the official journal of the California Medical Association, California and Western Medicine, financial and other support in amount sufficient to properly fulfill its function as the medium through which every member may be kept in touch with the Association's policies and needs.

Respectfully submitted,
Ralph B. Eusden, *Chairman.*

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

Executive Group

Junius B. Harris (Chairman), Sacramento, 1941
E. T. Remmen, Glendale, 1940
T. Henshaw Kelly, San Francisco, 1942
President ex officio
President-Elect ex officio

To the President and the House of Delegates:

The last 1939 regular session of the California Legislature remained in session for a longer time period than any preceding legislative body. It also carried off the record of an all-time high in the number of proposed laws submitted to the Assembly and Senate bodies. More than one hundred of these bills had public health and medical implications, some of serious nature. It was necessary for your Committee on Public Policy and Legislation to carefully inspect the language of practically all measures introduced, in order to make certain that there were no inclusions that might subsequently turn out to be menaces to the best standards of the public health and scientific medicine. In reports that have appeared in CALIFORNIA AND WESTERN MEDICINE, detailed information has been given concerning legislation that had special interest for members of the medical profession, and it is not necessary in this report to recapitulate.

Mention must be made, however, concerning the proposed law to establish a compulsory health or medical service system in California, and which was so aggressively supported by certain advocates of that type of legislation. Because the proposed statute was a menace to other interests in the state, as well as to the standards of public health and medical practice, the proposed law went down to defeat in the Assembly. If that, or a similar statute does not find a place on the November 1940 state election ballot as an initiative measure, it may be taken almost for granted that the Legislature of 1941 will be called upon to again consider such a law. Which emphasizes the need of eternal vigilance on the part of every member of the medical profession.

It is pleasing to report that the plan for organization of the medical and allied professions, in form to permit us to give efficient combat to those who would assail the best standards of medical practice and public health work, has gone forward in excellent fashion.

The Committee extends its thanks to the members of the component county societies, and especially to the local representatives of the county units who responded so well whenever called upon for aid.

Appreciation is also expressed to the Public Health League, whose members were likewise of great assistance, and in particular to its executive secretary, Mr. Ben Read, for his alertness and able coöperation.

We also wish to thank the Association secretary, Dr. George H. Kress, for the prompt and efficient manner in which he responded to our calls, both in routine and emergency situations. It was most helpful to know that he could be relied upon for prompt and able service in any calls made upon him.

Your Committee is carrying on its organization work as rapidly as possible, and hopes to be even better prepared in the future than in the past. With careful planning and a united front, the legitimate aims of scientific and organized medicine should be possible of realization.

Respectfully submitted,
Junius B. Harris, *Chairman.*

COMMITTEE ON SCIENTIFIC WORK

Executive Group

George H. Kress, Chairman, ex officio
Lemuel P. Adams, 1940 J. Homer Woolsey, 1941
Howard F. West, 1942
Russell V. Lee, ex officio, for Section on Medicine
Frederick S. Foote, ex officio, for Section on Surgery

To the President and the House of Delegates:

The Committee on Scientific Work, in conference with the Section Secretaries will present this year a new arrangement of meetings for the annual session that is scheduled to convene at Hotel del Coronado on May 6. Since some 80 per cent of the members of the Association are in general practice, the changes aim to emphasize the work of the general practitioner. The plan to limit the mornings to general meetings, with programs in which the specialist groups will have proper representation, received the approval of the Section officers. If this year's trial of the new allocation of hours works out in satisfactory manner, it will probably be continued.

The Committee on Scientific Work is in full sympathy with Section objectives, but with the large number of separate organizations which are maintained by specialist groups, and before which papers of technical nature may be presented, and also because of the benefits to be derived from general meetings in which members would meet one another as fellow physicians, rather than as fellow specialists, it seemed to be a wise policy to again emphasize the rôle of the physician in general practice.

The Central Committee wishes to express to the Section officers its appreciation for their coöperation in the preparation of scientific programs which, it is to be hoped, will have real appeal to all who attend the Coronado session in May next.

Because of the limited number of rooms in the Hotel del Coronado available for use by the twelve sections (of such there are only seven rooms, with need for more than twice that number of meeting places), it was necessary for the Association Secretary to devise arrangements whereby additional accommodations for Section groups would be made available, and this will be accomplished by partitioning several of the larger rooms with walls of sound-proof celotex. This new construction should provide as good or better accommodations than have been had in the past. The rooms will be of ample dimensions and well ventilated.

In connection with the annual session programs, thanks are also tendered to the local Committee of Arrangements for its coöperative aid.

An editorial in the current issue of CALIFORNIA AND WESTERN MEDICINE presents additional comment. The current "Pre-Convention Bulletin" outlines general arrangements and gives detailed information concerning the scientific and other programs.

Respectfully submitted,
George H. Kress, *Chairman.*

COMMITTEE ON PUBLIC RELATIONS

The Committee on Public Relations consists of the chairmen of the following standing committees and of certain general officers of the Association, all serving ex officio. The chairman of the committee is George G. Reinle, the secretary is George H. Kress. The director of the Department of Public Relations is George H. Kress. The chairman of the Committee on Public Relations is ex officio a member of the Council.

Roy E. Thomas, Chairman, Committee on Health and Public Instruction.
J. Norman O'Neill, Chairman, Committee on Hospitals, Dispensaries, Clinics.
Donald Cass, Chairman, Committee on Industrial Practice.
George G. Reinle, Chairman, Committee on Medical Defense.
George D. Maner, Chairman, Committee on Membership and Organization.
John H. Graves, Chairman, Committee on Medical Economics.
Junius B. Harris, Chairman, Committee on Public Policy and Legislation.
Alson R. Kilgore, Chairman, Cancer Commission.
Dwight L. Wilbur, Chairman, Committee on Postgraduate Activities.
Charles A. Dukes, President of California Medical Association.
Harry H. Wilson, President-Elect.
George H. Kress, Secretary-Treasurer.

To the President and the House of Delegates:

In offering this report I would be remiss in my duty as chairman if I did not pay warm tribute to Dr. George

Kress, whose devotion to the work and his comprehensive knowledge of it assisted the Public Relations Committee immeasurably.

The Committee on Public Relations came into existence as a standing committee group in 1931, through a resolution by Dr. Fred B. Clark, the resolution being in harmony also with recommendations made by the then president of the California Medical Association, Dr. Lyell V. Kinney of San Diego.

The social unrest which had been so much in evidence during the last two decades had impressed members of the California Medical Association with the need for a deliberative body that would have time to give serious study to problems of organized medicine. The necessary amendments to the by-laws were adopted by the House of Delegates, and the Council promptly set to work to establish the new department on a firm foundation. A separate director, clerical assistance and office room were obtained and work proceeded in an active manner for several years under the committee chairmanship in turn of Doctors John H. Graves, Charles A. Dukes, and George G. Reinle.

The Committee on Public Relations is made up of nine of the chairmen of other standing committees whose work related to public relations; and the California Medical Association president, president-elect, and secretary.

Broad Program.—In its report for the year 1933-1934, the Committee recited a broad program of accomplishment. Outstanding were the following:

1. A survey of the various hospital and medical service plans proposed or in operation, and coöperation with the component societies in this connection.
2. A campaign for the elimination of pay patients from public hospitals and the establishment throughout the state of a plan for the admission of indigent patients only.
3. A survey of medical books on the shelves of public libraries in counties with a population of 10,000 or more, which included the preparation of a list of medical books for library use.
4. A membership campaign.
5. Employment of a publicity representative, which resulted in the preparation for the lay press of a series of popular authentic articles on suitable medical subjects. These were widely used, going to 250 newspapers.
6. Installation of exhibits at both the State Fair and the Los Angeles County Fair, which were attended by 700,000 persons.
7. Preparations for the establishment of county speakers' bureaus.

Activities in Year 1935-1936.—Most of the foregoing program was successfully continued, activities were extended and new ones added. Visual education was undertaken in the form of Public Health Institutes sponsored by county units. However, after the first institute, held in Oakland, it was deemed advisable to expend the appropriation for an exhibit at the San Diego Exposition. A coöperative program of education with state and lay agencies was instituted.

An important service rendered by the Committee on Public Relations at the time when President Dukes was its chairman, related to the recognition by hospitals of the proper professional status of doctors of medicine in charge of hospital departments of radiology and pathology. If nothing more than that had been done, the Committee on Public Relations would more than have justified its existence. Equally important problems face us in the future. Doctor Dukes, as a member of the American Medical Association House of Delegates also took an active part in having our national organization approve the principles laid down by the California Medical Association regarding the professional status of pathologists and radiologists.

Progress in 1937-1938.—During this period the Committee through its director gave a good deal of attention to a good-will program, extending the program previously established.

Work Curtailed in 1939-1940.—After these several years of active work, owing to other demands upon the California Medical Association funds, it was found necessary to greatly cut down on appropriations for the Department of Public Relations. The Committee continued its work as well as it could under the changed conditions, but due to lack of funds some of the important recommendations could not be carried out. Consequently, the Department ceased to function as vigorously as in its first years.

Basic Science Law.—Your present committee began its active work shortly after the Del Monte session in 1939. The Council commissioned the Committee to draft a basic science law, and much work has been done in connection therewith. The reports of the prior special committee, of which Doctor Kress was chairman, on a basic science law were found to be of considerable value, because factors such as the complexion of the examining board and similar matters in relation to California needs and environment had been carefully studied. The American Medical Association draft was used and gotten into form by our legal counsel. In later drafts, many of the suggestions received from the Bureau of Legal Medicine of the American Medical Association were incorporated. Without going into detail concerning the draft that has been drawn by the California Medical Association Committee on Public Relations, it may be sufficient to say that our draft is in harmony with, and has incorporated the fundamental principles of the basic science laws of other states of the union. We believe the third draft, as submitted by the Committee, is one that could perform a good public health service, and hope such a law will find a place among the California statutes.

Your Committee had hoped it would be possible to present a basic science law in the form of an initiative in November of the present year. Unfortunately, such a measure, if placed on the ballot as a proposed initiative, would necessitate an expenditure of about $60,000. However, the decision on the expenditure of so large a sum rests with the House of Delegates and the Council. Another reason for not placing it on this year's state election ballot is due to the fact that a compulsory health initiative will probably have place thereon. It follows that it would confuse voters if physicians urged citizens to vote yes for a basic science initiative and no on a compulsory health initiative.

Concerning other possible ways to bring a basic science into being, it might be possible, of course, to have such a law passed by the legislature. It is true that it would then not apply to the other healing-art groups already having legal recognition and separate boards in California; but it would, nevertheless, act as an effective stop-gap to the efforts of other cultist groups that are knocking at the doors of California, in attempts to secure the state's legal sanction for their methods of practice. After all, that is one of the special purposes of a basic science law, namely, to keep California from inflicting on its citizens, poorly educated and incompetent groups of cultist practitioners. We submit this thought, more as a personal point of view, for whatever suggestive value it may possess. Such a statute if submitted to the legislature could exempt all applicants who in the future would seek licenses to practice medicine in California, and who were able to show licenses from satisfactory medical examining boards of other states that they had been in practice for at least three years. A basic science law of such nature might be somewhat of a nuisance to future and recent graduates of medicine, but if it kept California from licensing groups such as the naturopaths, physiotherapists, and what not, the ends attained would seemingly be justified.

These thoughts concerning the possibility of a basic science statute through enactment by the legislature are submitted only because of the interest which many members have in the subject.

Brochure on Medical Defense.—The second important piece of work on which your Committee of Public Relations has been engaged during the past year has to do with the compilation of a brochure on medical defense. It is the plan to send a copy to every member of the California Medical Association.

We believe the suggestions contained in the brochure, if adopted by our county medical societies in California and observed by the California Medical Association members, will bring about a decrease in the number of malpractice suits in our state, and a lessening in the costs of malpractice coverage.

It should not be necessary to remind members of the California Medical Association that in recent years one commercial insurance carrier after the other has withdrawn from our state, until now only one or two such regularly licensed companies offer medical defense coverage to physicians, and that in limited amounts, lower ceilings of coverage, and with other restrictions. On that account, it has been necessary for many physicians to secure additional coverage through a "surplus line company," such as Lloyd's of London, whose so-called "broad policy" has been purchased by a considerable number of physicians. The representative of the only American company that is still writing a fairly extensive malpractice insurance in California made the statement his company is declining to insure those whose practice is limited to orthopedics and roentgenology; the company selecting the physicians whom it will insure who practice surgery, and these only for $2,500 for one case, and $7,500 as a limit for three.

If malpractice suits and the damages assessed could be reduced in number and amount, it might be possible to again establish medical defense costs, etc., that would be less in amount than at present, and be somewhat more in harmony with the prices of former years. That is what the Committee on Public Relations hopes its brochure on medical defense will help bring about.

The Committee hopes the county societies and members will give the booklet and the suggestions contained therein careful consideration.

Compulsory Health Insurance Booklet: "On the Witness Stand."—Much of the literature concerning foreign compulsory health insurance systems is antiquated, and in such form as to be time-consuming and unsatisfactory for quick reading and understanding. The same criticism applies to many of the writings on medical service and group hospitalization plans.

In 1936, the Public Relations Bureau of the Medical Society of the State of New York published a "question and answer" booklet on compulsory health insurance plans and statistics that brought these topics quite up to date. Two years ago the Medical Society of the State of Pennsylvania distributed 30,000 copies of the booklet when a legislative attempt for a compulsory health bill was made in that state. Last year the booklet was revised and still further brought up to date.

Your California Medical Association Committee on Public Relations was impressed with the value of this booklet that carries the title, "On the Witness Stand," and last year used part of its budget funds to purchase a supply of these booklets, so that every member of the California Medical Association might receive a copy. These booklets will be mailed at the same time as the brochures on medical defense. It is hoped that the physicians of the state will read this booklet, because the information contained therein will enable members of the medical profession to give proper answers to the many questions that will be coming to the front, more and more, as the heat of the propagandist campaign for the November, 1940, compulsory health initiative makes itself felt.

American Medical Association Press Releases to California Newspapers.—Through the courtesy of the American Medical Association authorities, one hundred copies of the American Medical Association press releases are received every Monday, and are then remailed, with a letter of transmittal, to one hundred of the weekly and semiweekly newspapers of California. This is in line with the policy of keeping local editors acquainted with the advances in scientific medicine. The weekly American Medical Association press releases are compiled by an experienced newspaperman and are printed in form for ready use and insertion in local newspapers. Thus, at a minimum of cost, we are able to disseminate information concerning scientific medicine among a selected group of editors who can be of much help to us in the solution of some of our legislative and other problems.

In Conclusion.—What has been presented should indicate that your Committee on Public Relations has been striving to do its part as a study group in tasks assigned to it by the Council and in other work. Problems such as the utilization of the educational facilities of state and county fairs, the improvement of classifications in telephone directories with elimination of cultist practitioner's names from M. D. groupings, county hospital problems, commercial medical service and hospital issues, are some of the other matters receiving attention, and on which report may be made in the future.

From his own experience as a member of the Council and the House of Delegates during a number of years, the Chairman of this Committee feels he owes it to the Association to go definitely and emphatically on record that our Association would commit a real error if it did not continue its Committee on Public Relations. This committee came into existence, in part, to make it possible for the chairmen or keymen on the California Medical Association standing committees to meet and discuss medical problems having public relation aspects, and in bringing this about the work of some of our standing committees may be said to have had their first real activation. At the same time the Committee was a means of bringing into being a deliberative body that had sufficient time to permit study of special problems and existent policies that could be reported back to the Council for further consideration and action.

It is also my belief that the make-up of the Committee on Public Relations was well thought out when it was organized, for the reason that the Council selects for positions on the standing committees those members of the Association who have shown interest in certain fields. The chairman of each standing committee is also selected by the Council and is given that office because he is presumably fitted for such a responsibility. It may be assumed that the Council seeks to find for these positions those members best suited for the work of the different committees. They in turn, as members of the Committee on Public Relations, carry on their standing committee work to better advantage because of this experience and outlook.

If the Committee on Public Relations is abolished, there is left no such coördinative group in our Association, because the Council, with its many problems, must proceed in rapid manner at its meetings. If we are to train our younger men to grow up with our Association's problems, where can we find a better school than in the Committee on Public Relations? Its past work is the best token of the service it would be able to render in the future for the California Medical Association.

In closing, permit me to express my appreciation, as Chairman of the Committee on Public Relations, of the valuable services that have been rendered by the younger members of the Committee. I have been much impressed not only by their willingness to faithfully perform the tasks assigned to them, but by the good judgment they have shown and the sound opinions they have expressed when the Committee was considering its studies. The Committee on Public Relations used only a portion of its budgeted funds ($1,704 out of a permitted $3,000 for the year 1939 in the budget), the unused balance, according to the Association's rules, being no longer available because the succeeding budget becomes operative. The Committee's major expenditures were for the booklets, "On the Witness Stand," and the transportation expenses for the several meetings at which the matters discussed in this report were studied and reports drafted. The budget of the Department of Public Relations for the present year, 1940, is $1,000, namely, $2,000 less than the amount allocated last year.

Respectfully submitted,
George G. Reinle, *Chairman.*

CANCER COMMISSION

Executive Group

Alson R. Kilgore, Chairman
Lyell C. Kinney, Vice-Chairman
Otto Pflueger, Secretary
Orville Meland, Secretary for Southern Section
A. Herman Zeiler
Charles A. Dukes
Gertrude Moore
Henry J. Ullmann
Clarence J. Berne

To the President and the House of Delegates:

During the past year the Cancer Commission has been primarily interested in those problems which it has heretofore undertaken. As previously our interest has been primarily in furthering professional education. Men have been chosen for discussion of malignant conditions in the postgraduate conferences from the lists submitted to the Committee on Postgraduate Education by the Cancer Commission. The meetings, which have been going on for some time, namely, the radiologists and pathologists' meetings, were held last year in the Hotel Del Monte and were well attended. Likewise, a well-attended meeting of the pathologists in Oakland for an all-day conference in December, 1939.

The clinical session on cancer, which was inaugurated at the last State meeting, will be continued at the coming meeting to be held at the Hotel Del Coronado. A program on gastro-intestinal tumors is being arranged for this meeting. It is hoped that this conference will, in a very short time, prove to be as popular as the aforementioned meetings.

The survey of the cancer clinics of the state undertaken during the year is being continued. A questionnaire is to be sent to each clinic, of which we have knowledge at the present time. It is hoped that every county medical society will send the Cancer Commission notice of cancer clinics operating within its county.

The Commission has felt that it would be very desirable to revise the reports published a few years ago under the title, "Cancer Commission Committee Studies." For the purpose of discussing this problem a meeting was held in Santa Barbara in January, 1940, at which were present forty persons who were instrumental in preparing the original reports. To show the interest in this problem we should like to state that these men came of their own volition and paid their own expenses. Consensus of opinion at this meeting was that these reports should be revised, and it is the intention of the Commission in the near future to ask the Council for moneys to undertake this problem.

The Cancer Commission held two executive sessions, one in Del Monte in May, 1939, and another in Oakland in December, 1939.

We perhaps should not close this report without again mentioning the exhibit at the World's Fair on Treasure Island, which was sponsored by the Cancer Commission. We feel that this exhibit brought to thousands by word and picture a better conception of the nature of cancer, its diagnosis, and treatment.

Respectfully submitted,
Otto Pflueger, *Secretary.*

V

REPORTS OF SPECIAL AND COUNCIL COMMITTEES

COMMITTEE ON PUBLIC HEALTH EDUCATION*

Executive Group

Frank R. Makinson, Chairman
Karl L. Schaupp, Secretary
Samuel Ayres, Jr.
Junius B. Harris
Thomas A. Card
Dewey R. Powell
Lowell S. Goin
Charles A. Dukes

To the President and the House of Delegates:

This committee was created by a resolution passed by the House of Delegates in its regular session in May, 1939. The committee was promptly appointed by the Council, and its initial meeting was held at Sacramento on June 11, 1939, at which time the committee was organized, and a policy was formulated after a thorough discussion and a study of the resolutions which created the committee. All members who had presented similar resolutions for consideration by the House of Delegates were contacted to assist in formulating the policy. These have been presented to the membership from time to time.

The Committee adopted a liberal attitude in the interpretation of the resolution. Part of the resolution seemed to embrace the work of the Public Relations Committee and the Committee on Public Health and Legislation. It was deemed neither desirable nor feasible to parallel, duplicate, or overlap the functions of those committees and, as a result, this committee recommended to the Council of the California Medical Association that the present Committee on Public Policy and Legislation be designated as the "Executive Group" of the Committee on Public Policy and Legislation, with the accepted powers and duties of an executive group. Since this committee interpreted its instructions in the resolution to include the work of the Committee on Public Policy and Legislation, in policies regarding our economic and political interests, and also in carrying on the program of education in public health welfare, it was deemed highly advantageous to combine the activities of the two committees in this phase of the work. The knowledge, technique, and instrumentalities of the Committee on Public Policy and Legislation, headed by Dr. J. B. Harris, are well known and should in no way be displaced by a new committee less skilled in this art. Therefore, in order to extend and aid the work of that committee, the Committee on Public Health Education recommended that its budget include an allocation to the Committee on Public Policy and Legislation for carrying on its routine work, now so heavily increased by pending economic and political problems, and that any necessary additional requirements be covered by allocations as occasion might arise.

There have been three subsequent committee meetings; two were held in San Francisco at California Medical Association headquarters, and one at Los Angeles.

Mr. Ross Marshall was selected as public relations counsel. This action was confirmed by the Council of the California Medical Association. Mr. Marshall devotes his entire time to public relations work. He maintains an office in San Francisco and one in Los Angeles. He works under the direction of the Committee Chairman and unsparingly devotes all the time required by this committee. He has proved efficient, has an unusual conception of our needs, is a good speaker, is coöperative, and possesses a very amicable relationship with the California Newspapers and Publishers' Association, which he has continued since his connection with this committee.

---

* Ross Marshall, Counsel on Public Relations.

The first task that confronted the Committee was the Chiropractic Initiative, which appeared on the November 8, 1939, ballot. The work was well organized. The sum of $13,040.58 was allotted to defray the expenses of that campaign. It was so well executed by Ben Read of the Public Health League, in coöperation with Ross Marshall of our committee, that excellent results were obtained with the expenditure of $11,369.25. The Committee points with pardonable pride that the proposition was defeated by a two to one vote. Public officials were educated through the medium of radio broadcasting, campaign speeches, editorials, and by endorsements of organizations in opposition to the Chiropractic Initiative. More than three hundred editorials were clipped from California newspapers urging the public to vote "No" on the Chiropractic Initiative.

With that task out of the way, the Committee initiated and set up in coöperation with county units, further speakers' bureaus, to the extent that thirty-eight out of forty of the county associations have secretaries of speakers' bureaus to carry on the work. Forty-seven approved speeches were mimeographed and placed at the disposal of these secretaries on the subject of "Voluntary versus Compulsory Health Insurance."

Arrangements were made with the State Department of Education to submit a list of doctor-speakers to appear before Adult Education Discussion Forums in California high schools to speak on voluntary medical plans as opposed to compulsory plans, as well as any general medical topics of interest, the Committee agreeing to pay actual traveling expenses for speakers.

Two bulletins have been issued to the members of the California Medical Association in an effort to keep the membership informed of the progress of the work. One of these carried the request that members, wherever possible give their professional printing to their local newspapers maintaining printing plants, and as an indication of appreciation of this request the California Newspaper Publishers' Association reprinted the item in its confidential bulletin to its members.

The Committee, with the sanction of the Council, devised plans for an annual essay contest for students in the California high schools and first-year students of junior colleges, with the coöperation of the California State Department of Education, subjects as may be designated by the Committee. A first prize of $50, second prize of $25, and $10 for a third will be offered. This should stimulate a great deal of interest in the English Department of the schools, as well as a favorable responsive interest on the part of the parents.

Doctor Griggs, physician at the Scripp, Claremont, and Pomona colleges at Pomona, directed the Committee's attention to the fact that many students upon entering college were uninformed as to the proper relationship between the scientific practice of medicine and the various cults. As a result of this information, $100 worth of pamphlets containing proper information were placed at the disposal of students in the above-named colleges. If this experiment over a period of three months proves to be successful, it is hoped that this influence may be extended by the same method to other California colleges. The schools of higher education were also checked as to distribution of the magazine *Hygeia*. It was found that all but ten were already subscribers. The Committee sent the libraries of the remaining of those ten who were not already receiving it, an annual subscription for which we were charged but 50 per cent. A subcommittee of this committee was appointed to select and recommend books on medical and health subjects to be placed in the public libraries in California.

The Committee has been represented by our public relations counsel on the programs of the following county medical societies: Butte, Kern, Monterey, Orange, Riverside, San Bernardino, San Francisco, San Joaquin, San Mateo, Solano, Stanislaus, Yolo-Colusa-Glenn, Tulare, Ventura, and Imperial. The Committee has always been represented at all meetings of the Council of the California Medical Association and has always enjoyed the full coöperation of the Council in the endeavor to make the work of the Committee successful. Some errors may have been made, but it is felt they have been greatly offset by the contribution made to a better understanding among the members of the California Medical Association and in fulfilling the policy of the Committee in general.

As chairman of the Committee I wish to acknowledge my gratitude to the members of the Committee for their industry and devotion to the cause. Meetings have been attended at times with considerable personal sacrifice. I have had the most excellent coöperation from our Association secretary, Doctor Kress, who has been efficient and prompt in answering letters, questions, and paying bills. To him I express my appreciation.

FINANCIAL STATEMENT

(As of April 1, 1940)

Total amount of special assessment moneys received	$49,597.00
Total amount of California Public Health Education expenditures to date	$21,723.21
Balance on hand	$27,873.79

Respectfully submitted,

Frank R. Makinson, *Chairman*.

COMMITTEE ON SURVEY OF ASSOCIATION OFFICES

Executive Group

Elbridge J. Best, Chairman
George D. Maner Dewey R. Powell

To the President and the House of Delegates:

Following the instructions in the resolution passed by the House of Delegates at the annual session in Del Monte, 1939, your Speaker of the House appointed this committee.

The members of the Committee took seriously the obligation placed upon them by the House of Delegates and studied in great detail the activities of the secretarial office, the editorial office, and the Department of Public Relations.

In gathering data, drawing conclusions, and writing the report, the Committee has insisted upon accuracy, has excluded any question of personalities, and has aimed to uncover any information that will lead to the possibility of greater economy and increased efficiency of the California Medical Association.

This Committee submitted this report to the Council at the October meeting according to the spirit of the resolution creating this committee. The report as written by your Committee, and published in the "Pre-Convention Bulletin," is humbly submitted, hoping its contents will aid the House of Delegates and the Council in making such decisions as will increase the efficiency and service of the California Medical Association.

Respectfully submitted,

Elbridge J. Best, *Chairman*.

* * *

Report on Study of Secretarial, Editorial, and Public Relations Divisions

The House of Delegates of the California Medical Association at the 1939 session, authorized this committee be appointed to study, constructively, the functioning of the secretarial and editorial offices and the public relations division. Previously the House adopted the Reference Committee's report on the Treasurer's report which contained the following "We look with alarm at the increasing expense of the Society each year" and "A committee be appointed . . . to carefully review the status of California and Western Medicine with a view of placing it on a more business-like basis."

Your duly appointed committee understood its functions were to study the three departments first, to determine the possibility of decreasing the costs, and second, to discover any means for increasing the efficiency of these departments.

Every member appreciates the fact that the California Medical Association is a large organization. From such a large membership come many demands. There must be proper files and records. Beyond the regular activities connected with the annual meeting, the House of Delegates and special committee proceedings and council meetings, there are an ever increasing number of activities connected with members, and others dealing with adverse legislation and initiative measures, government activities and demands and innumerable other functions. This Association in California may be called the "watch dog" in protecting the science and the art of medicine for the benefit to the sick and increased efficiency of the doctor of medicine and of the public health of the State.

THE SECRETARIAL DIVISION

The Secretarial Office is in the charge of a secretary appointed by the Council. His present activities consist of reviewing all incoming and outgoing mail; interviewing physicians and others wishing to transact business with the Central Office; working on plans for special activities, such as, California Physicians' Service, special election problems and legislative activities; arranging details of commercial and scientific exhibits and other arrangements for the Annual Session; mapping the scientific program and the postgraduate activities. He is Director of the Department of Public Relations and Secretary of the Committee of Public Relations and a member of the Committee on History and ex officio of all committees. He attends all Council meetings and visits nearly all component county societies. The Secretary is also the Association Treasurer.

The Secretary has five office assistants. Duties generally are as follows:

No. 1. Handles the minutes of the California Medical Association, Trustees of the California Medical Association and Committee on Public Relations. She keeps record books and files of these organizations. She takes the Secretary's dictation, gathers records, handles placement bureau, does mimeograph work, is in charge of the office during the absence of the Secretary and acts as stenographer, etc., at the Annual Session. Salary, $185 per month.

No. 2. Keeps the books for the California Medical Association, Trustees of the California Medical Association, Social Security and Unemployment Reserve Taxes and California Medical Association Special Assessment Fund. She makes bank deposits, makes financial statements, attends to records of members and prospective members, makes out checks for bills, etc., and keeps the books, etc., for California and Western Medicine. Salary, $185 per month.

No. 3. Keeps the books for the Medical Society of the State of California and its records and cares for most of the details of California and Western Medicine. Salary, $185 per month.

No. 4. Is receptionist, answers telephone, takes dictation, does mimeographing and assists in filing, etc. Salary, $120 per month.

No. 5. Is occupied similarly to No. 4. Salary, $100 per month.

The secretarial office at 450 Sutter Street, San Francisco, consists of 1,206 square feet plus a basement store-room of 54 square feet and an extra 200 square feet (Room No. 2040). The rental is $3,425 a year on a month to month basis.

Probably cheaper quarters could be secured, or more space secured elsewhere for the same rental. However, there is a certain standard and prestige to be maintained by the Association. The large room does provide for the several committee meetings and thus is a convenience to files at these meetings, etc., and is a savings in that quarters do not have to be provided for or rented in hotels or elsewhere for these committee meetings. The present location is central and is well known to the membership throughout the State and it is questionable whether the small saving obtained by changing headquarters location would be of advantage to the Association.

At present there is no lease or contract. The Association rents on a month to month basis, the previous five-year lease having expired February 28, 1939.

Since this committee is empowered to make a survey of the Secretary's Office, it may be of interest to mention some of the items falling within necessary office operating expenses:

1. Postage: The budget allowance for 1939 was $750. We note that as of July 31, there was an over-expenditure of $19.66 above the allocated $750, and as of December 31, there was an over-expenditure of $232.35. It seems that postage costs may be too great as compared with previous years and that some savings could be instituted by decreasing the number of multiple copies of letters, copies to various officers and committee members and by restricting air mail and special delivery services to absolutely necessary items. Incidentally this may have a direct bearing upon the stenographic force, in that we notice that a considerable part of one stenographer's time has been devoted to the making of multiple copies of various letters, articles, etc., which are stored away with the idea that some time in the future it may be necessary to mail them to some officer or committeeman. Total approximated postage cost for 1939, $1,278, exclusive of mailing costs for California and Western Medicine, but including amounts charged up to Committee on Postgraduate Activities, Public Relations, etc. In 1937 postage costs were $461; in 1938, $765, and in 1939, $1,278.

2. Telephone and Telegraph: The budget allocation for this item is $750. On July 31 the balance was only $166.81 and as of December 31, there was an over-expenditure of $24.55 above the budget allocation. In comparison with past years the amount of $750 should be sufficient and we feel that possibly some slight economy could be instituted in this item.

3. Office Supplies: This item includes adding machine inspection and repairs; bond indemnities, carfare, furniture moving, workmen's compensation and fire and office equipment insurance, messenger service, notary fees, typewriter inspection and repairs and the like. Budget allowance of $500. As of July 31, there was a deficit of $265.65, whereas, on the same date for 1938, there was a balance of $163.86. On December 31, 1939, there was an over-expenditure of $122.90. (Financial statements show variable figures for expenditures on this item No. 3. On July 31, 1939, the deficit was listed as $265.65; on September 30 as $364.15, but on October 31 was only $87.69, and the December 31 statement lists the deficit as $122.90.)

It is questionable as to whether any great savings excepting in postage and stationery can be made in these items, as with the change in times and increasing activities, postage, office supplies and stationery will always be an appreciable item. It seems that the budget allowances, however, are ample, and we suggest that all expenditures along these lines be carefully watched so that the cost may be reduced and that duplicate or multiple copying and mailing of unnecessary material be minimized, so as to conserve stenographers' time and reduce mailing costs.

There is another item which we feel should be considered by the Council, although it may not be within the province of this committee to make recommendations, and that is the question of donations to medical libraries. For the past several years, it has been the custom to allocate 25 cents of each membership dues to the Library Donation Fund, and of this, 12½ cents is given each to the Barlow Medical Library and to the Lane Medical Library. The budget for 1939 provided $1,475 for this item, but we notice that as of December 31, 1939, a total of $3,114.50 has been donated. Some study should be made as to the eventual disposition of this money, as it appears that out of the 6,000 members of the California Medical Association, only about 3,200, namely, those resident in Los Angeles and San Francisco counties, benefit mostly from this fund. In the past years, it has been the custom for the Secretary's Office to forward various books which are received in his office for review purposes to the secretaries of the several component county societies for review and then to become the property of that county society afterwards.

Salaries: The budget allocated for 1939 for the Secretary and his office force, $17,285 (editor's salary of $4,000 not included in this figure). This is divided as follows:

Secretary-Treasurer and Director of Public Relations	$8,000.00
For clerical force	9,285.00

This appears to be a rather high figure and that the monies expended are possibly greater than the value received. We note that one employee, No. 1, receives $185 per month and that with her manifold duties and the way in which she efficiently handles her part of the work, she may be deserving of this figure. We also note that another employee, namely, No. 2, is elderly, while No. 3 is of middle age, and that they each receive $185 per month. These two individuals have been in the employ of the Association for some eighteen or more years and have given loyally of their services. This Association might wisely pension one of these employees, as a token of appreciation of the years of loyal service. The question of the office personnel has been the subject of several previous surveys and as a result of one, about two years ago an annuity insurance plan was put into effect by which the Association assumed half of the premium cost and the employee the other half.

DEPARTMENT OF PUBLIC RELATIONS

As this special committee is also empowered to study and report upon the Director of Public Relations, which also involves the Department of Public Relations and the Committee on Public Relations and which at the present time is included within the office of the Secretary-Treasurer, we feel that all three should be considered as a whole.

The Committee on Public Relations, when first created in 1931 by resolution of the House of Delegates, did yeoman service regarding the problems submitted to it by the Council and House. With changing times and points of view the functions of this committee now seem duplicated by those of other committees, especially the Committee on Public Education, namely to formulate a definite program for the dissemination of information to the public, as it may concern the medical profession in all of its phases.

A search through the minutes of the Council and the House of Delegates relative to the creation of the Committee on Public Relations, the Public Relations Department and its Director fail to disclose any definite duties or sustained program which has either been recommended or embarked upon towards educating the public as to the needs, value of and scientific achievements of the profession. The present set-up as regards the appointment and the composition of the Committee on Public Relations and the Department of Public Relations is unfortunate in that the By-Laws provide that the Committee shall consist of the Chairman of several specifically designated committees and the Department of Public Relations shall be made up of certain designated committees.

In the earlier years before the matter of Public Education was deemed necessary, when the activities of the Committee were devoted to the study of medical service and insurance plans and problems and the like, the composition of the Committee and Department may have been considered as satisfactory, but as the matter stands at present, individuals who by training, contacts and temperament may be qualified to ably serve, are automatically barred from serving on the Committee by the By-Laws. This section of the By-Laws should be rescinded or amended so that properly fitted members may be selected to serve, or else its name should be changed so that it may continue to study certain problems assigned to it without implying that its main function is that of public education and the like.

For the past several years the title of "Director of Public Relations" has been a meaningless one. During Doctor Dickie's tenure of office some efforts toward formulating a program were instituted, but like so many well meaning, but not clearly conceived and conclusively thought-out plans, the activities have been unproductive, negligible and not really within the scope of Public Relations.

It seems that neither Doctor Warnshuis nor the present incumbent as Director of Public Relations has produced or formulated any constructive program of Public Relations or educational activity. We may say that unfortunately the California Medical Association has been derelict in its responsibilities along this line, as evidenced by the sentiment at the last House of Delegates meeting, at which several resolutions dealing with this subject were introduced, and also by comparison with the programs formulated and in operation in Michigan, Illinois, Ohio, New York, Wisconsin and many other states.

In the 1939 budget, $3,000 was allocated for the Department of Public Relations. We note that as of December 31, there is an unexpended balance of $1,295.55 and that the 1940 budget allocated $1,000 for the Department. The greater part of the monies expended are for traveling expenses for the Committee of Public Relations which during the past several months has met several times during which a proposed bill for a Basic Science Initiative Act was drafted and formulated and studies on medical defense insurance and other matters were inaugurated.

In view of the fact that the House of Delegates at its last session created a special Committee on Public Education and also passed a special assessment to provide funds for the functioning of this committee, we suggest that a proportion of the monies set aside for the Department of Public Relations either be returned to the general fund or that the allowance of $1,000 be withheld from the 1940 budget and that either the Council or the House of Delegates at its next meeting consider ways and means of setting up a continued and definite program of Public Education or Relations.

RECOMMENDATIONS RELATIVE TO SECRETARIAL AND PUBLIC RELATIONS DIVISIONS

An organization such as the California Medical Association with such widespread activities cannot properly function as a one-man office, but should be departmentalized and definite responsibilities and duties be delegated to competent assistants, well trained and temperamentally qualified for their particular duties. The Secretary never formulates policies but simply executes certain policies and principles laid down from time to time by the House of Delegates and/or the Council in the interim between the House of Delegate's meetings. His duties in that regard are wholly those of an executive or administrative officer, responsible directly to the Council and the House of Delegates. It is not necessary that he should be a physician, and, in fact, several states, namely, Ohio, Wisconsin and others, use qualified laymen in that capacity. In our opinion, a secretary of a large state medical association to efficiently discharge his responsibilities cannot remain at his desk, spending the greater part of his time with the minutiae of office routine. The office work should be so arranged that he may be absent from his desk for probably 40 to 50 per cent of his time, taking care of organization matters, matters of public policy, conferring with various local and state bureau officials, participating in certain legislative or educational activities, serving as a field secretary, contacting the several component societies, supervising or at least making it a point to see that programs formulated by various committees or the Council are executed, be responsible through his several assistants for the office routine and correspondence, and possibly serve either himself or through one of his assistants as the managing or business editor of the official publication, and also to aid in the editorial policy and to furnish copy for matters of information to the membership for the publication.

We herewith present for your consideration a set-up which we feel would result in a more efficient and probably more economic functioning of the Association headquarters:

1. Executive or Administrative Secretary: Duties in general are outlined above.

2. Assistant Executive or Administrative Secretary: Duties in general would be those of an office manager or managing director. Of course, he could assume some of the duties as outlined above for the Secretary, but it would be in a way his prime responsibility to see that the office functioned properly, by relieving the Secretary of many of the details of office routine. He could aid the Scientific or Medical Editor in arranging the advertising copy and other copy for the publication, and thus assume the duties of the Managing Editor, or Business Manager of the Official Publication. Also if he were qualified, and it would be desirable to have one so qualified, to take over the responsibility for the Public Education or Public Policy Program, by working with, coördinating and aiding in the execution of the program of the committee so designated.

3. Membership Secretary or Clerk: Duties would be to take complete charge of the membership file and roster, to handle all correspondence and inquiries from the component county societies relative to members, dues and address changes, the compilation of the directory, and the like. The bookkeeping duties relative to membership could be reduced to a minimum amount. This individual could easily handle this and possibly all of the necessary bookkeeping for the Association.

4. Private Secretary to the Executive Secretary, Chief Office Clerk or some such similar name: Duties would be primarily to take care of all correspondence relative to matters of policy and organization activities, to record Council, House of Delegates and various committee minutes, and to be responsible for the important files relative to these bodies.

5. Two or more stenographers if necessary: Duties need not be outlined. One could serve as telephone girl, receptionist, etc.

6. Editorial Staff: This will be covered in more detail in the report on the Editor of the Journal, but in as much as with our recommendations, there is an interlinking of duties it is included in this portion of the report—

(a) The Managing Editor, or the Business Manager could possibly be either the Secretary or the Assistant Secretary. The duties of this individual are that he would be responsible for the financial management, for the advertising accounts, for securing proper advertising copy, arranging and reassembling it from month to month so as to curtail and limit the number of pages, to handle all correspondence relative to advertisements, and to be responsible for circulation details and all the actual details of production.

(b) The Scientific or Medical Editor, whose responsibility would be primarily for the character and type of scientific matter.

7. Public Relations Department: Various names could be applied, such as "Bureau of Public Education," "Department of Public Policy," "Public Enlightenment on all Medical Matters," etc. In many state associations, these activities are correlated, promulgated and executed by either the Secretary or Assistant Secretary, depending upon his capabilities or temperament. We are of the opinion that it should be carried on through the Secretary's Office, either under his personal supervision or his assistant, working from policies laid down from time to time by the Council, the House of Delegates or duly appointed committees empowered to so formulate policies. The Director of this Department should handle all details in connection with public relations, through news releases, radio, speakers' bureaus and preparation of literature or pamphlets for public distribution, and the accumulation of data concerning medical economics.

We find in certain states the budgets for salary of personnel, traveling expenses, and the like for Public Relations activities vary considerably, but in general they range from $6,000 to $14,000.

This proposed set-up is rather general, but it appears to your committee to be at least for purposes of presentation, one from which some concrete constructive program may be formulated. It is not radically different in essentials from the present set-up. Certain duties and responsibilities may dovetail, and likewise they may be reduplication of duties. It is our opinion that some changes patterned after the above recommendations will aid in a more economic and efficient conduct of the office of Secretary-Treasurer and Director of Public Relations of the California Medical Association. We are also of the opinion that the office of Treasurer should be continued within the office of Secretary.

It seems that the duties of employees No. 2 and No. 3 could be carried on more efficiently by younger and more flexible individuals. It is unfortunate that the annuity or retirement plan was not worked out years ago so that these employees could materially benefit from it. The present annuity which one of these employees carries has been in force for only two years and the income from it would be small. It is with reluctance that we recommend that the services of these two individuals be dispensed with, but we feel that it should be done in the interest of efficiency and economy, and that some plan be produced whereby they could be pensioned and the cost to be borne by the Association. Their combined duties could be performed by perhaps one individual. If these employees were pensioned at $50 or $75 a month, with the present salary allowed for their combined duties ($370), there would be still sufficient funds left for the employment of one or perhaps two younger individuals.

We find that in other state associations, the salary for the executive secretary ranges from $6,000 to $9,000 and the assistant secretary from $4,200 to $4,800 per annum. In Ohio, the budget allows $22,640 for an executive secretary, assistant executive secretary, director of Bureau of Public Education, membership secretary and three stenographers. This figure also includes approximately $1,400 for traveling expenses incidental to the activities of the above mentioned officers. In our own State Association our 1939 budget for salaries was $21,285, divided as follows: Secretary-Treasurer and Director of Public Relations, $8,000; Editor of the JOURNAL, $4,000, and clerical salaries, $9,285. We feel that $12,000 per annum should provide for an Executive Secretary and an Assistant Executive Secretary, and that the $9,285 allocated for clerical salaries should amply provide for employees No. 1, No. 4 and No. 5, and one, or possibly two, individuals to replace No. 2 and No. 3, and still provide a pension of $50 a month each for No. 2 and No. 3.

REPORT ON THE EDITORIAL DIVISION

The official publication, CALIFORNIA AND WESTERN MEDICINE, is in the charge of an Editor who selects the material, plans the set-up, does the proof-reading and has one assistant in the office who attends to many details. The JOURNAL is published by The James H. Barry Company of San Francisco. Although the Editor's salary is at present included with the Secretary's, from a breakdown of the budget figures, it may be assumed to be $4,000 per year for purposes of this survey.

The present contract for printing CALIFORNIA AND WESTERN MEDICINE with The James H. Barry Company is as follows:

Base price 6,000 copies		Cost of extra 100 copies	
	Base	Monthly	Annually
Issue 112 page book	$1,638.00	$19.80	$237.60
120 page book	1,723.50	21.60	259.20
128 page book	1,811.00	23.60	283.20
136 page book	1.901.50	25.60	307.20
144 page book	2.052.50	26.55	318.60

Price includes wrapping for mailing and wrappers, but not postal charges.

An analysis of twelve consecutive issues, from June, 1938, to May, 1939, shows the following monthly averages:

			Pages
Number of copies	6,787		
Total pages per copy	130¾	Scientific Test	44¾
Text pages per copy	82 divided as	Editorial	4⅓
		C. M. A.	15
		Miscellany	18
		Total	82
Advertising pages	49		
Filler pages	4⅕	(Reference Chart A)	

During this period there appeared 535 pages of scientific text covering 92 papers presented at the annual meeting in 1938 in Pasadena. Over the same period there was a total of 984 text pages divided as follows: 535 pages devoted to scientific papers, 180 pages to California Medical Association activities, 217 pages to miscellany, and 52 pages to editorials. As of date of the 1939 Pre-Convention Supplement, there were 22 papers presented at the 1938 meeting, in the files, awaiting publication, whereas during the year 217 of the available text pages were used for miscellany, history, abstracts, etc. (Reference Chart A.)

In looking over the cost of the same twelve consecutive issues one's attention is called to several items:

Cost of extra folios	$1,516.00
Cost of author's corrections	659.30
Cost of 6 point type and tabular matter	889.20
Cost of extra copies above base 6,000	2,276.50
A total of	$5,341.00

We may presume that the above extra charges are indicated and justified and well worth the cost. But, it should be remembered that they are variable charges and vary from time to time and are over and above the base figure for printing.

The number of extra text folios, that is, the number of pages above the 112 pages per copy, has ranged from the base figure of 112 to 152 during 1938 and likewise the number of copies printed per month has varied from 6,450 to 7,150 with an average of 6,787 (average of 787 copies above the base of 6,000).

In 1938 there was an increase of 5,255 in the total number of copies printed over 1937. During the same period the net gain in membership was 132, so, 1,584 copies would have been the normal increase in number of copies for membership gain. Many of these extra copies, of course, are necessary; that is, complimentary copies to advertisers, to prospective purchasers of booth space at the annual meeting and it should be remembered that during the past few years, copies have been sent to each member of the House of Delegates of the American Medical Association.

We note the amounts paid as advertising commissions to Mr. Flynn and to the Coöperative Advertising Bureau. The usual percentage of 25 per cent is paid to both agencies. Last year Mr. Flynn was paid $1,679.79 and the Coöperative Advertising Bureau was paid $3,170.72, less $1,233.76 as dividends, or $1,996.96 was paid directly to the Bureau; the total for both amounting to $3,676.75.

On an average, we note that Mr. Flynn's contracts total 8 pages of space and the Coöperative Advertising Bureau 28½ pages of space, on all of which 25 per cent commissions were paid. (Reference Chart C.)

It appears that the amount of money paid to Mr. Flynn is out of proportion to that paid the Coöperative Advertising Bureau for advertising copy. Mr. Flynn handles only the local advertising material. With an active managing editor these local contracts could be handled by him, that is, of course, at the expiration of the existing contracts.

One of the resolutions introduced at the House of Delegates, suggested the possibility of a volume to be published annually, containing the scientific papers presented during the session, and in addition a monthly bulletin containing only advertising matter and organization information.

With this in mind your committee thought it would be of interest to break down the production costs of the volumes as embodied in this proposal and present herewith the following data:

A survey of twelve consecutive issues of California and Western Medicine, from May, 1938, to and including April, 1939, shows 546 pages of scientific text matter incorporating 92 papers presented at the Pasadena meeting. If these 546 pages were reduced to 9½ by 6½ inches in size, the same subject matter would occupy 896 pages. (Reference Chart B.)

An estimate of production costs of such a volume, in style similar to a textbook, containing no advertising matter and based on present printing cost of base of 6,000 copies is: Printing, $12,000; postage and mailing $1,100, or a total of $13,100. Extras, such as tabular matter, plates, proof correction cost, etc., cannot be accurately determined, but, on the basis of these extras as charged against 546 pages mentioned above, it would approximate $1,500 to $1,600.

Monthly bulletin costs with the base figure of 6,000 copies would be as follows:

Size as Pre-Convention Bulletin	Monthly	Annually
Issue of 16 pages and cover	$ 450.00	$ 5,400.00
Issue of 32 pages and cover	710.00	8,520.00
Issue of 48 pages and cover	1,000.00	12,000.00

Mailing costs would be $1,000 to $1,600 annually, depending upon second or third class carriage.

California and Western Medicine, in the above-mentioned twelve consecutive issues, carried an average of 49 pages of advertising matter out of an average total of 130¾ pages per issue.

Presuming for the same advertising space of 49 pages and allowing for 15 to 20 pages devoted to editorial matter, organization material, council minutes, etc., it would necessitate a 65 to 70-page bulletin. The base price per 6,000 copies for a 64-page bulletin is estimated at about $1,310 per month, or $15,720 annually. Then the cost would be as follows: Annual volume: Printing, $12,000; mailing, $1,100; extras, $1,500. Monthly bulletin for a 64-page book: Printing and binding, $15,720; postage, $1,200; extras, $1,000. (Reference Chart B.)

The estimated printing costs of the annual volume and monthly bulletin would be $32,520 as compared with the present printing cost of $26,299.

It must be anticipated that on occasions the size of this bulletin may be increased or the number of copies printed per month increased, both at extra cost above the base price.

These production cost figures were obtained from The James H. Barry Company. (Chart B.)

With any radical change in type or character of any publication the possibility of loss of advertising revenue must be considered and this would automatically reduce the number of pages in the bulletin to some extent, for comparative purposes, let us say to 48 pages. Then, the annual printing cost for the proposed bulletin would possibly be reduced to an approximate figure of $14,200 with, of course, a proportionate or even greater loss of advertising revenue.

The advertising income as of the year 1938 was $24,398. For the last four years the printing costs and advertising income of California and Western Medicine paralleled each other as follows:

	1939	1938	1937	1936
Advertising Income	$25.041.71	$24.398.00	$26,645.00	$27,849.00
Printing Costs	27.308-78	26,299.00	24,459.00	25,365.00

In case of an annual volume and monthly bulletin it appears that the printing cost would exceed the present advertising income by at least $8,000, provided the present advertising income did not decrease. If there should be a loss in advertising pages amounting to a 12-page reduction, or approximately one-fourth the number of the present average total advertising pages, the income from advertising would be reduced by $4,000 to $5,000.

It must be remembered that other expenditures, such as editor's and clerical salary, advertising commissions, sales tax, miscellaneous expense, discounts, collection expenses,

	California and Western Medicine	Illinois	Pennsylvania	Texas
Printing cost per page	$ 16.76	$ 8.00	$ 14.20	$ 20.85
Advertising income	24,398.00	21,000.00	11,004.00	17,177.00
Total printing cost	26.299.00	10,000.00	21,518.00	14.322.00
Average number of pages per issue	130	128	138	121
Average number of text pages	82	90	118	76
Average number of advertising pages	49	36	20	45
Estimated cost per single copy	17c	15c	20c	50c
Number of copies printed each month (average)	6,787	8,350	10,042	4,772
Number of members	6,132	7,800	9,010	4,200
Members dues allocated as subscription	$ 3.00	$ 7.00	$ 3.00	$ 2.22
Editor's annual salary	$ 4,000.00	$ 4,000.00	$ 3,600.00	$ 8,000.00
Managing Editor's salary	....	1,800.00	4,500.00	5,000.00
	$ 4,000.00	$ 5,800.00	$ 8,100.00	$13,000.00

(Reference Chart D)

etc., are not included in printing cost, and must be charged up in addition. Presuming that the editor's salary was reduced and even under the strictest economies these extra costs would approximate $6,000 per year for a monthly bulletin.

The estimated total cost (printing and production), then, for an annual volume and monthly bulletin, carrying 64 pages to provide for the present 48 pages of advertising and 16 pages of reading matter, would be about $47,064 annually, as based upon present publication cost figures.

For 1938, the total California and Western Medicine expenditures were $41,483. It is quite evident that no saving would be obtained by such a change, and it is highly probable that there would be some loss in advertising income.

For your informatin covering production costs and other data there is appended [above] a breakdown of figures as of one year covering California and Western Medicine, the Illinois, Pennsylvania, and Texas journals.

In an analysis of data relative to publication costs, we note with interest the following figures: [below]:

The average number of pages per issue of each parallel closely California and Western Medicine, but the printing costs vary, with California and Western Medicine rating highest by $4,781.

There was a wide range in the average number of copies printed per month and also a great variation in advertising income. We find California and Western Medicine with the highest printing costs and with next to the lowest number of copies printed per month, but with a comparable average number of pages printed per issue and with the highest advertising income and the highest number of advertising pages and lowest figure for editor's salary.

In computing costs, one must remember that the total production cost is considerably above the actual printing costs. Thus, for the year 1938, we find other expenditures, such as, editor's salary, $4,166.66; clerical salary, $2,312.50; advertising commissions, $3,198.11; wrapping and mailing, $1,346.32; illustrations, $425.45; supplies and postage, $750.56; discounts and collection expense, $112.37; sales tax (plus prior years), $2,616.20; and printing, $26,299.31, with total expenditures for publication, mailing, etc., of $41,483.32. In 1937 the total production costs were $40,414.35.

If the total number of pages in California and Western Medicine were decreased to the size of a 96 or 100-page book and kept at that number of pages by close cutting, rearranging monthly the advertising material and copy, omitting portions of certain items such as news clippings, American Medical Association, filler material, miscellany, author discussions, certain abstracts, etc., the cost could be pulled down, say for example, a base of 6,000 copies per issue to about an average of $1,550 a month instead of the present average of $2,185 per issue of 130 average pages with a 6,000 base. (Reference Chart E.)

By holding the publication to a fixed number of pages per month the cost of extra text folios would be considerably reduced and even dispensed with. New quotations or bids should be obtained for a base price of, say, 6,300 or 6,500 copies per issue so as to provide for the estimated net gain in membership subscription each year.

If we presume that the cost of authors' corrections and extra cost of 6 point type insertions and tabular matter continued as at present, that is $1,548.50, the estimated printing cost per year for a 96-page book should be about $20,148 as compared with $26,299 at present, or a saving of about $6,151.

The question arises that it may not be good policy to definitely fix the number of pages per issue. We feel that this is not impossible as printing costs are generally calculated upon increases of eight pages or multiples of eight pages and not upon single pages. Thus, if the dummy as made up carried 97 pages (since a 96-page book for purposes of study is considered) the managing editor should delete certain filler material and rearrange the advertising material and copy and pull it down to 96 pages, rather than adding seven additional pages so as to take care of one extra page.

A member of your committee has taken the August, 1939, issue and by revising and reassembling the advertising section was able to reduce the number of advertising pages from 53 to 36, with a saving of 17 pages in the advertising section, and in the text pages, by cutting and cropping and reassembling text matter, reduced the number of pages from 73 to 60. Thus, in this particular issue there could have been a saving of approximately 30 pages and the total number of pages reduced to 94 as compared with the original of 124 pages. To effect any saving in pages would necessitate the close supervision of a managing editor or director who would check these items each month and by using previous copies and pasting and cutting make up a sample dummy copy each month for guidance of the printer.

It is of interest to note that in the last several issues of California and Western Medicine the total number of pages has been reduced somewhat by reduction of text matter and to a degree by a slight reduction in filler material.

	California and Western Medicine	Illinois	Pennsylvania	Texas
Total printing costs	$26,299.00	$10,000.00	$21,518.00	$14,322.00
Average number of pages per issue	130	128	138	121
Number of copies per month	6,787	8,350	10,042	4,772
Total Editor's salary	$ 4,000.00	$ 5,800.00	$ 8,100.00	$13,000.00
Advertising income	$24,398.00	$21,000.00	$11,004.00	$17,177.00

The printing costs of CALIFORNIA AND WESTERN MEDICINE appear to be out of proportion with the total number of copies printed per month and the advertising income as compared with some other states, namely, Pennsylvania.

Your committee does not feel that the official publication can be made to carry itself financially under the present method of editing and publication. It is our opinion that certain economies can be instituted and this can be effected only by decreasing printing costs and extras, by reducing the number of pages per issue, by close supervision of make-up and eliminating wherever possible the use of tabular matter, extra type, cost of extra folios and extra copies.

We do not feel that the advertising income can be increased but on the other hand are of the opinion that the present advertising clientele should be carefully nurtured.

We are faced with the fact of mounting production costs and decreasing advertising income. In 1938 the cost of CALIFORNIA AND WESTERN MEDICINE to the Association, over and above advertising and subscription income, was $16,419.69 or, as expressed in terms of total production costs, was $41,483.32, constituting 37.3 per cent of the total expenditures of the California Medical Association ($110,951.23). Still again, the JOURNAL costs may be expressed as constituting 46.4 per cent of the total income of 1938 ($89,208.23).

If comparison should be made as of the seventh month (July 31, 1939), we find that CALIFORNIA AND WESTERN MEDICINE had expended $24,028 of its budget allowance of $35,700 (sales tax not included in either figures) or the equivalent of 67.3 per cent of its allotted budget figure.

For the year 1939 the total expenditures or cost of CALIFORNIA AND WESTERN HEDICINE was $40,870.93, whereas the total income of the California Medical Association was $102,337.13. The total production costs of $40,870.93 was $3,020.93 greater than the budget allowance of $37,850.

The cost of CALIFORNIA AND WESTERN MEDICINE can be computed in other ways it is true. We find for 1939 that the total production cost was $40,870.93 and that the income from advertising sales, subscriptions and reprint sales was $28,489.13, thus leaving a net cost to the Association of $11,381.80, a figure which compares with the net cost for 1938 of $10,165.79. With a membership in 1939 of 6,000 the net cost per member is $1.89. One may contend that with an arbitrary bookkeeping figure of $3 per member set aside as the subscription price that CALIFORNIA AND WESTERN MEDICINE is well within its limits as to costs.

Be that as it may, it is the responsibility of the Council and/or the House of Delegates to determine whether the official publication is worth the monies expended. It is your committee's opinion that the budget figures set for CALIFORNIA AND WESTERN MEDICINE have been set too high and that they should be lowered.

To your committee it appears that the large expenditure for CALIFORNIA AND WESTERN MEDICINE is out of proportion to its value to the Association. We grant that the value of, or asset of, the publication to the Association is something that is intangible and cannot be evaluated in terms of dollars and cents. Surely as a scientific publication it cannot be considered as worth the amount of money necessary to publish it.

Also it is questionable, as to whether as a medium for the dissemination of organizational and policy matters, medical economics subjects and other informative matter to the Association membership, it has served its purpose.

Its format and composition is attractive as State Association publications go.

The type of composition or character of the OFFICIAL JOURNAL of the Association is, of course, a subject of great difference of opinion. The question arises as to whether it should be:

1. A scientific publication, comparable to some few states or combined state association publications.

2. A specialty publication.

3. A bulletin type of periodical bearing editorials, comments and like matter pertaining to organization affairs and perhaps supplemented by an annual bound volume containing scientific papers, or

4. Whether a publication continued in policy and text content as at present.

A decision upon one of these four questions to a large degree would aid in computing cost ratios.

Your committee recommends that in regards to the Editorial Division of CALIFORNIA AND WESTERN MEDICINE, that there should be a managing or business editor who would assume the entire business management of the publication apart from the scientific portion, be directly responsible for the news, editorials and advertising sections of the JOURNAL, leaving the full responsibility for the scientific section to the scientific editor who must of necessity be a physician. The managing editor should preferably be the Executive Secretary and all the details excepting the actual printing should be cleared through the office of the Association under the supervision of the managing editor and the scientific editor. The managing editor may possibly be the Assistant Secretary but should always be under the immediate supervision of the Secretary of the Association and the Council.

We are of the opinion that the current system in vogue of publishing papers presented routinely at the annual sessions should be discontinued and that an editorial board or publications committee be formed which in collaboration with the medical editor would approve all scientific articles submitted and also select certain papers of merit presented at the annual sessions. The medical or scientific editor would be primarily responsible for the character and the type of the scientific articles published. The remuneration for the scientific editor should be nominal as it would not be a full-time job.

SUMMARY

Your committee from its survey is of the opinion that under the administrative set-up as presently constituted, no marked economy can be effected. A few dollars can be shaved off the budget here and there but it appears that we have an expensive and nonproductive organizational set-up which like Topsy "just grew up."

Secretarial Division.—There should be an Executive Secretary with an Assistant Executive Secretary, Membership Secretary or clerk, chief office clerk and two or more stenographers as may be needed, whose duties are outlined in general in the body of this report.

The present budget figures for combined salaries in the office, viz., $21,285 should be ample to pay for such a staff.

Editorial Division.—There should be a managing or business editor, combined with the duties of the Executive Secretary or Assistant Executive Secretary.

There should be a scientific or medical editor who in collaboration with an editorial board or publications committee would be responsible only for the scientific text.

Definite restrictions or limitations on the number of pages per issue should be fixed except under extraordinary circumstances and other economies instituted. New quotations or bids should be solicited in an effort to obtain a better base price for printing.

In regards to the Secretary-Treasurer and Editor, it may be advisable to amend Article X, Section 12, of the Constitution since this section states that "No person shall be eligible to the office of Secretary-Treasurer or Editor or Associate Editor who does not hold the degree of Doctor of Medicine. . . ." Also there is no provision in the Constitution by which a scientific editor could be appointed in contradistinction to a managing editor, unless the latter be considered as an associate editor.

Your committee is of the opinion that the Secretary or Managing Editor need not necessarily be a physician. Quite a few state associations employ lay executive secretaries who assume entire charge of the office and are responsible to the Council and/or the House of Delegates.

In the judgment of your committee it is advisable to completely reorganize the Secretary-Treasurer and Editor's office along the pattern as suggested in this report. It may be necessary to employ another executive secretary to replace the present incumbent, or to employ a capable assistant secretary who is suited by training and experience to aid the present incumbent in a reorganization of the office towards a more efficient, smoother running and more economical plane, to assume active business management of the OFFICIAL JOURNAL and in conjunction with the Committee on Public Education formulate some constructive public relations program.

Public Relations Department.—The duties of the Director of Public Relations should be a part of the duties of the Executive Secretary or some capable individual within his office suited by training and temperament for that type of work. He should work under instructions and from programs formulated by the duly appointed committees responsible to the House of Delegates or the Council.

The present section of the By-Laws relating to the Committee on Public Relations and the Department of Public Relations (Chapter V, Section 20 A and B) should be rescinded or amended so that individuals particularly suited may be appointed to the committee.

Serious consideration should be given to the question of instituting an active Public Relations Department since the recently created Committee on Public Education is empowered by House of Delegates resolution to function only for the current year and its continued existence as presently constituted is problematical.*

Respectfully submitted,
ELBRIDGE BEST, *Chairman*
GEORGE D. MANER
DEWEY POWELL

Tentative draft submitted to Council, October 6, 1939.
Completed report, February 17, 1940.

COMMITTEE ON LOCAL ARRANGEMENTS: ANNUAL SESSION AT CORONADO, MAY 6–9, 1940

Executive Group

Chester O. Tanner, Chairman
Alfred J. Cooper John T. Wells
Edwin H. Kelley Victor C. Bernardini
Association Secretary, ex officio

To the President and the House of Delegates:

Your Committee on Local Arrangements has coöperated with other committees providing entertainment, and hopes to present programs that will be enjoyed by all who attend the annual session at Coronado.

Announcements concerning arrangements for golfing, fishing and other sports will appear in the "Pre-Convention Bulletin" and on the bulletin boards.

We request members to consult us if it is thought we can be of service.

Respectfully submitted,
C. O. Tanner, *Chairman.*

COMMITTEE ON HOURS, PAY AND DUTIES OF MUNICIPAL, COUNTY, STATE AND FEDERAL MEDICAL EMPLOYEES

Executive Group

William C. Voorsanger, Chairman
L. A. Alesen Robert S. Kneeshaw

To the President and the House of Delegates:

This report segregates the pay, patient load, and hours of doctors working in Veteran Facilities of the United States Government, in state hospitals, and the personnel of counties such as San Francisco, Santa Clara, Alameda, Los Angeles, and San Diego. Conclusions are drawn in this report as to the adequacy of this compensation, and recommendations are made by the Committee for further study.

Respectfully submitted,
William C. Voorsanger, *Chairman.*

COMMITTEE ON SYPHILIS

Executive Group

Howard Morrow, Chairman
Charles W. Barnett William H. Goeckerman

To the President and the House of Delegates:

Advance in the control of syphilis continued last year under the program administered by the Bureau of Venereal Diseases, State Department of Public Health.

The most progressive step was the enactment of laws providing for prenatal tests for syphilis on all pregnant women and for premarital examinations and tests for syphilis. The laws became effective on September 19, 1939, and by the close of the year 23,684 premarital tests and 29,529 prenatal tests had been reported to the State Laboratory. Most of the premarital examinations were made by private physicians, who also drew the blood for most of the prenatal tests. Results of the tests were: prenatal, 1.66 per cent positive; premarital, 1.71 per cent positive.

There were 22,740 cases of syphilis reported to the State Department of Public Health during the year, as compared with 23,309 in 1938, 17,282 in 1937, and 11,725 in 1936.

At the close of 1939 there were 140 venereal disease clinics in the state operated by local health departments, state institutions, and private agencies. There were 580,588 treatments for syphilis given in clinics. New clinics were opened in San Francisco, Oakland, and in a number of smaller centers.

The office of full-time venereal disease control officer was established in the local health departments of San Francisco, Oakland, and San Diego, and arrangements were completed for the establishment of such an office in the Los Angeles City Health Department.

Through a coöperative arrangement with the Indian Service, treatment was provided Indians.

Sufficient antisyphilitic drugs for 414,673 treatments were distributed free to physicians in private practice and clinics by the State Department of Public Health.

Seven physicians and three nurses were given postgraduate training in venereal disease control through funds furnished by the Federal Government.

Pamphlets suggesting procedure under the premarital and prenatal laws were mailed all physicians in the state by the Bureau of Venereal Diseases. In addition, physicians were circularized regarding three pamphlets on the diagnosis, treatment and management of syphilis, which are distributed without charge by the Bureau. At the close of the year, arrangements were being completed for the showing of a film, "Syphilis: A Motion Picture Clinic," to several county medical societies.

Demand from the public for information concerning venereal diseases continued. During 1939 the State Department of Public Health distributed 330,778 pamphlets to the public and sponsored 553 lectures and film showings.

---

* References to Charts B, etc., refer to certain tables and exhibits which are not attached.

Figures were obtained from budget reports and the several financial reports of years mentioned.

Other data obtained from the Secretary's Office and The James H. Barry Company.

Newspapers in all sections of the state gave 24,328 column inches to venereal diseases as compared with 9,667 column inches in 1938.

Respectfully submitted,
Howard Morrow, *Chairman.*

COMMITTEE ON LIFE MEMBERSHIP PLAN

Executive Group

Robert A. Peers, Chairman
A. Bennett Cooke G. W. Walker

To the President and the House of Delegates:

Following the Del Monte meeting in 1939, Dr. Karl L. Schaupp, Chairman of the California Medical Association Council, appointed as the Committee on Life Membership, with the undersigned as chairman, together with Dr. G. W. Walker of Fresno and Dr. A. B. Cooke of Los Angeles.

Your committee met in Fresno in October. At that meeting various rules and regulations governing life membership were agreed upon by the Committee and forwarded to General Counsel Hartley Peart, who has prepared amendments incorporating the suggestions of your committee. These amendments will be presented to the House of Delegates at the Coronado session.

Respectfully submitted,
Robert A. Peers, *Chairman.*

COMMITTEE ON NEEDY MEMBERS

Executive Group

Axcel E. Anderson, Chairman
Elizabeth M. Hohl Robert A. Peers

To the President and the House of Delegates:

Your Committee on Needy Members, consisting of Doctors Robert A. Peers, Elizabeth Mason Hohl, and the undersigned, have had two meetings, and have decided on certain definite recommendations to the House of Delegates.

The Committee hopes to have the census of needy members completed before the annual session.

Certain proposed changes in the by-laws of the California Medical Association have been drafted by the Legal Department, which, if adopted by the House of Delegates, will enable the California Medical Association to set up the necessary organization to accumulate and distribute funds for the care of our needy members.

A more detailed report will be prepared for the House of Delegates.

Respectfully submitted,
A. E. Anderson, *Chairman.*

VI

REPORTS OF SECRETARIES OF SCIENTIFIC SECTIONS

SECTION ON GENERAL MEDICINE

William H. Barrow, Chairman
Russel V. Lee, Secretary

To the President and the House of Delegates:

This year the Section on Medicine is attempting to coöperate as fully as possible with the Council's policy in making all the meetings of a more general nature. With this in mind, we are assisting in the separation of the general meetings, and also choosing the material for the Section on General Medicine in such a way as to make it as interesting as possible for the widest variety of doctors.

For the Tuesday morning general meeting there will be three papers, Dr. E. H. Rynearson discussing very general aspects of endocrinology, Dr. R. R. Newell discussing the relationship of radiology to the doctors and to the world in general, and Dr. Ray Lyman Wilbur discussing certain of the sociological aspects of medicine under the subject of biological engineering. This morning will undoubtedly prove of very great and general interest. It will precede the usual clinical-pathological conference, which has proved so successful in the past. This conference will be conducted by Dr. Arthur L. Bloomfield, who is the professor of medicine at Stanford Medical School.

The Monday afternoon session of the Section on General Medicine will be a symposium on convulsive states, to which contributions are being made by pediatricians, obstetricians, neurologists, neurosurgeons, and psychiatrists to make one coherent presentation of a very interesting subject and one in which a great deal of interest has recently been shown.

The only other meeting of the Section on General Medicine will present a number of papers which will probably be of interest to a great many people outside the Section on General Medicine. This Section has looked with favor on the policy of having fewer technical and narrow section meetings and more general meetings. We believe in the policy of having the more specialized papers presented before special societies rather than sections of the State meeting, and we are trying to make this new presentation before the annual session a success.

Respectfully submitted,
Russel V. Lee, *Secretary.*

SECTION ON GENERAL SURGERY

Clarence E. Rees, Chairman
Frederick S. Foote, Secretary
Frank J. Breslin, Assistant Secretary

To the President and the House of Delegates:

The Section on General Surgery, through its officers, has attempted to modify the program for May 6 to 10 in such a manner as to make it of most interest to the general surgeon and the general practitioner. Papers with broad application have been selected at the expense of those on highly specialized subjects.

The Section on General Surgery has given up its two regular morning sessions in order to take part in general meetings, at which new developments in surgery and its allied specialties will be presented. Men who have an active part in these advances have been selected for guest speakers.

An extra session of the Section on General Surgery has been planned for Thursday afternoon, making three in all, so as to provide additional time for the presentation of individual essays.

Respectfully submitted,
Frederick S. Foote, *Secretary.*

SECTION ON OBSTETRICS AND GYNECOLOGY

John N. Ewer, Chairman
C. F. Fluhmann, Secretary
William Benbow Thompson, Vice-Chairman

To the President and the House of Delegates:

In planning for this year's meeting, attention has been directed to the recommendation of the Committee on Scientific Work, and all the papers are of general interest instead of appealing merely to a small group of specialists. The first meeting is devoted to a symposium on anesthesia and analgesia in obstetrics, a subject which is of vital significance in view of the interest aroused among the laity by recent articles in popular magazines. On Wednesday afternoon all the papers but one are on gynecologic problems. One deals with the question of treatment of retrodisplacements of the uterus in the light of modern conservative opinion. Another discusses a synthetic estrogenic hormone, stilboestrol, which as yet is not available commercially in this country, but probably will be in the near future. The Chairman's address will be given at this time, and two additional papers will take up questions that require frequent consideration in general practice.

Respectfully submitted,
C. F. Fluhmann, *Secretary.*

SECTION ON EYE, EAR, NOSE, AND THROAT

Dewey R. Powell, Chairman
Harry J. Wiley, Secretary
Warren D. Horner, Vice-Chairman

To the President and the House of Delegates:

It is the intention of the Eye, Ear, Nose, and Throat Section to present a program each year of such high type that it will prove both interesting and educational. One of our aims is to bring out the latest and best that has transpired in our specialty during the year. This year's program is of that nature.

The offer of papers by the leading men of our Section has been very gratifying. We were only sorry that we could not use all that were offered, and hope to be able to use the surplus next year.

Respectfully submitted,
Harry J. Wiley, *Secretary.*

SECTION ON DERMATOLOGY AND SYPHILOLOGY

Nelson Paul Anderson, Chairman
Julius R. Scholtz, Secretary
Frederick G. Novy, Jr., Vice-Chairman

To the President and the House of Delegates:

The meeting will be highlighted by a joint session with the Section on Pediatrics, for which a program of great interest has been arranged. A symposium on "Eczema of Infancy and Early Childhood" will be presented by outstanding men in their respective fields. It is the purpose of this symposium to approach the problem from a comprehensive and practical point of view. The single session devoted to dermatologic subjects will present a number of excellent contributions of original investigative work.

Respectfully submitted,
Julius R. Scholtz, *Secretary.*

SECTION ON PATHOLOGY AND BACTERIOLOGY

Paul H. Guttman, Chairman
Roy W. Hammack, Secretary
John W. Budd, Assistant Secretary

To the President and the House of Delegates:

The program of the Section on Pathology and Bacteriology this year includes papers on pathological anatomy, clinical pathology, and cancer research. These presentations should be of interest not only to the members of the Section, but to members of other sections, particularly the Section on General Medicine and the Section on General Surgery. This year only one section meeting is scheduled.

Most of the members of the Section on Pathology and Bacteriology participate in the tumor conferences of the Cancer Commission, held the day before the opening of the meeting of the California Medical Association.

Respectfully submitted,
Roy W. Hammack, *Secretary.*

SECTION ON PEDIATRICS

Hartzell H. Ray, Chairman
W. W. Belford, Secretary
John J. Miller, Assistant Secretary

To the President and the House of Delegates:

The pediatric program has been completed and abstracts have been forwarded.

Four papers will be given. The second meeting of the Section will be held with the Section on Dermatology. The section programs give detailed information.

Respectfully submitted,
W. W. Belford, *Secretary.*

SECTION ON RADIOLOGY

Robert R. Newell, Chairman
Carl D. Benninghoven, Secretary
Ray A. Carter, Assistant Secretary

To the President and the House of Delegates:

The Section on Radiology has tried to fit its program into the general program by drafting radiologists with scientific papers that will further the knowledge of all practitioners of medicine as well as the radiologist. In other words, fit into the convention program as the radiological consultant fits into the general practice of medicine.

Respectfully submitted,
Carl D. Benninghoven, *Secretary.*

SECTION ON UROLOGY

John A. Dougherty, Chairman
Lyle G. Craig, Secretary

To the President and the House of Delegates:

The Section on Urology will hold section meetings on Monday afternoon, May 6, and on Wednesday afternoon, May 8. There will be a total of twelve papers presented by members of the Section, with a wide variety of subjects of general urologic interest and importance. We feel that the program this year offers an unusual amount of material of practical interest.

The subjects are thoroughly up to date, several of the papers being based on original research or clinical work. In every instance particular attention has been given to the clinical applications, and an effort made to make the paper of real value to the urologist in practice.

All members and visitors attending the Section meetings will be invited and urged to take part in the discussions, in order that their value may be increased by a general interchange of opinion and experience.

Respectfully submitted,
Lyle G. Craig, *Secretary.*

VII

REPORTS OF SECRETARIES OF COMPONENT COUNTY SOCIETIES

ALAMEDA COUNTY MEDICAL ASSOCIATION

A. A. Alexander, President
Gertrude Moore, Secretary

To the President and the House of Delegates:

During the year November 1, 1938 to November 1, 1939, ten meetings were held, and two months, July and August, were vacation months. Scientific programs were given at each of the regular meetings; twenty-one scientific papers were given in all. There were ten case reports and two round-tables: one on chest lesions, with nine members participating; and one on blood dyscrasias, with three visitors participating. A motion picture was presented at one meeting.

The total membership is 608, or 69 per cent of all Alameda County physicians. Forty-seven new members were added during the period, November 1, 1938 to November 1, 1939, and fourteen were lost.

Respectfully submitted,
Gertrude Moore, *Secretary.*

BUTTE COUNTY MEDICAL SOCIETY

William W. Carey, President
J. O. Chiapella, Secretary

To the President and the House of Delegates:

Our society has nine meetings a year and three months' vacation during June, July, and August.

Our membership consists of thirty-one physicians.

There are always refreshments for those who participate, and a dinner meeting from 7 to 7:30 p. m. every second Thursday, if possible.

We have had one clinical conference.

The only local problem is the inability of some groups to coöperate, but that is more or less true in every county society.

Relative to organized medicine, I would suggest a more militant attitude toward political domination, and not polite acquiescence and exploitation by political parasites.

By a unanimous vote Butte County desires to have Glenn County unite together to form one unit.

Respectfully submitted,
J. O. Chiapella, *Secretary*.

CONTRA COSTA COUNTY MEDICAL SOCIETY

Kaho Daily, President
Clifford E. Dietdrich, Secretary

No report received.

FRESNO COUNTY MEDICAL SOCIETY

Ray R. Dearborn, President
J. E. Young, Secretary

To the President and the House of Delegates:

During the year 1939 the Fresno County Medical Society held ten monthly meetings. During the months of July and August there were no meetings of this society. The membership of the Society during 1939 was 135, and the number of physicians and surgeons in the county during that year was 157.

The meetings are held on the first Tuesday evening of each month, usually in the University Sequoia Club, and each is preceded by a dinner meeting. The usual course of events is a short business meeting followed by a scientific meeting. The scientific meetings are usually conducted by out-of-town men who have been recognized as authorities in their respective subjects. It has been the custom in the past to have one joint meeting with the legal and dental professions, and also to have one joint meeting with the Woman's Auxiliary.

No clinical conferences were conducted by the Society during 1939.

Respectfully submitted,
J. E. Young, *Secretary*.

HUMBOLDT COUNTY MEDICAL SOCIETY

John N. Chain, President
Joseph S. Woolford, Secretary

To the President and the House of Delegates:

The Humboldt County Medical Society held nine meetings during 1939. We do not have a meeting every month, but do not have a regular vacation period. We are located in the pleasantly cool north coastal area where a vacation during the summer months is not so necessary. We are just as energetic in summer as people in other parts of the country are in winter.

During 1939 we had two full-day postgraduate conferences and clinics. Our county has only one outside railroad, but the present schedule is so arranged that persons coming to Eureka from the San Francisco Bay district can leave Sausalito at 9:30 p. m. and get here at 7:30 the next morning (unless held up by slides and washouts). The night train leaves at 7:30 o'clock. This gives our visiting teachers a chance to hold conferences and clinics at the hospitals during the day and have time to address us at a dinner meeting before the train leaves. Doctors Laurance Taussig, William Riley, and Jacob Smith favored us as teachers in such conferences during 1939.

We had two evening scientific sessions during the year. One was presided over by Dr. Mayo Soley, who discussed the newer methods of treating thyrotoxicosis. The other was addressed by Dr. Albert Rowe, on allergy. After attending the district conference at Sonoma, Doctors O. R. Myers, J. N. Chain, and J. S. Woolford explained the purpose and proposed an organization plan for the California Physicians' Service.

Several business meetings were held in which unfair industrial insurance practices, corporate medical practice and consultations with members of the so-called medical cults were extensively discussed. We voted that those members found guilty of working on cases with irregular practitioners of the so-called "healing arts" would be subject to censure as provided in our by-laws. One local lay group operating a hospital and health service somewhat similar to the defunct Pacific Health Corporation, Inc., was reported to the State Board of Medical Examiners for investigation.

We were favored in November by a visit of the officers of the State Medical Association: Dr. Charles Dukes, President; Dr. George Kress, Secretary; and Dr. Henry Rogers, District Councilor. Doctors Dukes and Kress discussed the various things being accomplished by the California Medical Association in safeguarding the health of the public and promoting the practice of better medicine. Doctor Rogers discussed the workings and progress of the California Physicians Service. Senator Irwin Quinn gave us a short talk on medical problems before the Legislature.

Practically 100 per cent of our members joined the California Physicians' Service as professional members. Twelve different groups have been addressed by local physicians in an effort to educate the public for the acceptance of the advantages offered by the California Physicians' Service. The failure of the Intercoast Hospitalization Insurance Association to carry through with the combined hospital and medical plan has been a serious handicap to our locality. The local newspapers have coöperated in an excellent manner both in combating subversive legislation and in publicizing California Physicians' Service.

Nearly all the physicians in Humboldt and Del Norte counties belong to the Humboldt County Medical Society. Those who do not belong are either not eligible because of unethical practices or are older men who are not in active practice. We extend courtesy invitations to the latter group to attend our meetings. Our delightfully cool weather has attracted some physicians from other parts of the country who have come here to retire. These and the Government physicians from the Indian Service attend many of our clinics and meetings.

Respectfully submitted,
J. S. Woolford, *Secretary*.

IMPERIAL COUNTY MEDICAL SOCIETY

Henry B. Graeser, President
William A. Clarke, Secretary

To the President and the House of Delegates:

Meetings are held at the Barbara Worth Hotel, in El Centro, on the third Tuesday of each month, excepting July and August. We have twenty-seven members, with an approximate regular attendance of fifteen. The meetings are preceded by dinner, followed by the business meeting and the program. We have one or two guest speakers at each meeting who talk on subjects of interest to the general practitioner.

A clinical conference was held in 1938, but none was arranged for 1939. However, our members are interested and should like to have another conference planned for the Valley.

Local problems are numerous, but the prevalent problem at this time each year is the migratory worker and his malnutritioned family. The Agricultural Workers' Health and Medical Association authorizes medical care for some of these, and the doctor receives a small fee for the visits or surgery, authorized by the Association's nurse. However, to our knowledge, none has been refused needed medical attention with or without an order or fee.

Respectfully submitted,
William A. Clarke, *Secretary*.

INYO-MONO COUNTY MEDICAL SOCIETY

Lloyd S. Bambauer, President
C. L. Scott, Secretary

To the President and the House of Delegates:

Since forming our society, meetings have been held every month in Bishop, even though members drive from ninety-five miles east and two hundred miles south—from Bridgeport to Death Valley Junction. Due to the large snowfall and the probable temporary closing of the highway, meetings were not held in December, January, and February. They begin again the end of March, and unless changed to accommodate guest speakers, will be held every fourth Wednesday at the Spot Café in Bishop. The meeting is preceded by a dinner.

There are ten eligible members, all of whom have joined the Society. The completion of the Mono tunnel may mean that we lose Doctor Zahry, who has been stationed there in the employ of the city of Los Angeles, Department of Water and Power.

Officers for 1940 have been elected, and we hope for instructive and interesting meetings throughout the year.

Respectfully submitted,
C. L. Scott, *Secretary.*

KERN COUNTY MEDICAL SOCIETY

C. S. Compton, President
Eric F. Colby, Secretary

To the President and the House of Delegates:

As secretary of Kern County Medical Society I wish to report to you concerning our local society's "doings" for the past year.

We had eight business and scientific meetings throughout the past year, under the able leadership of Dr. C. I. Mead, our president. We had no meetings during June, July, and August. Our December meeting always consists of a dinner dance.

On March 16, 1940, a Postgraduate Conference was held in Bakersfield. It was an all-day session, with a large attendance.

Respectfully submitted,
E. F. Colby, *Secretary.*

KINGS COUNTY MEDICAL SOCIETY

P. K. Edmunds, President
W. A. Johnstone, Secretary

To the President and the House of Delegates:

In Kings County nothing of special importance has occurred during the last year. The Society continues its meetings under the direction of the same officers.

Respectfully submitted,
W. A. Johnstone, *Secretary.*

LASSEN-PLUMAS-MODOC COUNTY MEDICAL SOCIETY

W. B. McKnight, President
Bernard S. Holm, Secretary

To the President and the House of Delegates:

The Lassen-Plumas-Modoc County Medical Society was relatively inactive during 1939. This inactivity was not due to lack of interest by its members, but due to distances and time involved in having meetings. Only one meeting was held, and this at Susanville. The Woman's Auxiliary joined in a dinner preceding the meeting.

Membership has continued to be good. Over 90 per cent of eligible men belong to the Society. Clinical conferences have not been held, but are certainly desired and an attempt to arrange one soon is being planned.

Respectfully submitted,
Bernard S. Holm, *Secretary.*

LOS ANGELES COUNTY MEDICAL ASSOCIATION

Roy E. Thomas, President
L. A. Alesen, Secretary

To the President and the House of Delegates:

The total membership of the Los Angeles County Medical Association at the end of the year 1939 was 2,708, of which number 2,546 were active, dues-paying members, the others being on leave of absence or on the retired membership list.

Ten important general meetings of the Association were held during the year.

The various committees of the Association have been kept actively engaged with pertinent problems facing the profession. The Committee on Public Policy and Relations developed a wide demand throughout the county from service clubs, women's organizations, and various other lay groups for speakers, and through the Speakers' Bureau supplied these speakers. A part of the work of the Committee on Public Policy and Relations was the presentation during the year of a series of scientific lectures at the Los Angeles City Public Library, with an average attendance of approximately four hundred at each of these lectures.

One hundred and fifty radio talks were delivered over three radio stations—KFI, KECA, and KFAC—by the Executive Secretary.

The Committee on Scientific Work and Programs is now engaged in a major public health education project. Plans are now being made for scientific exhibits to be maintained in the Lounge of the Los Angeles County Medical Association during the latter part of the summer. These exhibits will be designed to interest the people of Los Angeles County and to inform them by visual demonstration just what the profession of medicine in this county means to them.

This plan contemplates an exhibit being created by each of the specialty sections and scientific societies. To illustrate: A booth will be prepared by the Section on Internal Medicine at which an electrocardiograph will be demonstrated to show the layman one of the instruments in use to check the functioning of the heart; and various other equipment which that particular section may wish to demonstrate. Similar exhibits will be set up by the other sections and scientific societies. Each of these displays will have a representative of the Society on hand continually to explain the exhibit to the public and to answer pertinent questions relative to the practice of medicine.

In view of the fact that approximately sixty thousand persons visited the display of the Camp Transparent Woman, which was held in the Lounge of the Association several years ago, it is believed that an exhibit such as is being planned by the Los Angeles County Medical Association would create a far greater interest in that all phases of medicine would be graphically portrayed.

Displays by the California Physicians' Service, by the Public Health League and by the Los Angeles County Medical Association itself, are contemplated.

As a part of the tour of the visitors through the Lounge will be a tour through the library of the Association, which in itself would have great educational value to the public.

Respectfully submitted,
L. A. Alesen, *Secretary.*

MARIN COUNTY MEDICAL SOCIETY

Harry N. Hensler, President
Carl W. Clark, Secretary

To the President and the House of Delegates:

During the year 1939, Marin County Medical Society held nine regular meetings, none being held in July, August, and December. During the past three years our program and business sessions have been preceded by dinner meetings, which we find very satisfactory.

Clinical conferences have not been devedoped, owing to our nearness to San Francisco hospital clinics.

There is only one eligible nonmember in Marin County.

A very satisfactory feeling exists in the county. We had forty-four paid-up members for 1939, and have an average attendance of twenty-five at our meetings. About ten of our members do not attend meetings, while the remainder are seldom absent without excuse.

Respectfully submitted,
C. W. Clark, *Secretary.*

MENDOCINO-LAKE COUNTY MEDICAL SOCIETY

Dallas L. Wagner, President
Royal Scudder, Secretary

To the President and the House of Delegates:

The Mendocino-Lake County Medical Society held four meetings in 1939, with an average attendance of twenty. Our total membership for 1939 was twenty-nine, and there are six eligible nonmembers in these counties.

Owing to the large area from which we draw our membership, and the need which we have felt for intensive discussion, the Society has dispensed with preliminary dinners and attendance of wives of members. Refreshments are served after the meeting.

Usually some outside speaker gives us the latest on some medical or surgical procedure. A discussion follows.

The majority of the members are signed up with the California Physicians' Service, and the progress of the Service is watched with interest.

Our last meeting was held on March 23, 1940, at the Palace Hotel in Ukiah. The speaker was Doctor Blackfield, on "The Treatment and Skin Grafting of Burns."

Respectfully submitted,
Royal Scudder, *Secretary.*

MERCED COUNTY MEDICAL SOCIETY

William E. Fountain, President
James A. Parker, Secretary

To the President and the House of Delegates:

Nine regular meetings were held during the year. Regular summer recess was taken during the months of July and August. We closed with a roster of thirty-seven members out of thirty-nine eligibles. Our regular meetings feature a dinner, with business transacted thereafter. Clinical conferences with outside help have not as yet been held. However, such activity is contemplated for the coming year, as we feel that we have adequate material at our County Hospital to make such conferences well worth while. We believe that we have no local problems of a very special interest, unless it be that we have, as a society, taken a very special interest in the staffing of our County Hospital for the past two years. Although this matter was new and troublesome to us in its beginning, it has now resolved down to a routine which is quite satisfactory to us and to the Supervisors. We have here enjoyed their full coöperation.

Respectfully submitted,
J. A. Parker, *Secretary.*

MONTEREY COUNTY MEDICAL SOCIETY

Mast Wolfson, President
Arnold Manor, Secretary

To the President and the House of Delegates:

During 1939 the Monterey County Medical Society held ten regular meetings, there being no meetings in July and August.

Regular meetings of the Society are held alternately at the Hotel Del Monte and at the Santa Lucia Inn, Salinas, with dinner preceding the program.

Of approximately ninety-two licensed physicians in Monterey County eligible to membership in the County Society, sixty-nine are active members.

A postgraduate conference was held at the Monterey County Hospital in October, 1939. Dr. Don King of San Francisco conducted the meetings and discussed various phases of orthopedics in relation to general practice. In November, 1939, a second postgraduate conference was held under the auspices of the Bureau of Child Hygiene. The program was conducted by Dr. Clifford Sweet of Oakland. In February, 1940, a postgraduate conference was held on the general subject of "Gastro-Enterology." Drs. Fred Kruse, Eric Liljencrantz, and David Wood were in charge of this symposium.

Respectfully submitted,
Arnold Manor, *Secretary.*

NAPA COUNTY MEDICAL SOCIETY

Frank X. McGreane, President
M. M. Booth, Secretary

To the President and the House of Delegates:

During the year 1939 there were regular monthly meetings held during the entire year. Our vacation months are ordinarily July and August, but this year meetings were held every month.

The membership of the Napa County Medical Society is approximately 100 per cent of eligibles. There are a few members of the staff of the institutions who are not members. All regularly practicing physicians in the county are members of the Napa County Medical Society.

Practically all meetings are preceded by dinner, and we endeavor to have a satisfactory scientific program following the meeting. The December meeting of the Napa County Medical Society is followed by a nonscientific program. We have what might be termed a clinical conference once or twice a year when meeting at one of the institutions.

Our particular local problem at the moment which the Supervisors of Napa County have under consideration is the matter of the employment of a full-time county health officer with the resultant centralized problem. A committee, consisting of physicians, other professional people, and lay people, is investigating the question of whether such a program is needed and what the likely expense of what would be in comparison to the present outlook for such purpose.

Respectfully submitted,
M. M. Booth, *Secretary.*

ORANGE COUNTY MEDICAL SOCIETY

John A. Wood, President
C. Glenn Curtis, Secretary

To the President and the House of Delegates:

The Orange County Medical Society is pleased to report a most successful and harmonious year as of the close of January, 1940. Our membership last year, under the leadership of our most capable president, Dr. Merrill Hollingsworth, was 120. This was a slight increase over the previous year. Despite the fact that the State Board Directory shows a total of registered doctors in Orange County of 170, we feel that there are a large number of these men who are retired and who have moved to our most pleasant and healthful climate to spend their declining years, and therefore are not interested in active medical practice. Of course, there are a few other men who are undesirable.

Last year we had only one clinical conference, which was fairly well attended. In February we had our first clinical conference of 1940 in Santa Ana, which was well attended not only by our own men, but by many visitors from Riverside and San Bernardino counties. The lectures and demonstrations that were given were very practical.

This year, 1940, with the leadership of a colleague, Dr. John A. Wood of Anaheim, who is very resourceful, our membership as of the present writing is 118, and bids fair to grow and take in most of the eligible and desirable men in the county.

Already one of the innovations that Doctor Wood is making is that of having an Attendance Committee, with one member in each community, who contacts a certain group of members in his district on meeting days and reminds them of the always important Association meetings.

A discovery has also been made that if we have a dinner meeting about every third or fourth month that this tends to bring out a number of the men who are not in the habit of attending other regular meetings.

We are also proud of the fact that about 95 per cent of our membership are members of the California Physicians' Service.

Respectfully submitted,
C. Glenn Curtis, *Secretary.*

PLACER COUNTY MEDICAL SOCIETY

William M. Miller, President
Robert A. Peers, Secretary

To the President and the House of Delegates:

The Placer County Medical Society has no definite stated time for meetings, the members convening at the call of the President, such call depending upon the necessity for consultation by the officers with the membership upon matters of importance and also upon the availability of speakers. During the past medical year, which ran from November 1938 to November 1939, there were seven meetings. Three of these were dinner meetings.

The Placer County Medical Society, theoretically, is composed of members of the profession of Placer, Nevada, Sierra, and Eldorado counties. Practically, however, the membership is restricted to physicians of Placer, Nevada, and Sierra counties, it being more convenient for members of Eldorado to affiliate with their professional brethren at Sacramento. At the annual meeting on November 4, 1939, there were thirty-nine active members and two retired members. Since that time we have lost one member by death and have added two members.

The officers and members of the Placer County Medical Society are making every effort to include in the membership every eligible and desirable member of the profession in the three counties above mentioned. The Secretary believes that, with the exception of three physicians, all eligible and desirable members of the profession are members of the Placer County Medical Society.

To date, no clinical conferences nor postgraduate meetings have been held in our county. This failure is due not to lack of interest, but because it has not seemed practical to hold such conferences for our membership alone. As the report above indicates, we have only forty active members and they are scattered all over three large counties. Our members have felt it would be more practical to include the members of our society with those of adjacent component societies, such as Sacramento, for instance.

We believe that the Placer County Medical Society has grown up and attained full stature as a live, functioning society. During the first two decades of this century, the Society required a good deal of pampering and coddling with the administration of stimulants and oxygen therapy. At the present time the membership is active and interested, and we feel that from now on all that will be necessary is for the officers to show proper diligence.

The Placer County Medical Society sends an invitation to all officers of the California Medical Association to attend our society meetings, and also extends the same invitation to members of other county societies.

Respectfully submitted,
Robert A. Peers, *Secretary.*

RIVERSIDE COUNTY MEDICAL ASSOCIATION

Thomas A. Card, President
W. Philip Corr, Secretary

To the President and the House of Delegates:

There were eleven meetings held during the year 1939. No meetings were held during the months of July, August, and September. Following some of the meetings, refreshments are served by the members of the Woman's Auxiliary at the home of one of the members. In January, 1939, a joint dinner meeting of the Woman's Auxiliary to the Riverside County Medical Society, the Riverside County Medical Society, and the San Bernardino County Medical Society was held, honoring State officers, President W. W. Roblee, President-Elect Charles A. Dukes, and Councilor C. L. Emmons. Mrs. Clifford A. Wright, State President of the Woman's Auxiliary, was also a guest at this meeting. In October a special meeting was held in conjunction with the San Bernardino County Medical Society, honoring representatives in the State Legislature, Senator John Phillips and Assemblyman Nelson Dilworth. Dr. Junius Harris of Sacramento was also present at this meeting and discussed the making of laws. In December, at a special meeting, members of the Riverside County Medical Society were guests of the March Field Post Hospital staff. At the regular December meeting, members of the Society were entertained at a dinner meeting by members of the Woman's Auxiliary.

A postgraduate conference was held in conjunction with the San Bernardino County Medical Society, with Doctors William T. Grant, Edward N. Boland, Harold L. Thompson, and John B. Doyle as speakers.

We have been kept informed as to matters of legislation by Dr. W. W. Roblee as well as by talks by members of the State Legislature, as noted above.

Respectfully submitted,
Philip Corr, *Secretary.*

SACRAMENTO SOCIETY FOR MEDICAL IMPROVEMENT

Norris R. Jones, President
Glenn E. Millar, Secretary

To the President and the House of Delegates:

The Sacramento Society for Medical Improvement held ten regular meetings, and one special meeting during the year 1939. The meetings were held in the auditorium of the Sutter Hospital, and the attendance averaged about sixty-five at each meeting. Refreshments were served after each meeting.

The Society holds no meetings during the months of July and August. No regular meeting is held during the month of March, since the annual banquet is held on March 17 each year.

At the present time the Society has 160 active members; this constitutes about 98 per cent of the eligible physicians in this county.

No clinical conferences were held during the year 1939. The members of the Society have shown no great interest as yet in having such conferences in Sacramento County.

The only local problem of great interest during the past year was, of course, the question of California Physicians' Service. The present status of this matter is undoubtedly familiar to the members of the California Medical Association, and I feel that nothing further need be said.

Respectfully submitted,
G. E. Millar, *Secretary.*

SAN BENITO COUNTY MEDICAL SOCIETY

J. M. O'Donnell, President
L. E. Smith, Secretary

To the President and the House of Delegates:

The San Benito County Medical Society submits the following report for 1939. We have a membership of seven, there being only two eligible nonmembers in the county.

Three meetings were held the past year, one of which was preceded by a dinner. One orthopedic clinic was held at the County Hospital.

Respectfully submitted,
L. E. Smith, *Secretary.*

SAN BERNARDINO COUNTY MEDICAL SOCIETY

Walter S. Cherry, President
Arthur E. Varden, Secretary

To the President and the House of Delegates:

The San Bernardino County Medical Society held nine meetings during the year 1939. A dinner meeting was held preceding the annual meeting the first Tuesday in October and another dinner meeting took place at Loma Linda Sanitarium and Hospital in the spring. At our regular meetings light refreshments are served.

We have a membership of 153, which is 98 per cent of the eligible physicians in San Bernardino County.

One postgraduate conference was held, to which we invited the members of Orange and Riverside counties to join with us.

Respectfully submitted,
Arthur E. Varden, *Secretary.*

SAN DIEGO COUNTY MEDICAL SOCIETY

Joseph Weinberger, President
C. V. Bernardini, Secretary

To the President and the House of Delegates:

The San Diego County Medical Society had ten general meetings and two special meetings during the calendar year of 1939. That means we meet once a month, with the exception of July and August, which are our vacation months. No meetings are held during those two months, except on special occasions or on call from the President of the Society.

The Directory of the Board of Medical Examiners for 1939, which is the latest one available, shows that there are a total of 465 doctors having a physician-surgeon license in San Diego County. However, many of these are retired from active practice or in federal service. There are 282 active members of the county medical society and we have twenty-five applicants, the majority of whom will be able to run the gauntlet of inspection and final approval. There are about twenty-five members throughout the county who could belong to the medical society, but for some reason do not. We are constantly working to bring every eligible physician into the organization.

Our monthly meetings are always preceded by a dinner at the University Club. We never have after-meeting refreshments. At one or two meetings during the year we endeavor to have a clinical conference. These clinical conferences are usually at a combined Society meeting and hospital staff meeting, where clinical material would be available. More of these could be held, I believe.

San Diego County has a problem to solve in regard to postgraduate medical education. The committee which has been handling this work during the past year has given us lectures of special interest to the general practitioner, as he is the one who really needs this postgraduate work from the State Association, but so far it has been done in a haphazard manner. Perhaps this is due to the initiation of this postgraduate method of instruction. I am certain that it will become better organized and of increasing benefit to our general practitioner. We have been trying for some time to obtain a postgraduate seminar on heart disease, and we are sure that when the curtain falls at the end of 1940 we shall have accomplished that much.

As you well know, there are two groups who are selling medical services on a monthly basis. Originally the two groups were combined, but during the past year there has been a quarrel and now the lay members who were conducting the business end have organized under the name of California Medical Service and have imported doctors to do their work. The professional members of the organized group have, in turn, reorganized and hired a business manager and other lay personnel to compete with the California Medical Service. Both are at loggerheads and are fighting in the courts about certain accounting methods in the organized groups.

The California Physicians' Service has opened offices in the Medico-Dental Building, and many of the members now are beginning to see the fruits of the solid foundation upon which the trustees of the organization are building this service.

Respectfully submitted,
C. V. Bernardini, *Secretary.*

SAN FRANCISCO COUNTY MEDICAL SOCIETY

William Reilly, President
L. Henry Garland, Secretary

To the President and the House of Delegates:

The San Francisco County Medical Society held thirty-eight regular meetings during the year 1939, and one special meeting. It does not hold any regular meetings during June and July.

There are 1,050 members in the Society at the present time.

During the year the Board of Directors and its special Committee on Health and Hospitalization Insurance held several meetings in connection with the Municipal Employees' Health Service System. Satisfactory progress has been made in regard to the operation of this system, and if this progress continues it is believed that this particular form of voluntary health insurance can be operated with satisfaction to all concerned.

An interesting joint dinner meeting was held in conjunction with the San Francisco Bar Association and the San Francisco District Dental Society. Thanks to the skillful efforts of Mr. Hartley F. Peart, Dr. Edwin L. Bruck and Dr. L. R. Musser, the meeting was an unequivocal success. It is intended that such meetings will be held annually in the future. One immediate concrete benefit which resulted from the 1939 meeting was successful joint action in connection with a municipal license tax on professional workers.

Respectfully submitted,
L. Henry Garland, *Secretary.*

SAN JOAQUIN COUNTY MEDICAL SOCIETY

Hugh J. Bollinger, President
G. H. Rohrbacher, Secretary

To the President and the House of Delegates:

The San Joaquin County Medical Society held ten regular meetings for the year of 1939, July and August being vacation months. There are 140 physicians registered in San Joaquin County. This number includes internes at the San Joaquin General Hospital and physicians at the State Hospital. Of this number, we have 114 members as of January 1, 1940. However, our county society includes some territory in the Mother Lode district. Our meetings are always preceded by a dinner meeting, at which a paper by a member of the local society is read. The regular meetings are held on the first Thursday of each month in the Medico-Dental clubrooms, 242 North Sutter Street, Stockton. The regular meetings usually have a paper from some clinician, usually from the Bay area. One meeting a year is held for an organization meeting, at which we have been very fortunate in having the President and the Secretary of the California Medical Association present as well as the Councilor from this district. Refreshments have been served at the close of each regular meeting. Our average attendance for the year of 1939 was 45.3 per cent.

Besides the regular meetings, we have a very active Postgraduate Study Group, which has functioned for three years. This committee each year has a special course of postgraduate instruction which includes lectures and operative clinics as well as medical clinics held at the San Joaquin General Hospital through the courtesy and coöperation of Dr. William Friedberger, Medical Superintendent.

We have a very active Woman's Auxiliary, which holds monthly meetings, and has always been coöperative in meeting any problems that the local society may have. Its president for 1939 was Mrs. George K. Wever.

The San Joaquin County Medical Society has always been interested in the growth of the California Physicians' Service. We feel that lack of coverage from Fresno north in the Central Valley and from Alameda County north in the Coast Range area is our biggest problem. This, it is true, is not a local problem, but is a definite problem in Northern California. Without adequate contracts to offer employed groups, there can be very little progress in the development of this health service. This lack of an adequate state-wide contract for the Physicians' Service ties in very well with the proponents of compulsory health insurance, which we feel is one of the most pressing matters before organized medicine in the State of California today. We feel that something very drastic must be done to break the deadlock so that the northernmost county of the state and the southernmost county with all its intervening areas between be adequately covered. A further suggestion is that the policy of carrying to the members the thoughts and actions of the Council be carried to its fullest extent so that the California Medical Association through its component societies can be a truly democratic organization. It is true that the minutes of the Council meeting are published in CALIFORNIA AND WESTERN MEDICINE, but their minutes many times are mere skeletons of actions taken in the problems presented.

Respectfully submitted,

G. H. Rohrbacher, *Secretary.*

SAN LUIS OBISPO COUNTY MEDICAL SOCIETY

F. W. Yocum, President
E. M. Bingham, Secretary

To the President and the House of Delegates:

During 1939 the San Luis Obispo County Medical Society held eleven meetings, four of which were combined with the Woman's Auxiliary.

The August meeting was omitted, as it was a vacation month. All meetings were preceded by informal dinners.

Of thirty-one eligible physicians, twenty-nine were members of the Society in 1939.

Respectfully submitted,

E. M. Bingham, *Secretary.*

SAN MATEO COUNTY MEDICAL SOCIETY

Carl D. Benninghoven, President
Robert F. Monteith, Secretary

To the President and the House of Delegates:

Nine meetings were held during 1939. The vacation months are June, July, and August.

The San Mateo County Medical Society has eighty-six regular members and five associate members.

Special features of the meetings are dinners, to precede the meetings, and guest speakers following the dinners.

We have had no clinical conferences because of the proximity of our society to San Francisco.

Respectfully submitted,

R. F. Monteith, *Secretary.*

SANTA BARBARA COUNTY MEDICAL SOCIETY

Henry J. Profant, President
D. H. McNamara, Secretary

To the President and the House of Delegates:

The Santa Barbara County Medical Society held eleven meetings during 1939. Ten of these were regular meetings held on the second Monday evening of each month, except July and August. The other was a special meeting called early in February in order for the membership to meet the officers of the State Association and the Councilor for this district. The principal business of this special session and of the business sessions for the remainder of the year was a discussion of the California Physicians' Service.

There are approximately 155 physicians in the county, and the membership of the Society last year was 113. Many of the physicians now residing in Santa Barbara County are retired and have made no attempt to maintain a membership in the County and State Associations. Of the active physicians of the county, less than ten are not members of the Society.

Only the annual meeting, held in January, is a dinner meeting. The other regular meetings are given over to visiting speakers, and the Society has been very fortunate in obtaining the services of very interesting speakers for these meetings. As a result of this good fortune the attendance at the meetings has been very good throughout the year.

In May of 1939 a clinical conference was held here, to which the members of the Ventura, San Luis Obispo, and Kern County members were invited. The attendance at this conference was very gratifying, and the two days spent here proved both enjoyable and profitable to those who attended.

During 1939 the publication of a monthly bulletin was begun. This bulletin has been well received by the members and seems to have stimulated interest in all the activities of the Society.

Respectfully submitted,

D. H. McNamara, *Secretary.*

SANTA CLARA COUNTY MEDICAL SOCIETY

Merlin T.-R. Maynard, President
Leslie B. Magoon, Secretary

To the President and the House of Delegates:

Local activities of the Santa Clara County Medical Society during 1939 have taken second place to matters of state-wide concern, such as the development of California Physicians' Service and the fight against the Chiropractic Initiative, and the pension plan, which were on the November ballot. California Physicians' Service and its objectives have had the whole-hearted support of the Society. The Society has for many years been intensely interested in the problem of budgeting the costs of medical care, and this concrete effort to solve the problem could not but be supported. Little need be said about campaigns during the last general election, except to say that the results speak of the effort that was spent.

Public relations of the Society have been smooth. There has been a real effort to avail ourselves of every legitimate opportunity to further public health education by personal contact with lay groups. There has been the usual coöperation with the Parent-Teacher Association in the preschool round-up and with many charitable organizations by furnishing medical examiners for children going to summer camps and participating in other recreational projects.

We look forward to continuation and amplification of the Society's general program of public health education; of offering professional education by postgraduate courses, and a high caliber of scientific programs; and of keeping on their present high plane professional and fraternal relationships of members within the Society.

Respectfully submitted,
Leslie B. Magoon, *Secretary.*

SANTA CRUZ COUNTY MEDICAL SOCIETY

A. F. Giberson, President
Samuel B. Randall, Secretary

To the President and the House of Delegates:

The year 1939 was one of increased membership and successful activity for the Santa Cruz County Medical Society. Dr. J. T. Harrington of Santa Cruz served as president during the year.

All licensed physicians in the county who are in active practice are either members or are applicants for membership in the Society. On January 1, 1939, there were thirty-four active members, and on January 1, 1940, there were forty-one active members—a net increase in membership of seven.

Meetings are held monthly, except June, July, and August, on the first Tuesday. In 1939 no meeting was held in May, due to the concurrent meeting of the California Medical Association at nearby Del Monte. The Club Rio del Mar at Aptos, being approximately midway between Watsonville and Santa Cruz, is the permanent meeting place. Dinner is served at 7:30 p. m., following which the scientific and business meetings are held. It is the endeavor of those in charge of programs to vary the subjects in such a way that the various specialties are considered during the course of the year and thus interest the greatest number of members in the programs. A résumé of the programs for the year 1939 will illustrate.

January—Symposium on Dermatology, by Dr. H. C. L. Lindsay of Pasadena. (Illustrated.)

February—Skeletal Traction in Orthopedics, by Dr. Merrill Mensor of San Francisco. (Supplemented by x-ray films.)

March—Dr. C. Kelly Canelo, District Councilor of the California Medical Association and Vice-President of the California Physicians' Service, discussed at length problems of organized medicine and development of the California Physicians' Service.

April—Joint meeting with California Tuberculosis Association which was in annual session at Santa Cruz. Afternoon, chest clinic at Santa Cruz County Hospital; and evening, dinner meeting. At the latter, Dr. Clifford Mason of Arroyo Sanitarium spoke on the evolution and development of various types of tuberculous lesions in the chest.

September—Immediate Treatment of Surface Injuries, by Dr. Gerald O'Connor of San Francisco. (Illustrated.)

October—Rectal Diseases, by Dr. R. Scarborough of San Francisco.

November—Allergy in General Practice, by Dr. Samuel H. Hurwitz of San Francisco.

December—Diabetes Mellitus, by Dr. Earl O. G. Schmitt, San Jose.

During the course of the year several projects received the support of the Society. Members coöperated in the introduction into the county, of the Insurance Association of Approved Hospitals and approximately 75 per cent of the membership acquired hospital insurance policies. The membership furthered the interests of California Physicians' Service by becoming professional members 100 per cent. Active coöperation was rendered in making the annual convention of the California Tuberculosis Association at Santa Cruz a successful meeting. During the fall political campaign, the Society actively coöperated with the Public Health League in the dissemination of literature against Proposition No. 2, and purchased advertising space in Santa Cruz and Watsonville newspapers. The Woman's Auxiliary and the Santa Cruz County Dental Society coöperated fully in this work. The defeat of Proposition No. 2 so decisively in Santa Cruz County was gratifying.

Respectfully submitted,
Samuel B. Randall, *Secretary.*

SHASTA COUNTY MEDICAL SOCIETY

Clarence C. Gerrard, President
Bertram L. Trelstad, Secretary

To the President and the House of Delegates:

During 1939 the Shasta County Medical Society held nine regular monthly meetings at Redding. The meetings are usually held on the second Monday of the month; however, this is occasionally varied to suit our guest speakers. We do not hold meetings during the summer months.

The membership of the Society includes 67 per cent of the eligible members in Shasta and Trinity counties.

The usual meeting is called for 6:30 p. m., at which time dinner is served. This is followed by the business meeting and the program.

One very interesting and instructive clinical conference was held in December, in addition to the regular meeting. Doctors Cline and Cooley of San Francisco were the guest speakers. The members have expressed a desire for more of these conferences.

Our group of doctors is small. However, our meetings have been interesting. We have been fortunate in obtaining very good guest speakers from the larger cities. The speakers have usually been obtained from the list of possible guest speakers.

This community has experienced a boom in connection with the building of the Shasta Dam. A number of doctors have moved to this vicinity recently, and it is our desire to have them become active in our society during 1940.

Respectfully submitted,
Bertram L. Trelstad, *Secretary.*

SISKIYOU COUNTY MEDICAL SOCIETY

Charles Pius, President
Victor W. Hart, Secretary

To the President and the House of Delegates:

The Siskiyou County Medical Society held six meetings during 1939. Unlike most county societies, we find the winter months most suitable for vacation months, no meetings being held in January and February.

During the past year the membership of our society has been eighteen, there being only three eligible nonmembers in the county.

Our meetings are usually followed by dinners. We usually have outside speakers, and often hold clinics.

Respectfully submitted,
Victor W. Hart, *Secretary.*

SOLANO COUNTY MEDICAL SOCIETY

H. Randall Madeley, President
John W. Green, Secretary

To the President and the House of Delegates:

Organization for 1939.—Regular place of meeting: Casa de Vallejo Hotel, Vallejo.

January 10, 1939. Organization of a County Hospital staff was discussed. A committee was appointed, with the following members: Doctors Finan, Bransford, Stansbury, Park, Porter, and Jones, with Doctors Leachman and Green as ex-officio members. Venereal clinic conducted by Dr. Frank Brewer, County Health Director, was to open on Thursday evening.

January 12. At the Solano County Hospital a Tuberculosis Skin Testing Committee was appointed to carry on a case-finding survey.

February 8, 1939. A joint meeting of the Napa and Solano County Societies was held at Napa. Dr. Junius B. Harris reported on the recent legislative session. Dr. Alson R. Kilgore discussed the California Physicians' Service.

March 14, 1939. Newspaper advertising was first discussed. The Society declined to take a page "ad" in the local newspaper for $120. The Women's Field Army for Cancer Control was given assistance by a committee, consisting of Doctors Milford Bransford, Thompson, and Mullaly. Doctors Madeley and Henry were admitted to membership. Councilor Henry Rogers of the California Medical Association pointed out the objectionable features of Governor Olson's compulsory health measure. Doctor Green discussed "Voluntary Health Insurance."

April 11, 1939. Mr. George Peacock of the Vallejo Merchant's Association presented the plan of the Association for financing medical and surgical care to patients who cared to make such arrangements. Doctor Brewer, Director of the County Health Commission and County Hospital, discussed admissions to the County Hospital.

May 9, 1939. The members of the Solano, Napa, and Sonoma County Medical Societies were entertained by the members of the staff of the Mare Island Naval Hospital with a buffet supper and a professional program. About eighty physicians of this district were present. Tropical diseases and a discussion of x-ray studies occupied the evening.

August 29, 1939. A motion was made, seconded and carried, to request the Board of Supervisors to provide a full-time resident physician for the County Hospital who was to direct all work being done by the existing voluntary staff in the County Hospital. The crippled children clinic of the State Board of Health, to be held in Fairfield, was endorsed by the Society. A report of all work done in the County Hospital by the Voluntary Staff was requested from the Secretary of the Society.

The Secretary reported $191.25 in the treasury, with all bills paid.

Doctor Nesting of St. Luke's Hospital in San Francisco was introduced by Doctor Jones.

December 12, 1939. Dr. Henry Rogers, Councilor for the California Medical Association, spoke on the California Physicians' Service and some matters discussed by the Council. Mr. Hearn of the Bank of America discussed bank installment credit loans.

Election of officers for 1940: H. Randall Madeley, president; Gordon Bunney, vice-president; John W. Green, secretary-treasurer; John W. Green, delegate; F. Burton Jones, alternate.

All committee reports were received and discussed. The treasury report showed a balance of $212.15, with all bills paid. The Secretary was asked to poll the members of the Society by mail for volunteers for service on the County Hospital staff. "Well-Baby Clinic" was discussed. A case-finding program for the children with defective vision and hearing in district schools was presented by Doctor Green and received the approval of the Solano County Medical Society.

Points of Interest.

The Grievance Committee of the Society was in session once during the year, to settle a point of dispute between officials of Mare Island Navy Yard and members of the Solano County Medical Society.

Membership in 1938, thirty-one members; in 1939, thirty-one members; in March, 1940, thirty-four members.

Twenty-five physicians practicing in Solano County are members of the California Physicians' Service.

Preliminary steps toward organization of a Woman's Auxiliary were taken in 1939.

Respectfully submitted,
John W. Green, *Secretary.*

SONOMA COUNTY MEDICAL SOCIETY

S. Z. Peoples, President
T. E. Albers, Secretary

To the President and the House of Delegates:

There were thirteen meetings held during the year 1939, of which ten were regular monthly meetings, two were district meetings, and one a county meeting held in conjunction with the establishment of the California Physicians' Service. No meetings were held during the months of July and August, as these are the vacation periods.

We have sixty-two members in the County Society and about twenty eligible nonmembers of which eight will seek membership in the coming year.

At all our meetings we have dinner, followed by a scientific program and a regular business meeting. Clinical conferences are held at the Sonoma County Hospital. Practically all the visiting staff is composed of members of the County Society. Nonstaff members who are members of the Sonoma County Society are asked to attend.

We of this county, like all the associations in the state, are greatly concerned with the problem of socialized and state medicine, and are doing everything possible to promote the California Physicians' Service in this district.

We, in Santa Rosa, have a purely local problem which has been bothering us for several years—that of obtaining and maintaining adequate hospital facilities.

Respectfully submitted,
T. E. Albers, *Secretary.*

STANISLAUS COUNTY MEDICAL SOCIETY

Richard D. Husband, President
Hoyt R. Gant, Secretary

To the President and the House of Delegates:

The number of meetings held during the calendar year of 1939 was nine. Vacation months are July, August, and September. Membership is forty-eight. We have meetings in a local hotel each month, preceded by dinner. No clinical conferences were held during 1939. Interest in such conferences seems to be rather low. It is felt that nine different scientific papers a year at our regular meetings covers the whole field fairly well. There are no local problems of special interest.

Having passed a local resolution that prohibits the doing of lodge practice, I am interested in knowing, as secretary, whether refraining from such practice can and will be put on a state-wide basis.

Respectfully submitted,
Hoyt R. Gant, *Secretary.*

TEHAMA COUNTY MEDICAL SOCIETY

O. T. Wood, President
R. G. Frey, Secretary

To the President and the House of Delegates:

The Tehama County Medical Society had two special meetings last year.

The main subject for discussion was the County Hospital and its service to the people of Tehama County. The Society made several suggestions to the County Welfare Board and worked with them formulating a plan for both pay and indigent patients at the Hospital. It apparently will work satisfactorily.

The members of the Society also assisted the Sisters in the construction of the new hospital wing, and we now have in Red Bluff a modern and up-to-date hospital. Also, with the assistance and kindness of Senator D. Jack Metzger, the members of the Society assisted in certain legislative matters pertaining to the medical profession.

Respectfully submitted,
R. G. Frey, *Secretary.*

TULARE COUNTY MEDICAL SOCIETY

Ray E. Cronemiller, President
Forrest G. Powell, Secretary

To the President and the House of Delegates:

The Tulare County Medical Society held ten meetings during the year 1939. It is planned that a like number of meetings will be held during 1940. A tentative vacation over the July and August months will be submitted to the members for approval.

The directory, as published by the California Board of Medical Examiners, lists seventy-one physicians and surgeons in Tulare County. Exclusion of twenty-three inactive physicians and surgeons leaves forty-eight eligible members of the profession. There are thirty-five paid-up members for 1940. There are now three applications for membership on file. Two of these are for reinstatement.

Our meetings are usually characterized by a dinner, held before the business session, which is usually short. The program usually includes one to three visitors, and local members usually report interesting cases which are discussed by other members of the Society. The meetings are usually held the last Sunday of each month.

The question of clinical conferences has not been taken up with the members of the Society. However, it is on the program for consideration at one of our future meetings.

With regard to any special local problems, the Agricultural Workers' Health and Medical Association features of the migratory camp situation in Tulare County are probably foremost. The California Medical Association members, generally, do not know the type of situation we have here: but, briefly, it consists of clinic hours spent in the migratory camp by the members of the Tulare County Medical Society in rotation for periods of one month each. Practically, this program presents a very great benefit for this class of people, but unofficially the consensus of opinion is that this service is rather unsatisfactory—at least from the doctors' standpoint.

A second migratory camp is being proposed at this time. It is our understanding that the present arrangement for medical care of this group is temporary. A problem will possibly confront us in the future as to the more permanent disposal of these cases.

We, in Tulare County, have not yet entered into participation of the California Physicians' Service actively except for a few scattered cases that have been called to our attention. We still have frequent inquiries regarding methods of obtaining this type of medical protection from our various groups of patients but, to date, are unable to answer them satisfactorily.

All the members of the Tulare County Medical Society are very urgent in their request to your office that they be kept frequently informed as to the possibility of sale of such service to the various communities of Tulare County so that we may more effectively propagandize the California Physicians' Service.

A group of members from Tulare County attended the recent postgraduate conference held in Bakersfield, and all were enthusiastic of the benefits to be derived from such group meetings.

Respectfully submitted,

F. G. Powell, *Secretary.*

VENTURA COUNTY MEDICAL SOCIETY

Harry E. Barker, President
A. A. Morrison, Secretary

To the President and the House of Delegates:

There was one special meeting and nine regular meetings held during 1939. The vacation months are June, July, and August.

Paid-up membership on December 31, 1938, totaled thirty-eight; on December 31, 1939, it totaled forty-seven. There are seven eligible nonmembers in the county; of these, two have not been in the county for the required six months; two others have their applications in for membership.

We have dinners preceding the meetings. We found this markedly increased the attendance.

We have not held any clinical conferences or postgraduate courses, but have attended the postgraduate courses given at Santa Barbara. Our membership is small, and we feel that it is more practical to hold these conferences in one of the larger cities of the district.

There has been a definite improvement in our relations with the general public. I feel this is due to our coöperation with the Public Health Advisory Committee, the work of the newly formed Woman's Auxiliary, and the fact that our members are beginning to address various county groups on medical topics.

It seems to me that education of the public is the prime need of organized medicine at the present time.

Respectfully submitted,

A. A. Morrison, *Secretary.*

YOLO-COLUSA-GLENN COUNTY MEDICAL SOCIETY

C. F. Keith, President
W. J. Blevins, Jr., Secretary

To the President and the House of Delegates:

The Yolo-Colusa-Glenn County Medical Society includes three of the northern counties lying west of the Sacramento River and covers a territory of approximately 125 miles. The Society meets every three months, rotating through each component county, due chiefly to the great distance its members must travel to reach the meetings.

During 1939 nine new members were elected, bringing the total membership of the Society to thirty-eight.

The Society is bereaved over the loss of one of its most respected and kindly senior members, Dr. Charles Allen Poage of Colusa.

The Society was honored and pleased by the visit of Dr. Charles A. Dukes, President of the California Medical Association; Dr. George H. Kress, Secretary of the California Medical Association; Dr. Frederick N. Scatena, Councilor-at-Large; and Dr. Frank McDonald, District Councilor. Also present were Mr. Ross Marshall, Chairman of the Public Health Committee, and Dr. Dwight Wilbur of the Postgraduate Committee.

The activities of the Society have included chiefly the presentation of scientific papers by prominent visiting physicians.

Respectfully submitted,

W. J. Blevins, Jr., *Secretary.*

YUBA-SUTTER COUNTY MEDICAL SOCIETY

Ben F. Miller, President
Leon M. Swift, Secretary

To the President and the House of Delegates:

Nine regular meetings were held during 1939. The months omitted were May (because of coming at the same time as the California Medical Association convention), July, August, and September. During the summer vacation period, special luncheon meetings were held whenever urgent business warranted it.

The membership was eighteen. There are four other possible eligible nonmembers. These have been given invitations to our meetings, but have never attended.

During 1939 all regular meetings were preceded by a dinner, contrary to previous years when the meetings were followed by buffet luncheons.

The members of the Yuba-Sutter County Medical Society compose the attending staff of the Yuba County Hospital, working with the hospital resident physician, and under the supervision of a hospital relations committee, made up of three physicians of the medical society. Ward rounds are held each Friday morning at nine o'clock, at which time the resident physician presents the current cases. These are always fully examined and discussed by the attending men. We feel that these ward rounds are very helpful to all concerned. Members of our society also participate in the regular examinations of the school children of Yuba County, under the auspices of the Yuba-Sutter Bi-Counties Public Health Unit, as well as the well-baby clinics, of which Dr. Ellen S. Stadtmuller is chief of the Bureau of Child Hygiene, and supervised locally by Doctor Hennessy, the local health officer.

Respectfully submitted,

Leon M. Swift, *Secretary.*

VIII

ADDENDA

DONATIONS MADE BY CALIFORNIA MEDICAL ASSOCIATION TO THE LANE MEDICAL LIBRARY OF SAN FRANCISCO AND THE BARLOW MEDICAL LIBRARY OF LOS ANGELES

Supplementary to comment in the report of the Council, concerning allocations made to medical libraries, the following letters from the librarians of the Lane and Barlow Libraries are printed:

(COPY)

THE STANFORD UNIVERSITY LIBRARIES
STANFORD UNIVERSITY
CALIFORNIA

February 1, 1940.

Dr. Philip K. Gilman
2000 Van Ness Avenue
San Francisco, California

Dear Doctor Gilman:

I appreciated the opportunity of discussing with you the services rendered by the Lane Medical Library.

This library is the largest medical library west of Chicago and as a consequence renders library services to physicians and other medical libraries and hospitals through a wide area which includes not only California and the other western states, but also the western provinces of Canada and Hawaii.

In 1938-1939, the Lane Medical Library lent 14,292 volumes in the San Francisco area and made 1,118 loans outside of this area.

The use of the library is not restricted to our own faculty and students. It is probably true that more than 50 per cent of our readers are not connected with Stanford University.

The subscription list of current medical and related journals received by the Lane Medical Library is unusually large. All of these journals are bound for permanent reference.

Our ability to maintain this subscription list during recent years has been made possible by the generous annual contribution of the California State Medical Society. We could not carry the load from our own current revenues.

If our income should be curtailed, we would be compelled to balance our budget by discontinuing our subscriptions to the rarer journals which are probably not to be found in any library west of Chicago and to greatly reduce our binding program and service outside of the San Francisco area.

We are deeply appreciative of the assistance which the California State Medical Society has given us in recent years. I earnestly hope that this may be continued.

May I recall to your mind my suggestion that since we give so much help to the medical profession in Washington and Oregon there may be a possibility that the medical societies in these two states might also consider making annual grants to the Lane Medical Library.

All gifts of this kind are used to strengthen our resources. The operating expenses of the library are entirely cared for by the University.

Thanking you for your active interest and coöperation, I am

Cordially yours,

NATHAN VAN PATTEN, *Director.*

* * *

LIBRARY OF THE LOS ANGELES COUNTY
MEDICAL ASSOCIATION

Los Angeles, March 9, 1940.

George H. Kress, M. D., Secretary
California Medical Association
450 Sutter Street
San Francisco, California

Dear Doctor Kress:

For a number of years the Barlow Medical Library has been receiving a most generous gift from the California Medical Association. We are happy, in this way, to acknowledge this gift, and to give some idea of the extent to which this money is a help to the Library and its patrons.

We serve not only the physicians of Los Angeles County, but also of the surrounding counties and many physicians of other southwestern states.

In the past year, there have been more than 16,500 visitors to the Library, including visitors from thirty other states and thirteen foreign countries, almost all of whom were interested not only in the Library, but in the journals and books from their various states and countries. The annual gift from the California Medical Association enables us to furnish this material, which we could otherwise not purchase.

We also serve medical, premedical, and other students from the universities, colleges, medical schools, junior colleges, and even high schools, chemists, and laboratory workers, in and around Los Angeles, and motion picture studios in helping to make their pictures on medical subjects accurate.

This makes it evident that this money is put to good use, serving not only the members of the Library, but all who are interested in medical sciences throughout the Southwest.

This gift is also a foundation for the purchase of books and material on the early history of California medicine, about which the doctors are showing great interest.

We again acknowledge most gratefully the annual gift received from the California Medical Association.

634 South Westlake Avenue.

Sincerely yours,

LIBRARY COMMITTEE,
H. E. Schiffbauer, M.D., *Chairman*
George Dock, M.D., *Vice-Chairman*
J. Mackenzie Brown, M. D., *Secretary*
By (Mrs.) Mary E. Irish, *Librarian*

MEMORANDA

MEMORANDA

MEMORANDA

MEMORANDA

MEMORANDA

The New York Academy of Medicine

THIS BOOK MUST NOT BE RETAINED FOR LONGER THAN ONE WEEK AFTER THE LAST DATE ON THE SLIP UNLESS PERMISSION FOR ITS RENEWAL BE OBTAINED FROM THE LIBRARY

JUN 8 43